

Voluntary Premiums

To add modules or family members Effective 1 April 2025

Hospital Select Base Plan Nil Excess

Age	Fortnightly	Monthly
Child	\$14.53	\$31.48
21-24	\$30.12	\$65.25
25-29	\$31.43	\$68.10
30-34	\$34.26	\$74.23
35-39	\$39.63	\$85.87
40-44	\$47.56	\$103.04
45-49	\$56.83	\$123.14
50-54	\$70.29	\$152.29
55-59	\$90.88	\$196.90
60-64	\$130.88	\$283.57
65-69	\$181.10	\$392.38
70-74	\$220.02	\$476.70
75-79	\$237.34	\$514.23
80+	\$245.95	\$532.89

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$6.39	\$13.85
21-24	\$10.87	\$23.56
25-29	\$13.61	\$29.49
30-34	\$14.25	\$30.89
35-39	\$15.41	\$33.39
40-44	\$16.78	\$36.35
45-49	\$18.99	\$41.14
50-54	\$22.83	\$49.46
55-59	\$27.22	\$58.97
60-64	\$31.09	\$67.36
65-69	\$34.67	\$75.12
70-74	\$36.77	\$79.66
75-79	\$40.54	\$87.83
80+	\$44.21	\$95.78

Specialist and Tests (Module S)

Age	Fortnightly	Monthly
Child	\$3.78	\$8.19
21-24	\$6.46	\$14.00
25-29	\$8.64	\$18.72
30-34	\$10.33	\$22.38
35-39	\$12.54	\$27.16
40-44	\$15.19	\$32.91
45-49	\$18.44	\$39.95
50-54	\$22.56	\$48.89
55-59	\$29.91	\$64.79
60-64	\$47.43	\$102.76
65-69	\$61.50	\$133.25
70-74	\$68.23	\$147.84
75-79	\$71.59	\$155.11
80+	\$73.60	\$159.48

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

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Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.02	\$8.71
21-24	\$4.02	\$8.71
25-29	\$8.32	\$18.02
30-34	\$9.53	\$20.64
35-39	\$10.70	\$23.18
40-44	\$11.87	\$25.72
45-49	\$13.40	\$29.04
50-54	\$14.91	\$32.31
55-59	\$16.45	\$35.64
60-64	\$17.95	\$38.90
65-69	\$19.52	\$42.30
70-74	\$21.03	\$45.56
75-79	\$22.56	\$48.89
80+	\$24.94	\$54.04

Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$9.02	\$19.53
21-24	\$14.46	\$31.33
25-29	\$13.96	\$30.26
30-34	\$14.69	\$31.84
35-39	\$14.99	\$32.48
40-44	\$16.43	\$35.60
45-49	\$18.08	\$39.17
50-54	\$19.91	\$43.13
55-59	\$22.80	\$49.41
60-64	\$24.65	\$53.40
65-69	\$26.28	\$56.94
70-74	\$27.26	\$59.06
75-79	\$27.60	\$59.80
80+	\$27.92	\$60.50

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- # 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