

Premiums Effective September 1, 2019 to August 31, 2020

Optimum Health Rate Schedule									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
# of Trip Days	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
17-day Plan	57	76	87	106	119	142	296	514	1,003
35-day Base Plan	64	87	96	116	133	156	329	572	1,116
Supplemental Plan	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
Total Trip Duration (Days)									
36-45	104	139	154	184	207	241	452	796	1,555
46-60	124	167	184	231	261	312	524	951	1,867
61-75	147	195	213	279	314	384	596	1,102	2,179
76-90	169	227	250	325	369	449	701	1,307	2,595
91-105	191	256	280	371	420	509	805	1,514	3,016
106-120	218	291	321	456	514	612	969	1,788	3,499
121-135	243	325	357	545	613	712	1,132	2,057	3,978
136-150	270	358	396	598	674	784	1,251	2,279	4,410
151-165	292	390	430	653	736	856	1,371	2,498	4,842
166-182	321	428	470	717	808	934	1,502	2,746	5,332

Preferred Health Rate Schedule									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
# of Trip Days	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
17-day Plan	66	91	99	123	141	162	344	605	1,174
35-day Base Plan	75	100	109	136	155	179	383	671	1,305
Supplemental Plan	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
Total Trip Duration (Days)									
36-45	121	163	179	214	242	281	529	932	1,819
46-60	147	195	213	272	302	367	613	1,112	2,183
61-75	172	229	253	328	369	449	698	1,289	2,547
76-90	199	264	290	380	430	523	818	1,529	3,034
91-105	226	299	331	434	489	597	941	1,769	3,523
106-120	256	342	375	534	601	713	1,131	2,086	4,087
121-135	286	381	420	634	718	834	1,325	2,405	4,647
136-150	314	420	460	701	787	916	1,460	2,664	5,151
151-165	342	455	501	766	861	1,000	1,599	2,918	5,659
166-182	374	499	549	835	942	1,095	1,754	3,213	6,230

Standard Health Rate Schedule									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
# of Trip Days	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
17-day Plan	107	143	155	209	235	322	527	868	1,489
35-day Base Plan	118	157	173	231	262	357	585	964	1,654
Supplemental Plan	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
Total Trip Duration (Days)									
36-45	159	212	234	305	343	456	812	1,336	2,299
46-60	189	254	278	422	477	606	1,018	1,608	2,744
61-75	223	298	328	538	610	750	1,226	1,880	3,191
76-90	262	349	384	635	719	886	1,458	2,245	3,814
91-105	299	399	440	735	831	1,024	1,689	2,608	4,437
106-120	343	457	503	906	1,022	1,257	2,154	3,182	5,371
121-135	386	516	566	1,076	1,216	1,493	2,620	3,760	6,254
136-150	426	568	624	1,189	1,341	1,651	2,904	4,170	6,995
151-165	467	622	685	1,305	1,472	1,808	3,186	4,579	7,686
166-182	512	682	752	1,435	1,616	1,992	3,509	5,044	8,471

Deductible Option: If you wish to apply for a \$1,000 deductible option, different rates apply. Please contact Johnson Inc. for the rates.

Trip Cancellation is a compulsory benefit under the MEDOC Plan. For Ontario, Newfoundland and Manitoba residents, Retail Sales Tax is payable on the premium for Trip Cancellation, 25% of the listed premium rate. For Quebec and Saskatchewan residents, Retail Sales Tax is payable on the entire premium. This tax is not applicable in other provinces.

See reverse for administrative information.

Administration Information

You and your spouse can select two Individual plans or one Family plan. If you are purchasing a Family plan, both you and your spouse must qualify for the same Health Option and the premium will be based on the member's age. Dependent children are covered if you purchase the Family plan or two Single plans.

The premiums shown on the reverse side of this form are for an entire policy year – from September 1st to August 31st. Premiums are deducted on the 5th of each month from your bank account. For first time applicants, please attach a "Void" cheque to your application form. If you are an existing MEDOC policyholder, a void cheque is not required unless your banking information has changed.

When purchasing two or more Supplemental Plans, the full premium for all trips must be paid.

If you wish to cancel the Base Plan, you must submit your request in writing on or before October 5th. Otherwise, it cannot be cancelled until the end of the policy year (September 1st each year).

If you have purchased a Supplemental Plan and return home early, you may request a refund for unused units of coverage providing you and/or your dependents have made no claims. For example, if you booked a 90-day trip and came home early on day 70, this would fall between a 60-day plan and a 75-day plan. The next available option would be 75-days. Proof of early return, that identifies you specifically, will be required.

If you cancel your Supplemental Plan prior to your date of departure, your monthly premium deductions will be adjusted accordingly as you will still be responsible for paying the 35-day Base Plan premium.

The Supplemental Plan is for trips in excess of 35 consecutive days outside Canada. The Supplemental Plan Total Trip Duration should include the date you leave Canada for a period of longer than 35 consecutive days and the date you return to your province or territory of residence.

JOHNSON INC. CONTACT INFORMATION

Please contact Johnson Inc. if you have any questions relating to your MEDOC[®] coverage and we will be pleased to assist you.

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For general information visit
www.johnson.ca/medoc



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