



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

Hospital Select Base Plan			
Age	Fortnightly	Monthly	
Child	\$12.88	\$27.90	
21-24	\$26.66	\$57.76	
25-29	\$27.86	\$60.36	
30-34	\$30.36	\$65.79	
35-39	\$35.12	\$76.10	
40-44	\$42.15	\$91.32	
45-49	\$50.37	\$109.13	
50-54	\$62.29	\$134.96	
55-59	\$80.54	\$174.50	
60-64	\$115.99	\$251.31	
65-69	\$160.50	\$347.74	
70-74	\$194.98	\$422.47	
75-79	\$210.34	\$455.73	
80+	\$217.97	\$472.27	

Day-to-Day	(Module	G)

Age	Fortnightly	Monthly
Child	\$7.71	\$16.71
21-24	\$12.35	\$26.77
25-29	\$16.43	\$35.60
30-34	\$17.21	\$37.28
35-39	\$18.60	\$40.30
40-44	\$20.25	\$43.88
45-49	\$22.92	\$49.66
50-54	\$27.56	\$59.71
55-59	\$32.86	\$71.19
60-64	\$37.53	\$81.32
65-69	\$41.85	\$90.69
70-74	\$44.39	\$96.17
75-79	\$48.93	\$106.02
80+	\$53.36	\$115.62

Specialist and Tests (Module S)

Age	Fortnightly	Monthly
Child	\$4.27	\$9.26
21-24	\$6.87	\$14.88
25-29	\$9.77	\$21.16
30-34	\$11.68	\$25.30
35-39	\$14.17	\$30.70
40-44	\$17.17	\$37.20
45-49	\$20.84	\$45.16
50-54	\$25.51	\$55.26
55-59	\$33.80	\$73.24
60-64	\$53.61	\$116.15
65-69	\$69.52	\$150.62
70-74	\$77.13	\$167.11
75-79	\$80.92	\$175.33
80+	\$83.20	\$180.26

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	\$4.63	\$10.03
21-24	\$4.63	\$10.03
25-29	\$9.58	\$20.75
30-34	\$10.97	\$23.76
35-39	\$12.31	\$26.68
40-44	\$13.67	\$29.62
45-49	\$15.43	\$33.44
50-54	\$17.17	\$37.20
55-59	\$18.94	\$41.03
60-64	\$20.67	\$44.79
65-69	\$22.47	\$48.69
70-74	\$24.21	\$52.45
75-79	\$25.98	\$56.29
80+	\$28.72	\$62.22

Defital and vision (Modale 2)		
Age	Fortnightly	Monthly
Child	\$10.88	\$23.58
21-24	\$16.52	\$35.78
25-29	\$16.86	\$36.52
30-34	\$17.74	\$38.43
35-39	\$18.10	\$39.21
40-44	\$19.84	\$42.98
45-49	\$21.82	\$47.28
50-54	\$24.03	\$52.06

\$59.64

\$64.46

\$68.73

\$72.51

\$73.03

\$73.03

Dental and Vision (Module D)

\$27.53

\$29.75

\$31.72

\$33.47

\$33.71

\$33.71

55-59

60-64

65-69

70-74

75-79

+08

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