

Premiums Effective September 1, 2022 to August 31, 2023

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*	79	103	118	144	164	193	405	703	1,370
35-day Base Plan*	86	118	130	159	183	212	449	783	1,524
Supplemental Plan Total Trip Duration† (Days)	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
36-45	141	191	209	253	281	329	619	1,087	2,126
46-60	172	228	253	314	357	426	716	1,299	2,551
61-75	200	265	292	380	428	522	812	1,505	2,975
76-90	232	310	341	444	503	614	956	1,786	3,546
91-105	262	349	382	505	573	697	1,097	2,071	4,119
106-120	298	396	439	623	703	837	1,324	2,440	4,778
121-135	334	444	487	742	839	973	1,546	2,811	5,432
136-150	368	491	541	814	923	1,071	1,710	3,113	6,023
151-165	400	531	585	892	1,007	1,168	1,872	3,412	6,614
166-182	439	584	642	980	1,102	1,276	2,054	3,752	7,284

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*	91	124	135	168	192	222	469	825	1,604
35-day Base Plan*	103	136	149	188	211	244	521	920	1,783
Supplemental Plan Total Trip Duration† (Days)	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
36-45	166	223	244	293	331	383	723	1,275	2,485
46-60	200	265	292	373	414	500	839	1,518	2,983
61-75	237	312	344	448	503	614	951	1,757	3,478
76-90	272	360	395	518	585	715	1,117	2,090	4,147
91-105	309	411	451	591	667	813	1,285	2,417	4,813
106-120	350	466	513	729	821	974	1,544	2,851	5,582
121-135	390	519	573	865	983	1,139	1,810	3,284	6,348
136-150	429	573	631	956	1,076	1,252	1,996	3,636	7,038
151-165	466	622	684	1,046	1,178	1,367	2,185	3,987	7,735
166-182	512	682	750	1,140	1,287	1,495	2,398	4,391	8,511

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*	145	194	211	286	321	440	720	1,185	2,032
35-day Base Plan*	162	213	238	314	358	487	800	1,317	2,259
Supplemental Plan Total Trip Duration† (Days)	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
36-45	217	291	319	418	468	623	1,108	1,824	3,140
46-60	259	345	378	577	651	827	1,391	2,197	3,750
61-75	305	408	448	734	831	1,023	1,677	2,568	4,359
76-90	358	480	522	866	984	1,212	1,993	3,067	5,211
91-105	409	547	599	1,005	1,136	1,398	2,306	3,559	6,062
106-120	467	626	686	1,235	1,396	1,717	2,941	4,347	7,337
121-135	526	706	775	1,471	1,660	2,038	3,576	5,135	8,544
136-150	582	777	856	1,624	1,832	2,255	3,968	5,696	9,554
151-165	638	853	937	1,783	2,011	2,471	4,351	6,255	10,499
166-182	700	933	1,025	1,960	2,208	2,720	4,792	6,890	11,571

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, 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

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 Base Plan premiums shown on the reverse are for the entire policy year – from September 1, 2022 to August 31, 2023.

†Supplemental Plan premiums are based on the Total Trip Duration increments of 36-45, 46-60, 61-75, 76-90, 91-105, 106-120, 121-135, 136-150, 151-165 and 166-182 days. For example, a trip of 95 days would have the same premium as a trip of 104 days, as Supplemental Plans have a set premium for a Total Trip Duration ranging anywhere from 91 to 105 days.

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.

When purchasing two or more Supplemental Plans during a policy year, the full premium for each Supplemental Plan Total Trip Duration must be paid.

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.

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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