

## Central Murray Credit Union health plan rates

Family Couple	CODES	Weekly	Fortnightly	Monthly	Quarterly	Half Yearly	Yearly
<b>Hospital covers</b>							
Top Hospital	H3	44.16	88.32	191.43	574.30	1,148.61	2,250.39
MemberShare \$40 Co-Pay	H2	37.65	75.30	163.19	489.57	979.15	1,918.40
MemberShare \$70 Co-Pay	H1	32.84	65.68	142.36	427.14	854.34	1,673.81
CoverWise \$150 Excess	X1	40.17	80.35	174.15	522.56	1,045.17	2,047.71
CoverWise \$250 Excess	X2	36.00	72.00	156.05	468.15	936.35	1,829.83
CoverWise \$500 Excess	X3	28.32	56.64	122.74	368.31	736.62	1,443.14
CoverWise \$750 Excess	X4	24.19	48.43	104.91	314.77	629.59	1,233.52
CoverWise \$1000 Excess	X5	21.37	42.80	92.74	278.23	556.47	1,090.25
Loyal Members	LM	36.38	72.82	157.84	473.54	947.08	1,855.50
Family Care	K3	52.66	105.32	228.29	684.88	1,369.76	2,683.65
Family Care \$40 Co-Pay	K2	45.32	90.65	196.45	589.46	1,178.92	2,309.76
Family Care \$70 Co-Pay	K1	39.15	78.31	169.73	509.20	1,018.40	1,995.28
<b>Extras covers</b>							
Family Care	PK	15.64	31.28	67.77	203.31	406.62	796.69
Family Care Gold	PH	31.67	63.35	137.29	411.99	824.03	1,614.42
Premier Gold	PG	31.67	63.35	137.29	411.99	824.03	1,614.42
Premier	P	13.70	27.40	59.42	178.34	356.68	698.81
Dental	D	9.03	18.07	39.20	117.72	235.44	461.27
Extras	E	8.89	17.83	38.60	115.92	231.83	454.25
<b>Extras covers that can only be taken with a hospital cover</b>							
Premier Plus	PP	12.48	24.97	54.09	162.27	324.59	635.97
Premier Family	PF	7.72	15.49	33.59	100.76	201.53	394.86
Premier Couples	PC	6.36	12.72	27.64	82.93	165.87	324.96
Premier Seniors	PM	7.67	15.35	33.25	99.88	199.71	391.34
Ambulance	A	2.31	4.62	10.00	30.00	60.00	120.00

EFFECTIVE 07/04/2008

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Single	CODES	Weekly	Fortnightly	Monthly	Quarterly	Half Yearly	Yearly
<b>Hospital covers</b>							
Top Hospital	H3	22.05	44.16	95.68	287.12	574.30	1,125.17
MemberShare \$40 Co-Pay	H2	18.80	37.65	81.57	244.76	489.57	959.20
MemberShare \$70 Co-Pay	H1	16.42	32.84	71.15	213.57	427.14	836.88
CoverWise \$150 Excess	X1	20.06	40.17	87.08	261.28	522.56	1,023.85
CoverWise \$250 Excess	X2	17.97	36.00	78.02	234.07	468.15	917.25
CoverWise \$500 Excess	X3	14.13	28.32	61.34	184.13	368.31	721.59
CoverWise \$750 Excess	X4	12.09	24.19	52.45	157.36	314.77	616.73
CoverWise \$1000 Excess	X5	10.68	21.37	46.34	139.09	278.23	545.10
Loyal Members	LM	18.21	36.38	78.89	236.74	473.54	927.72
Healthy Start	ST	12.45	24.90	53.98	161.95	323.95	647.90
<b>Extras covers</b>							
Premier Gold	PG	15.83	31.67	68.64	205.99	411.99	807.21
Premier	P	6.85	13.70	29.71	89.14	178.34	349.43
Dental	D	4.51	9.03	19.57	58.83	117.72	230.63
Extras	E	4.42	8.89	19.30	57.96	115.92	227.12
<b>Extras covers that can only be taken with a hospital cover</b>							
Premier Plus	PP	6.21	12.48	27.04	81.13	162.27	317.98
Premier Singles	PS	2.91	5.83	12.60	37.89	75.79	148.51
Premier Seniors	PM	3.83	7.67	16.63	49.94	99.88	195.64
Ambulance	A	1.15	2.31	5.00	15.00	30.00	60.00

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### 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.