

## Voluntary Premiums

To add modules or family members



Effective 1 April 2024

### Hospital Select Base Plan \$500 Excess + Specialists (Module S)

Age	Fortnightly	Monthly
Child	\$15.15	\$32.81
21-24	\$29.33	\$63.55
25-29	\$33.30	\$72.14
30-34	\$37.34	\$80.91
35-39	\$43.88	\$95.07
40-44	\$52.82	\$114.44
45-49	\$63.45	\$137.48
50-54	\$78.20	\$169.43
55-59	\$101.95	\$220.88
60-64	\$151.85	\$329.01
65-69	\$205.36	\$444.94
70-74	\$242.01	\$524.35
75-79	\$258.73	\$560.59
80+	\$267.45	\$579.47

### Hospital Select Base Plan with Excess removed + Specialists (Module S)

Employee \$9.81 Fortnightly \$21.26 Monthly

#### Additional Family Members

Age	Fortnightly	Monthly
Child	\$17.51	\$37.94
21-24	\$34.23	\$74.17
25-29	\$38.42	\$83.23
30-34	\$42.92	\$93.00
35-39	\$50.33	\$109.05
40-44	\$60.56	\$131.22
45-49	\$72.71	\$157.54
50-54	\$89.65	\$194.23
55-59	\$116.79	\$253.04
60-64	\$173.17	\$375.20
65-69	\$234.86	\$508.86
70-74	\$277.96	\$602.24
75-79	\$297.39	\$644.35
80+	\$307.51	\$666.27

### Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$7.88	\$17.07
21-24	\$12.61	\$27.33
25-29	\$16.78	\$36.35
30-34	\$17.57	\$38.07
35-39	\$18.99	\$41.15
40-44	\$20.68	\$44.80
45-49	\$23.40	\$50.71
50-54	\$28.14	\$60.97
55-59	\$33.55	\$72.69
60-64	\$38.32	\$83.03
65-69	\$42.74	\$92.60
70-74	\$45.32	\$98.19
75-79	\$49.96	\$108.26
80+	\$54.49	\$118.05

### Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.72	\$10.24
21-24	\$4.72	\$10.24
25-29	\$9.78	\$21.19
30-34	\$11.20	\$24.26
35-39	\$12.57	\$27.24
40-44	\$13.96	\$30.24
45-49	\$15.76	\$34.14
50-54	\$17.53	\$37.98
55-59	\$19.34	\$41.89
60-64	\$21.11	\$45.73
65-69	\$22.95	\$49.72
70-74	\$24.72	\$53.56
75-79	\$26.53	\$57.47
80+	\$29.32	\$63.53

**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



#### Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$11.11	\$24.08
21-24	\$16.86	\$36.54
25-29	\$17.21	\$37.29
30-34	\$18.11	\$39.24
35-39	\$18.48	\$40.04
40-44	\$20.25	\$43.88
45-49	\$22.28	\$48.28
50-54	\$24.54	\$53.16
55-59	\$28.11	\$60.90
60-64	\$30.38	\$65.82
65-69	\$32.39	\$70.18
70-74	\$34.17	\$74.04
75-79	\$34.42	\$74.57
80+	\$34.42	\$74.57

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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