

## Voluntary Premiums

To add modules or family members

Effective 1 May 2025

### Hospital Select Base Plan \$500 Excess

Age	Fortnightly	Monthly
Child	\$12.60	\$27.30
21-24	\$26.08	\$56.50
25-29	\$27.25	\$59.05
30-34	\$29.70	\$64.36
35-39	\$34.36	\$74.46
40-44	\$41.24	\$89.34
45-49	\$49.28	\$106.77
50-54	\$60.94	\$132.04
55-59	\$78.79	\$170.72
60-64	\$113.48	\$245.87
65-69	\$157.02	\$340.21
70-74	\$190.76	\$413.32
75-79	\$205.78	\$445.86
80+	\$213.25	\$462.04

### Hospital Select Base Plan Nil Excess

Employee \$13.22 Fortnightly \$28.65 Monthly

#### Additional Family Members

Age	Fortnightly	Monthly
Child	\$15.36	\$33.29
21-24	\$31.80	\$68.91
25-29	\$33.23	\$72.01
30-34	\$36.22	\$78.49
35-39	\$41.91	\$90.80
40-44	\$50.29	\$108.95
45-49	\$60.09	\$130.20
50-54	\$74.32	\$161.02
55-59	\$96.09	\$208.19
60-64	\$138.39	\$299.84
65-69	\$191.49	\$414.89
70-74	\$232.64	\$504.04
75-79	\$250.95	\$543.73
80+	\$260.06	\$563.46

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

Age	Fortnightly	Monthly
Child	\$7.71	\$16.70
21-24	\$12.34	\$26.74
25-29	\$16.41	\$35.56
30-34	\$17.19	\$37.25
35-39	\$18.58	\$40.27
40-44	\$20.23	\$43.84
45-49	\$22.90	\$49.62
50-54	\$27.53	\$59.66
55-59	\$32.83	\$71.12
60-64	\$37.50	\$81.25
65-69	\$41.82	\$90.60
70-74	\$44.34	\$96.08
75-79	\$48.89	\$105.93
80+	\$53.31	\$115.52

### Specialist and Tests (Module S)

Age	Fortnightly	Monthly
Child	\$4.56	\$9.88
21-24	\$7.33	\$15.88
25-29	\$10.42	\$22.58
30-34	\$12.46	\$26.99
35-39	\$15.12	\$32.76
40-44	\$18.32	\$39.69
45-49	\$22.24	\$48.18
50-54	\$27.22	\$58.97
55-59	\$36.07	\$78.15
60-64	\$57.20	\$123.93
65-69	\$74.18	\$160.71
70-74	\$82.30	\$178.31
75-79	\$86.34	\$187.08
80+	\$88.77	\$192.34

#### 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	\$4.85	\$10.50
21-24	\$4.85	\$10.50
25-29	\$10.03	\$21.74
30-34	\$11.49	\$24.89
35-39	\$12.90	\$27.95
40-44	\$14.32	\$31.02
45-49	\$16.17	\$35.03
50-54	\$17.98	\$38.97
55-59	\$19.84	\$42.98
60-64	\$21.65	\$46.92
65-69	\$23.54	\$51.01
70-74	\$25.36	\$54.95
75-79	\$27.21	\$58.96
80+	\$30.08	\$65.18

**Dental and Vision (Module D)**

Age	Fortnightly	Monthly
Child	\$10.87	\$23.56
21-24	\$16.50	\$35.75
25-29	\$16.84	\$36.49
30-34	\$17.72	\$38.40
35-39	\$18.08	\$39.18
40-44	\$19.82	\$42.94
45-49	\$21.80	\$47.24
50-54	\$24.01	\$52.02
55-59	\$27.50	\$59.59
60-64	\$29.73	\$64.41
65-69	\$31.69	\$68.67
70-74	\$33.44	\$72.45
75-79	\$33.68	\$72.96
80+	\$33.68	\$72.96

**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