

# MBG health plan rates



Family Couple	CODES	Weekly	Fortnightly	Monthly	Quarterly	Half Yearly	Yearly
		\$	\$	\$	\$	\$	\$
<b>Hospital covers</b>							
Top Hospital	H3	47.83	95.66	207.21	621.69	1,243.43	2,486.91
MemberShare \$40 Co-Pay	H2	41.92	83.89	181.74	545.22	1,090.49	2,180.94
MemberShare \$70 Co-Pay	H1	36.58	73.16	158.56	475.78	951.51	1,903.07
CoverWise \$150 Excess	X1	44.85	89.71	194.41	583.29	1,166.59	2,333.19
CoverWise \$250 Excess	X2	40.75	81.55	176.63	530.00	1,060.00	2,120.00
CoverWise \$500 Excess	X3	32.35	64.75	140.24	420.82	841.64	1,683.28
CoverWise \$750 Excess	X4	27.03	54.06	117.14	351.39	702.83	1,405.71
CoverWise \$1000 Excess	X5	23.88	47.77	103.49	310.54	621.13	1,242.32
Loyal Members	LM	39.98	79.97	173.28	519.90	1,039.85	2,079.70
Family Care	K3	56.74	113.53	245.94	737.89	1,475.84	2,951.73
Family Care \$40 Co-Pay	K2	50.48	100.96	218.79	656.43	1,312.87	2,625.79
Family Care \$70 Co-Pay	K1	43.74	87.49	189.54	568.64	1,137.33	2,274.66
<b>Extras covers</b>							
Family Care	PK	15.44	30.89	67.01	201.08	402.17	804.40
Family Care Gold	PH	31.63	63.32	137.17	411.60	823.26	1,646.53
Premier Gold	PG	31.34	62.68	135.85	407.61	815.23	1,630.46
Premier	P	13.54	27.13	58.77	176.44	352.89	705.83
Dental	D	8.95	17.91	38.84	116.53	233.06	466.13
Extras	E	8.81	17.62	38.26	114.78	229.57	459.14
<b>Extras covers that can only be taken with a hospital cover</b>							
Premier Plus	PP	12.34	24.68	53.51	160.53	321.11	642.22
Premier Family	PF	7.66	15.32	33.26	99.72	199.49	399.03
Premier Couples	PC	6.27	12.59	27.35	82.11	164.22	328.44
Premier Seniors	PM	7.56	15.18	32.93	98.87	197.74	395.54
Ambulance	A	2.88	5.77	12.50	37.50	75.00	150.00

As at 1 April 2010

# MBG health plan rates



Single	CODES	Weekly	Fortnightly	Monthly	Quarterly	Half Yearly	Yearly
		\$	\$	\$	\$	\$	\$
<b>Hospital covers</b>							
Top Hospital	H3	23.91	47.83	103.58	310.84	621.69	1,243.43
MemberShare \$40 Co-Pay	H2	20.96	41.92	90.87	272.61	545.22	1,090.49
MemberShare \$70 Co-Pay	H1	18.29	36.58	79.28	237.89	475.78	951.51
CoverWise \$150 Excess	X1	22.40	44.85	97.18	291.64	583.29	1,166.59
CoverWise \$250 Excess	X2	20.37	40.75	88.29	264.97	530.00	1,060.00
CoverWise \$500 Excess	X3	16.17	32.35	70.09	210.38	420.82	841.64
CoverWise \$750 Excess	X4	13.51	27.03	58.57	175.67	351.39	702.83
CoverWise \$1000 Excess	X5	11.91	23.88	51.74	155.29	310.54	621.13
Loyal Members	LM	19.96	39.98	86.64	259.92	519.90	1,039.85
Healthy Start	ST	13.76	27.57	59.75	179.30	358.65	717.35
<b>Extras covers</b>							
Premier Gold	PG	15.64	31.34	67.90	203.80	407.61	815.23
Premier	P	6.74	13.54	29.41	88.19	176.44	352.89
Dental	D	4.45	8.95	19.39	58.24	116.53	233.06
Extras	E	4.40	8.81	19.13	57.39	114.78	229.57
<b>Extras covers that can only be taken with a hospital cover</b>							
Premier Plus	PP	6.17	12.34	26.72	80.24	160.53	321.11
Premier Singles	PS	2.86	5.73	12.49	37.43	74.92	149.90
Premier Seniors	PM	3.78	7.56	16.44	49.43	98.87	197.74
Ambulance	A	1.44	2.88	6.25	18.75	37.50	75.00

As at 1 April 2010

## 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.