

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†	97	126	145	176	201	236	496	861	1,679
35-day Base Plan†	105	145	159	195	224	260	550	959	1,867
Supplemental Plan Total Trip Duration‡ (Days)	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
36-45	165	223	244	295	328	384	722	1,269	2,481
46-60	201	266	295	366	417	497	836	1,516	2,977
61-75	233	309	341	443	499	609	948	1,756	3,472
76-90	271	362	398	518	587	717	1,116	2,084	4,138
91-105	306	407	446	589	669	813	1,280	2,417	4,807
106-120	348	462	512	727	820	977	1,545	2,847	5,576
121-135	390	518	568	866	979	1,135	1,804	3,280	6,339
136-150	429	573	631	950	1,077	1,250	1,996	3,633	7,029
151-165	467	620	683	1,041	1,175	1,363	2,185	3,982	7,719
166-182	512	682	749	1,144	1,286	1,489	2,397	4,379	8,500

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†	106	145	158	196	224	259	547	963	1,872
35-day Base Plan†	120	159	174	219	246	285	608	1,074	2,081
Supplemental Plan Total Trip Duration‡ (Days)	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
36-45	201	271	296	356	402	465	877	1,547	3,016
46-60	243	322	354	453	502	607	1,018	1,842	3,620
61-75	288	379	418	544	610	745	1,154	2,132	4,221
76-90	330	437	479	629	710	868	1,356	2,537	5,033
91-105	375	499	547	717	810	987	1,560	2,933	5,841
106-120	425	566	623	885	996	1,182	1,874	3,460	6,775
121-135	473	630	695	1,050	1,193	1,382	2,197	3,986	7,704
136-150	521	695	766	1,160	1,306	1,520	2,423	4,413	8,542
151-165	566	755	830	1,270	1,430	1,659	2,652	4,839	9,388
166-182	621	828	910	1,384	1,562	1,814	2,910	5,329	10,330

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†	169	226	246	334	375	513	840	1,383	2,466
35-day Base Plan†	189	249	278	366	418	568	934	1,537	2,742
Supplemental Plan Total Trip Duration‡ (Days)	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
36-45	276	370	406	532	595	792	1,409	2,320	4,154
46-60	329	439	481	734	828	1,052	1,769	2,795	4,961
61-75	388	519	570	934	1,057	1,301	2,133	3,267	5,767
76-90	455	611	664	1,102	1,252	1,542	2,535	3,901	6,894
91-105	520	696	762	1,278	1,445	1,778	2,933	4,527	8,019
106-120	594	796	873	1,571	1,776	2,184	3,741	5,530	9,706
121-135	669	898	986	1,871	2,112	2,592	4,549	6,532	11,303
136-150	740	988	1,089	2,066	2,330	2,868	5,047	7,245	12,639
151-165	812	1,085	1,192	2,268	2,558	3,143	5,535	7,957	13,889
166-182	890	1,187	1,304	2,493	2,809	3,460	6,096	8,764	15,307

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