

Premiums Effective September 1, 2024 to August 31, 2025

Optimum Health Option Rates									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
# of Trip Days	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
17-day Plan†	93	117	134	164	185	220	437	760	1,483
35-day Base Plan†	103	134	150	179	207	242	486	845	1,647
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration‡ (Days)									
36-45	146	195	216	259	292	339	636	1,121	2,188
46-60	174	235	259	325	367	439	737	1,338	2,627
61-75	207	274	299	393	441	542	839	1,551	3,065
76-90	238	319	351	457	520	632	986	1,841	3,652
91-105	269	360	395	522	591	717	1,133	2,131	4,244
106-120	307	409	453	642	723	862	1,364	2,516	4,923
121-135	341	457	502	769	863	1,002	1,594	2,895	5,598
136-150	380	503	557	841	950	1,103	1,760	3,207	6,206
151-165	410	548	605	919	1,036	1,204	1,929	3,515	6,814
166-182	453	603	661	1,009	1,137	1,315	2,113	3,864	7,504

Preferred Health Option Rates									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
# of Trip Days	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
17-day Plan†	101	133	146	181	207	239	486	851	1,652
35-day Base Plan†	116	147	161	202	229	263	540	945	1,835
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration‡ (Days)									
36-45	178	239	261	313	354	411	775	1,364	2,662
46-60	215	285	311	398	442	537	897	1,628	3,195
61-75	251	334	369	481	540	657	1,022	1,887	3,728
76-90	292	387	424	555	628	765	1,198	2,237	4,441
91-105	331	438	484	636	716	874	1,378	2,590	5,156
106-120	374	500	549	781	879	1,045	1,655	3,053	5,982
121-135	420	556	615	929	1,050	1,222	1,938	3,520	6,802
136-150	459	615	673	1,026	1,152	1,341	2,137	3,898	7,538
151-165	500	665	733	1,120	1,261	1,463	2,341	4,270	8,283
166-182	547	731	804	1,224	1,379	1,603	2,567	4,702	9,117

Standard Health Option Rates									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
# of Trip Days	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
17-day Plan†	151	202	218	295	331	454	741	1,222	2,179
35-day Base Plan†	166	222	243	325	370	502	824	1,357	2,419
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration‡ (Days)									
36-45	245	325	359	482	541	720	1,281	2,109	3,774
46-60	289	389	428	667	752	955	1,605	2,538	4,505
61-75	343	457	503	850	963	1,184	1,935	2,966	5,238
76-90	403	535	590	1,003	1,136	1,398	2,302	3,544	6,259
91-105	459	612	675	1,160	1,310	1,616	2,666	4,118	7,285
106-120	526	702	770	1,429	1,614	1,984	3,400	5,024	8,818
121-135	592	791	867	1,698	1,918	2,357	4,136	5,936	10,266
136-150	654	872	956	1,877	2,115	2,605	4,582	6,584	11,483
151-165	716	954	1,051	2,059	2,325	2,855	5,030	7,227	12,618
166-182	786	1,047	1,153	2,265	2,551	3,144	5,541	7,962	13,908

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 Labrador, Manitoba and Quebec residents, Retail Sales Tax is payable on the premium for Trip Cancellation, 25% of the listed premium rate. For 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

*Family coverage is available to you, your spouse and dependent(s) when:

- you and your spouse qualify for the same Health Option and have paid the premium for a family plan; or
- you and your spouse qualify for two different Health Options and have paid the premium for two individual plans.

If you do not require coverage for a spouse, family coverage is available to you and your dependent(s) when the premium for a family plan has been paid.

†The 17-day Plan and 35-day Base Plan premiums shown on the reverse are for a full policy year, which is September 1st to August 31st inclusively. When applying for the 17-day Plan or 35-day Base Plan after commencement of the policy year, the premium rates will be pro-rated from your effective date until the end of the policy year. Please contact Johnson Inc. for information on pro-rated premium rates.

‡The Supplemental Plan provides coverage for a single trip that includes travel for more than 35 consecutive calendar days outside of Canada. A Supplemental Plan may be purchased to cover travel for a duration not exceeding 45 consecutive calendar days, starting on the day you leave Canada for a period of more than 35 consecutive calendar days and ending on the day you return home. For longer trips:

- additional 15-day units of Supplemental Plan coverage can be purchased to a maximum of 165 calendar days.
- for trips beyond 165 calendar days, an additional 17-day unit can be purchased to a maximum of 182 calendar days.
- for residents of Ontario, British Columbia, Alberta, Manitoba, New Brunswick and Newfoundland and Labrador travelling longer than 182 calendar days, additional 15-day units of Supplemental Plan coverage can be purchased to a maximum of 212 calendar days.

When one or more Supplemental Plan(s) are purchased, a 35-day Base Plan is automatically included.

Monthly payments, if selected, 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.



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This insurance product is underwritten by Royal & Sun Alliance Insurance Company of Canada (“RSA”) and is administered by Johnson.
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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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