

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	60	80	91	111	126	149	312	542	1,056
35-day Base Plan	67	91	100	123	141	164	346	603	1,174
Supplemental Plan	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
Total Trip Duration (Days)									
36-45	109	147	161	194	217	254	477	838	1,638
46-60	132	176	194	243	275	328	552	1,001	1,966
61-75	154	205	225	293	330	403	626	1,159	2,293
76-90	179	239	263	342	388	473	736	1,376	2,732
91-105	202	269	294	390	442	537	845	1,595	3,174
106-120	230	306	338	481	542	644	1,020	1,881	3,682
121-135	257	342	376	572	646	749	1,192	2,166	4,186
136-150	284	378	417	628	711	826	1,318	2,399	4,641
151-165	308	409	451	687	776	900	1,443	2,629	5,097
166-182	338	450	495	756	849	983	1,582	2,891	5,613

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	70	95	104	130	148	171	362	636	1,236
35-day Base Plan	80	105	115	144	163	188	402	708	1,374
Supplemental Plan	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
Total Trip Duration (Days)									
36-45	128	172	188	226	256	295	557	982	1,915
46-60	154	205	225	287	319	385	646	1,170	2,298
61-75	182	241	265	345	388	473	733	1,355	2,680
76-90	209	278	305	399	451	551	861	1,610	3,195
91-105	238	317	348	456	514	627	990	1,862	3,709
106-120	270	359	395	562	632	750	1,190	2,197	4,302
121-135	300	400	442	667	757	878	1,395	2,531	4,892
136-150	331	442	486	736	829	965	1,538	2,802	5,423
151-165	359	480	527	806	907	1,053	1,684	3,072	5,960
166-182	394	525	578	879	992	1,152	1,847	3,383	6,558

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	112	150	163	220	247	339	555	913	1,566
35-day Base Plan	125	165	183	243	276	376	616	1,015	1,741
Supplemental Plan	INDIVIDUAL PREMIUM (Family premium is double the amount below)								
Total Trip Duration (Days)									
36-45	167	224	245	322	361	481	854	1,406	2,419
46-60	200	266	292	444	502	637	1,072	1,693	2,890
61-75	235	314	345	566	641	788	1,292	1,979	3,359
76-90	276	369	403	668	758	933	1,536	2,363	4,015
91-105	315	421	461	774	876	1,078	1,777	2,743	4,671
106-120	360	482	529	952	1,076	1,323	2,267	3,350	5,654
121-135	405	544	597	1,133	1,279	1,570	2,756	3,957	6,583
136-150	448	599	659	1,251	1,411	1,738	3,057	4,389	7,362
151-165	492	657	721	1,374	1,550	1,904	3,353	4,820	8,090
166-182	539	719	790	1,510	1,701	2,096	3,693	5,309	8,917

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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