

## MemberBenefits Professional Bodies health plan rates

Family Couple	CODES	Weekly	Fortnightly	Monthly	Quarterly	Half Yearly	Yearly
		\$	\$	\$	\$	\$	\$
<b>Hospital covers</b>							
Top Hospital	H3	50.20	100.45	217.56	652.80	1,305.60	2,611.25
MemberShare \$40 Co-Pay	H2	44.46	88.87	192.63	577.94	1,155.94	2,311.93
MemberShare \$70 Co-Pay	H1	39.14	78.29	169.66	509.05	1,018.16	2,036.28
CoverWise \$150 Excess	X1	47.54	95.09	206.08	618.29	1,236.59	2,473.23
CoverWise \$250 Excess	X2	43.99	88.04	190.78	572.39	1,144.84	2,289.68
CoverWise \$500 Excess	X3	35.13	70.22	152.19	456.62	913.24	1,826.48
CoverWise \$750 Excess	X4	29.02	58.10	125.90	377.76	755.57	1,511.19
CoverWise \$1000 Excess	X5	25.56	51.08	110.74	332.28	664.62	1,329.25
Loyal Members	LM	42.78	85.56	185.42	556.31	1,112.62	2,225.30
Family Care	K3	59.59	119.18	258.26	774.79	1,549.64	3,099.29
Family Care \$40 Co-Pay	K2	53.51	107.02	231.90	695.81	1,391.67	2,783.34
Family Care \$70 Co-Pay	K1	46.76	93.57	202.79	608.44	1,216.93	2,433.86
<b>Extras covers</b>							
Family Care	PK	15.62	31.24	67.67	203.13	406.22	812.50
Family Care Gold	PH	31.98	63.92	138.57	415.71	831.47	1,662.95
Premier Gold	PG	31.65	63.35	137.20	411.70	823.40	1,646.81
Premier Silver	PV	20.86	41.73	90.41	271.34	542.69	1,085.39
Premier	P	13.68	27.41	59.38	178.24	356.49	712.99
Dental	D	9.04	18.08	39.19	117.68	235.36	470.73
<b>Extras covers that can only be taken with a hospital cover</b>							
Premier Plus	PP	12.46	24.93	54.02	162.16	324.33	648.66
Premier Family	PF	7.72	15.50	33.58	100.74	201.48	403.01
Ambulance	A	2.88	5.77	12.50	37.50	75.00	150.00

As at 4 April 2011

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Single	CODES	Weekly	Fortnightly	Monthly	Quarterly	Half Yearly	Yearly
		\$	\$	\$	\$	\$	\$
<b>Hospital covers</b>							
Top Hospital	H3	25.07	50.20	108.78	326.40	652.80	1,305.60
MemberShare \$40 Co-Pay	H2	22.20	44.46	96.31	288.99	577.94	1,155.94
MemberShare \$70 Co-Pay	H1	19.57	39.14	84.80	254.52	509.05	1,018.16
CoverWise \$150 Excess	X1	23.77	47.54	103.01	309.14	618.29	1,236.59
CoverWise \$250 Excess	X2	21.99	43.99	95.39	286.17	572.39	1,144.84
CoverWise \$500 Excess	X3	17.54	35.13	76.07	228.31	456.62	913.24
CoverWise \$750 Excess	X4	14.51	29.02	62.95	188.85	377.76	755.57
CoverWise \$1000 Excess	X5	12.75	25.56	55.37	166.11	332.28	664.62
Loyal Members	LM	21.36	42.78	92.71	278.13	556.31	1,112.62
Healthy Start	ST	14.59	29.23	63.32	190.06	380.17	760.34
<b>Extras covers</b>							
Premier Gold	PG	15.82	31.65	68.57	205.82	411.70	823.40
Premier Silver	PV	10.40	20.86	45.20	135.67	271.34	542.69
Premier	P	6.84	13.68	29.69	89.12	178.24	356.49
Dental	D	4.52	9.04	19.57	58.81	117.68	235.36
<b>Extras covers that can only be taken with a hospital cover</b>							
Premier Plus	PP	6.20	12.46	27.01	81.08	162.16	324.33
Premier Singles	PS	2.91	5.83	12.57	37.83	75.72	151.44
Ambulance	A	1.44	2.88	6.25	18.75	37.50	75.00

As at 4 April 2011

## Payment options

Discounted rates apply only to Direct Debit payments to a financial institution account, or to a MasterCard or Visa credit card.

All rates quoted include the Federal Government 30% Rebate. If you are 65 or older you are eligible for a higher Rebate. Lifetime Health Cover loadings may apply.

Note: If you do not have hospital or extras cover with Latrobe, the payment frequency for an ambulance only membership is limited to yearly. We are unable to offer a discount for paying by direct debit for Ambulance subscriptions or Healthy Start.