

Contribution Rates APRIL 2011

Calculation of contributions – Lifetime health cover

Health Care Insurance is required by the Federal Government to set hospital contribution rates based on the age a person first takes out **hospital cover**.

Each adult is assigned a Certified Age at Entry for contribution rate setting purposes. People who do not have hospital cover on the 1st July following their 31st birthday must pay a 2% loading on top of the “base rate” contribution for the hospital cover they wish to purchase. The “base rate” is the lowest contribution rate for the hospital cover chosen.

For example, John turns 31 on 1st April 2011. If he purchases hospital cover by 1st July 2011, he will pay the base contribution rate. If he purchases hospital cover on 2nd July 2011, he will pay a 2% loading. If he further delays purchasing hospital cover, he will pay an extra 2% for each year he delays. The maximum loading is 70%. The loading applies only to hospital cover and not to extras.

Example:

Your certified age is 38 and your partners’ certified age is 33 and neither of you have ever held hospital cover. Your lifetime loading is 16% and your partners’ is 6%. If you chose the Couples Premier Package with a \$500 excess, your contribution rate calculation per fortnight is:

a.	Average LHC% (16% + 6% / 2)	11%
b.	Contribution rate for cover option selected	\$166.75
c.	Hospital contribution rate only	\$123.90
d.	LHC loading at 11%	\$13.60
e.	Total contribution rate = b + d	\$180.35

Call our friendly staff on **Freecall 1800 804 950** for an individual premium calculation.

healthcare
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A Registered Private Health Insurer ABN 43 009 579 088

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Family

F - Fortnightly M - Monthly Q - Quarterly

Family	Excess		Before Rebate			30% Rebate			35% Rebate			40% Rebate		
	Adult	Policy	F	M	Q	F	M	Q	F	M	Q	F	M	Q
Premier Hospital	Nil	Nil	\$144.30	\$312.65	\$938.00	\$101.00	\$218.85	\$656.60	\$93.75	\$203.20	\$609.70	\$86.55	\$187.55	\$562.80
	250	500	\$126.00	\$273.00	\$818.95	\$88.20	\$191.10	\$573.25	\$81.90	\$177.45	\$532.30	\$75.60	\$163.80	\$491.35
	500	1000	\$106.05	\$229.75	\$689.25	\$74.20	\$160.80	\$482.45	\$68.90	\$149.30	\$448.00	\$63.60	\$137.85	\$413.55
	*1000	*2000	\$68.30	\$148.00	\$444.05	\$47.80	\$103.60	\$310.80	\$44.35	\$96.20	\$288.60	\$40.95	\$88.80	\$266.40
Public Hospital	Nil	Nil	\$88.65	\$192.10	\$576.30	\$62.05	\$134.45	\$403.40	\$57.60	\$124.85	\$374.55	\$53.15	\$115.25	\$345.75
Premier Package	Nil	Nil	\$187.15	\$405.50	\$1,216.45	\$131.00	\$283.85	\$851.50	\$121.65	\$263.55	\$790.65	\$112.25	\$243.30	\$729.85
	250	500	\$168.85	\$365.80	\$1,097.40	\$118.20	\$256.05	\$768.15	\$109.75	\$237.75	\$713.30	\$101.30	\$219.45	\$658.40
	500	1000	\$148.90	\$322.55	\$967.70	\$104.20	\$225.75	\$677.35	\$96.75	\$209.65	\$629.00	\$89.35	\$193.50	\$580.60
	*1000	*2000	\$111.15	\$240.85	\$722.50	\$77.80	\$168.60	\$505.75	\$72.25	\$156.55	\$469.60	\$66.65	\$144.50	\$433.50
Essential Package	Nil	Nil	\$179.40	\$388.65	\$1,165.95	\$125.55	\$272.05	\$816.15	\$116.60	\$252.60	\$757.85	\$107.65	\$233.15	\$699.55
	250	500	\$161.05	\$348.95	\$1,046.90	\$112.70	\$244.25	\$732.80	\$104.65	\$226.80	\$680.45	\$96.60	\$209.35	\$628.10
	500	1000	\$141.10	\$305.75	\$917.20	\$98.75	\$214.00	\$642.00	\$91.70	\$198.70	\$596.15	\$84.65	\$183.45	\$550.30
	*1000	*2000	\$103.40	\$224.00	\$671.95	\$72.35	\$156.80	\$470.35	\$67.20	\$145.60	\$436.75	\$62.05	\$134.40	\$403.15
Public Hospital With Premier Extras	Nil	Nil	\$131.50	\$284.90	\$854.75	\$92.05	\$199.40	\$598.30	\$85.45	\$185.15	\$555.55	\$78.90	\$170.90	\$512.85
Premier Extras	Nil	Nil	\$47.90	\$103.75	\$311.20	\$33.50	\$72.60	\$217.80	\$31.10	\$67.40	\$202.25	\$28.75	\$62.25	\$186.70

Family Dependant Plus

F - Fortnightly M - Monthly Q - Quarterly

Family Dependant Plus	Excess		Before Rebate			30% Rebate			35% Rebate			40% Rebate		
	Adult	Policy	F	M	Q	F	M	Q	F	M	Q	F	M	Q
Premier Hospital	Nil	Nil	\$173.15	\$375.20	\$1,125.55	\$121.20	\$262.65	\$787.85	\$112.50	\$243.85	\$731.60	\$103.85	\$225.10	\$675.30
	250	500	\$151.20	\$327.60	\$982.80	\$105.80	\$229.30	\$687.95	\$98.25	\$212.90	\$638.80	\$90.70	\$196.55	\$589.65
	500	1000	\$127.25	\$275.70	\$827.10	\$89.05	\$192.95	\$578.95	\$82.70	\$179.20	\$537.60	\$76.35	\$165.40	\$496.25
	*1000	*2000	\$81.95	\$177.60	\$532.80	\$57.35	\$124.30	\$372.95	\$53.25	\$115.40	\$346.30	\$49.15	\$106.55	\$319.65
Premier Package	Nil	Nil	\$224.55	\$486.55	\$1,459.70	\$157.15	\$340.55	\$1,021.75	\$145.95	\$316.25	\$948.80	\$134.70	\$291.90	\$875.80
	250	500	\$202.60	\$438.95	\$1,316.90	\$141.80	\$307.25	\$921.80	\$131.65	\$285.30	\$855.95	\$121.55	\$263.35	\$790.10
	500	1000	\$178.65	\$387.10	\$1,161.25	\$125.05	\$270.95	\$812.85	\$116.10	\$251.60	\$754.80	\$107.15	\$232.25	\$696.75
	*1000	*2000	\$133.40	\$289.00	\$866.95	\$93.35	\$202.30	\$606.85	\$86.70	\$187.85	\$563.50	\$80.05	\$173.40	\$520.15
Essential Package	Nil	Nil	\$215.25	\$466.40	\$1,399.15	\$150.65	\$326.45	\$979.40	\$139.90	\$303.15	\$909.45	\$129.15	\$279.85	\$839.45
	250	500	\$193.25	\$418.75	\$1,256.30	\$135.25	\$293.10	\$879.40	\$125.60	\$272.15	\$816.60	\$115.90	\$251.25	\$753.75
	500	1000	\$169.35	\$366.90	\$1,100.70	\$118.55	\$256.80	\$770.50	\$110.05	\$238.45	\$715.45	\$101.60	\$220.10	\$660.40
	*1000	*2000	\$124.05	\$268.80	\$806.35	\$86.80	\$188.15	\$564.40	\$80.60	\$174.70	\$524.10	\$74.40	\$161.25	\$483.80

* High income earners (this level is set by the Federal Government) will not be exempt from the Medicare Levy Surcharge if a hospital policy with an excess of more than \$500 per adult is taken. For clarification of this Rule, call us on **Freecall 1800 804 950**.

No adult on a Family Policy with excess will pay more than half the selected excess.

No excess charged for child admissions.

No excess on same day treatments.

Couples

F - Fortnightly

M - Monthly

Q - Quarterly

Couples	Excess		Before Rebate			30% Rebate			35% Rebate			40% Rebate		
	Adult	Policy	F	M	Q	F	M	Q	F	M	Q	F	M	Q
Premier Hospital	Nil	Nil	\$142.15	\$307.95	\$923.90	\$99.50	\$215.55	\$646.70	\$92.40	\$200.15	\$600.50	\$85.25	\$184.75	\$554.30
	250	500	\$123.90	\$268.45	\$805.35	\$86.70	\$187.90	\$563.70	\$80.50	\$174.45	\$523.45	\$74.30	\$161.05	\$483.20
	500	1000	\$103.60	\$224.50	\$673.55	\$72.50	\$157.15	\$471.45	\$67.30	\$145.90	\$437.80	\$62.15	\$134.70	\$404.10
	*1000	*2000	\$67.30	\$145.80	\$437.35	\$47.10	\$102.05	\$306.15	\$43.75	\$94.75	\$284.25	\$40.35	\$87.45	\$262.40
Public Hospital	Nil	Nil	\$88.65	\$192.10	\$576.30	\$62.05	\$134.45	\$403.40	\$57.60	\$124.85	\$374.55	\$53.15	\$115.25	\$345.75
Premier Package	Nil	Nil	\$185.00	\$400.80	\$1,202.35	\$129.50	\$280.55	\$841.60	\$120.25	\$260.50	\$781.50	\$111.00	\$240.45	\$721.40
	250	500	\$166.75	\$361.25	\$1,083.80	\$116.70	\$252.85	\$758.65	\$108.35	\$234.80	\$704.45	\$100.05	\$216.70	\$650.25
	500	1000	\$146.45	\$317.35	\$952.00	\$102.50	\$222.15	\$666.40	\$95.15	\$206.25	\$618.80	\$87.85	\$190.40	\$571.20
	*1000	*2000	\$110.10	\$238.60	\$715.80	\$77.05	\$167.00	\$501.05	\$71.55	\$155.05	\$465.25	\$66.05	\$143.15	\$429.45
Essential Package	Nil	Nil	\$177.20	\$384.00	\$1,151.95	\$124.00	\$268.80	\$806.35	\$115.15	\$249.60	\$748.75	\$106.30	\$230.40	\$691.15
	250	500	\$158.95	\$344.45	\$1,033.35	\$111.25	\$241.10	\$723.35	\$103.30	\$223.90	\$671.65	\$95.35	\$206.65	\$620.00
	500	1000	\$138.70	\$300.50	\$901.50	\$97.05	\$210.35	\$631.05	\$90.15	\$195.30	\$585.95	\$83.20	\$180.30	\$540.90
	*1000	*2000	\$102.35	\$221.75	\$665.30	\$71.60	\$155.20	\$465.70	\$66.50	\$144.10	\$432.40	\$61.40	\$133.00	\$399.15
Public Hospital With Premier Extras	Nil	Nil	\$131.50	\$284.90	\$854.75	\$92.05	\$199.40	\$598.30	\$85.45	\$185.15	\$555.55	\$78.90	\$170.90	\$512.85
Premier Extras	Nil	Nil	\$47.90	\$103.75	\$311.20	\$33.50	\$72.60	\$217.80	\$31.10	\$67.40	\$202.25	\$28.75	\$62.25	\$186.70

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No adult on a Couples Policy with excess will pay more than half the selected excess.

No excess on same day treatments.

Singles

F - Fortnightly

M - Monthly

Q - Quarterly

Singles	Excess	Before Rebate			30% Rebate			35% Rebate			40% Rebate		
	Adult	F	M	Q	F	M	Q	F	M	Q	F	M	Q
Premier Hospital	Nil	\$72.15	\$156.35	\$469.00	\$50.50	\$109.45	\$328.30	\$46.90	\$101.60	\$304.85	\$43.25	\$93.80	\$281.40
	250	\$63.00	\$136.50	\$409.50	\$44.10	\$95.55	\$286.65	\$40.95	\$88.70	\$266.15	\$37.80	\$81.90	\$245.70
	500	\$53.00	\$114.90	\$344.65	\$37.05	\$80.40	\$241.25	\$34.40	\$74.65	\$224.00	\$31.75	\$68.95	\$206.75
	*1000	\$34.15	\$74.00	\$222.00	\$23.90	\$51.80	\$155.40	\$22.20	\$48.10	\$144.30	\$20.45	\$44.40	\$133.20
Public Hospital	Nil	\$44.35	\$96.05	\$288.15	\$31.05	\$67.20	\$201.70	\$28.80	\$62.40	\$187.30	\$26.60	\$57.60	\$172.85
Premier Package	Nil	\$93.55	\$202.75	\$608.20	\$65.45	\$141.90	\$425.70	\$60.80	\$131.75	\$395.30	\$56.10	\$121.65	\$364.90
	250	\$84.40	\$182.90	\$548.70	\$59.05	\$128.00	\$384.05	\$54.85	\$118.85	\$356.65	\$50.60	\$109.70	\$329.20
	500	\$74.45	\$161.30	\$483.85	\$52.10	\$112.90	\$338.65	\$48.40	\$104.85	\$314.50	\$44.65	\$96.75	\$290.30
	*1000	\$55.55	\$120.40	\$361.25	\$38.85	\$84.25	\$252.85	\$36.10	\$78.25	\$234.80	\$33.30	\$72.20	\$216.75
Essential Package	Nil	\$89.70	\$194.30	\$582.95	\$62.80	\$136.00	\$408.05	\$58.30	\$126.25	\$378.90	\$53.80	\$116.55	\$349.75
	250	\$80.55	\$174.50	\$523.45	\$56.35	\$122.15	\$366.40	\$52.35	\$113.40	\$340.25	\$48.30	\$104.70	\$314.05
	500	\$70.55	\$152.85	\$458.60	\$49.35	\$106.95	\$321.00	\$45.85	\$99.35	\$298.05	\$42.30	\$91.70	\$275.15
	*1000	\$51.70	\$112.00	\$335.95	\$36.20	\$78.40	\$235.15	\$33.60	\$72.80	\$218.35	\$31.00	\$67.20	\$201.55
Public Hospital With Premier Extras	Nil	\$65.75	\$142.45	\$427.40	\$46.00	\$99.70	\$299.15	\$42.70	\$92.55	\$277.80	\$39.45	\$85.45	\$256.45
Premier Extras	Nil	\$23.95	\$51.85	\$155.60	\$16.75	\$36.25	\$108.90	\$15.55	\$33.70	\$101.10	\$14.35	\$31.10	\$93.35
Select Extras	Nil	\$17.00	\$36.85	\$110.60	\$11.90	\$25.75	\$77.40	\$11.05	\$23.95	\$71.90	\$10.20	\$22.10	\$66.35

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No excess on same day treatments.

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