



Voluntary Premiums To add modules or family members Effective 1 April 2024

Hospital Select Base Plan Nil Excess **Fortnightly** Monthly Age Child \$13.23 \$28.67 \$27.43 \$59.43 21-24 25-29 \$28.63 \$62.02 30-34 \$31.20 \$67.60 35-39 \$36.10 \$78.21 40-44 \$43.31 \$93.85 45-49 \$51.76 \$112.15 50-54 \$64.01 \$138.70 \$82.77 55-59 \$179.33 60-64 \$119.20 \$258.27 65-69 \$164.93 \$357.36 \$200.38 \$434.15 70-74 75-79 \$216.15 \$468.34 \$224.00 \$485.33 +08

Day-to-Day (Module G)		
Age	Fortnightly	Monthly
Child	\$6.89	\$6.89
21-24	\$11.73	\$11.73
25-29	\$14.68	\$14.68
30-34	\$15.38	\$15.38
35-39	\$16.62	\$16.62
40-44	\$18.10	\$18.10
45-49	\$20.48	\$20.48
50-54	\$24.63	\$24.63
55-59	\$29.36	\$29.36
60-64	\$33.54	\$33.54
65-69	\$37.40	\$37.40
70-74	\$39.66	\$39.66
75-79	\$43.73	\$43.73
80+	\$47.69	\$47.69

Specialis	Specialist and Tests (Module S)		
Age	Fortnightly	Monthly	
Child 21-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80+	\$3.82 \$6.52 \$8.73 \$10.43 \$12.66 \$15.34 \$18.63 \$22.79 \$30.21 \$47.91 \$62.12 \$68.92 \$72.31 \$74.35	\$8.27 \$14.14 \$18.91 \$22.61 \$27.44 \$33.24 \$40.35 \$49.38 \$65.45 \$103.80 \$134.60 \$149.34 \$156.68 \$161.09	

PLEASE NOTE

- # Premiums are quoted per person
- # Premiums apply to the first TWO children on the policy, thereafter no charge
- # Child rate applies up until age 21
- # All family members on the same policy must have the same level of cover
- # When two adults are on the same policy (spouse/partner) their premiums are calculated on the age of the youngest adult
- # If the Primary member and/or spouse/partner are under 21 years of age the 21-24-year age-band applies





Voluntary Premiums

To add modules or family members Effective 1 April 2024

Natural Health (Module N) Fortnightly Age Monthly Child \$4.14 \$8.96 \$8.96 21-24 \$4.14 25-29 \$8.56 \$18.54 30-34 \$9.80 \$21.23 \$23.84 35-39 \$11.00 40-44 \$12.21 \$26.47 45-49 \$29.88 \$13.79 50-54 \$15.34 \$33.24 \$16.92 \$36.66 55-59 60-64 \$18.47 \$40.02 65-69 \$20.08 \$43.51 \$46.87 70-74 \$21.63 75-79 \$23.21 \$50.30 +08 \$25.66 \$55.60

Dental and Vision (Module D)			
Age	Fortnightly	Monthly	
Child	\$9.73	\$21.07	
21-24	\$15.60	\$33.80	
25-29	\$15.06	\$32.64	
30-34	\$15.85	\$34.35	
35-39	\$16.17	\$35.04	
40-44	\$17.73	\$38.41	
45-49	\$19.50	\$42.25	
50-54	\$21.47	\$46.53	
55-59	\$24.60	\$53.30	
60-64	\$26.59	\$57.61	
65-69	\$28.35	\$61.42	
70-74	\$29.40	\$63.71	
75-79	\$29.77	\$64.51	
8 0+	\$30.12	\$65.26	

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- # If the Primary member and/or spouse/partner are under 21 years of age the 21-24 year age-band applies