

Premiums Effective September 1, 2023 to August 31, 2024

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†	82	108	124	151	171	203	423	735	1,435
35-day Base Plan†	91	124	138	165	191	223	470	818	1,594
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration† (Days)									
36-45	141	189	209	251	283	328	615	1,085	2,117
46-60	168	227	251	314	355	425	713	1,295	2,542
61-75	200	265	289	380	427	524	812	1,501	2,966
76-90	230	309	340	442	503	612	954	1,781	3,534
91-105	260	348	382	505	572	694	1,096	2,062	4,107
106-120	297	396	438	621	700	834	1,320	2,435	4,764
121-135	330	442	486	744	835	970	1,542	2,801	5,417
136-150	368	487	539	814	919	1,067	1,703	3,103	6,005
151-165	397	530	585	889	1,002	1,165	1,867	3,401	6,593
166-182	438	583	640	976	1,100	1,272	2,045	3,739	7,261

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†	89	123	135	167	191	221	470	823	1,599
35-day Base Plan†	102	136	149	186	211	243	523	914	1,776
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration† (Days)									
36-45	172	231	253	303	343	398	750	1,320	2,576
46-60	208	276	301	385	428	520	868	1,575	3,092
61-75	243	323	357	465	523	636	989	1,826	3,607
76-90	283	374	410	537	608	740	1,159	2,165	4,297
91-105	320	424	468	615	693	846	1,333	2,506	4,989
106-120	362	484	531	756	851	1,011	1,601	2,954	5,788
121-135	406	538	595	899	1,016	1,182	1,875	3,406	6,582
136-150	444	595	651	993	1,115	1,298	2,068	3,772	7,294
151-165	484	643	709	1,084	1,220	1,416	2,265	4,132	8,015
166-182	529	707	778	1,184	1,334	1,551	2,484	4,550	8,822

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†	146	195	211	285	320	439	717	1,182	2,108
35-day Base Plan†	161	215	235	314	358	486	797	1,313	2,341
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration† (Days)									
36-45	237	314	347	453	509	677	1,205	1,983	3,549
46-60	280	376	414	627	707	898	1,509	2,387	4,236
61-75	332	442	487	799	906	1,113	1,820	2,789	4,925
76-90	390	518	571	943	1,068	1,315	2,165	3,333	5,886
91-105	444	592	653	1,091	1,232	1,520	2,507	3,872	6,850
106-120	509	679	745	1,344	1,518	1,866	3,197	4,724	8,292
121-135	573	765	839	1,597	1,804	2,216	3,889	5,582	9,653
136-150	633	844	925	1,765	1,989	2,450	4,309	6,191	10,798
151-165	693	923	1,017	1,936	2,186	2,685	4,730	6,796	11,865
166-182	761	1,013	1,116	2,130	2,399	2,956	5,210	7,487	13,078

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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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/travel-insurance