

The following rates are applicable to the Base Plan - for trips up to 40 days in duration, for members with in-force PSHCP underlying emergency medical coverage of \$500,000 or more.

# of Trip Days	Age													
	0 - 54		55 - 59		60 - 64		65 - 69		70 - 75		76 - 80		81+	
	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.
Annual Rates Base 1-40	55	110	68	136	74	148	99	198	148	296	241	482	425	850

The following rates are applicable to the Supplemental Plan for trips in excess of 40 days duration for members with in-force PSHCP underlying emergency medical coverage of \$500,000 or more.

Optimum Health Rate Schedule

# of Trip Days		Age													
		0 - 54		55 - 59		60 - 64		65 - 69		70 - 75		76 - 80		81+	
		Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.
Supplemental Trip Options	41-50	68	136	86	172	97	194	120	240	196	392	330	660	609	1,218
	51-60	84	168	112	224	123	246	163	326	236	472	417	834	785	1,570
	61-75	107	214	155	310	174	348	225	450	297	594	546	1,092	1,049	2,098
	76-90	130	260	185	370	204	408	270	540	368	736	687	1,374	1,334	2,668
	91-105	150	300	219	438	247	494	316	632	439	878	826	1,652	1,621	3,242
	106-120	176	352	279	558	308	616	389	778	551	1,102	1,013	2,026	1,948	3,896
	121-135	200	400	343	686	387	774	460	920	663	1,326	1,199	2,398	2,276	4,552
	136-150	223	446	379	758	417	834	512	1,024	743	1,486	1,347	2,694	2,571	5,142
	151-165	246	492	421	842	475	950	563	1,126	824	1,648	1,499	2,998	2,866	5,732
	166-182	272	544	461	922	509	1,018	620	1,240	914	1,828	1,669	3,338	3,201	6,402

Preferred Health Rate Schedule

# of Trip Days		Age													
		0 - 54		55 - 59		60 - 64		65 - 69		70 - 75		76 - 80		81+	
		Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.
Supplemental Trip Options	41-50	77	154	96	192	108	216	134	268	217	434	368	736	678	1,356
	51-60	93	186	125	250	138	276	182	364	263	526	465	930	873	1,746
	61-75	119	238	172	344	194	388	251	502	330	660	608	1,216	1,167	2,334
	76-90	144	288	206	412	226	452	301	602	409	818	764	1,528	1,486	2,972
	91-105	168	336	244	488	275	550	352	704	489	978	921	1,842	1,805	3,610
	106-120	196	392	311	622	343	686	432	864	614	1,228	1,128	2,256	2,170	4,340
	121-135	223	446	383	766	430	860	513	1,026	738	1,476	1,334	2,668	2,535	5,070
	136-150	249	498	422	844	465	930	570	1,140	827	1,654	1,501	3,002	2,864	5,728
	151-165	274	548	470	940	529	1,058	627	1,254	918	1,836	1,669	3,338	3,192	6,384
	166-182	303	606	514	1,028	567	1,134	692	1,384	1,018	2,036	1,858	3,716	3,565	7,130

Standard Health Rate Schedule

# of Trip Days		Age													
		0 - 54		55 - 59		60 - 64		65 - 69		70 - 75		76 - 80		81+	
		Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.	Ind.	Fam.
Supplemental Trip Options	41-50	85	170	110	220	138	276	177	354	285	570	471	942	830	1,660
	51-60	110	220	185	370	225	450	287	574	430	860	664	1,328	1,146	2,292
	61-75	149	298	301	602	377	754	450	900	649	1,298	952	1,904	1,620	3,240
	76-90	192	384	378	756	464	928	576	1,152	846	1,692	1,261	2,522	2,150	4,300
	91-105	235	470	461	922	579	1,158	701	1,402	1,043	2,086	1,570	3,140	2,682	5,364
	106-120	283	566	598	1,196	730	1,460	916	1,832	1,440	2,880	2,061	4,122	3,476	6,952
	121-135	329	658	742	1,484	930	1,860	1,130	2,260	1,836	3,672	2,552	5,104	4,270	8,540
	136-150	375	750	829	1,658	1,016	2,032	1,274	2,548	2,078	4,156	2,902	5,804	4,859	9,718
	151-165	418	836	931	1,862	1,166	2,332	1,420	2,840	2,319	4,638	3,251	6,502	5,449	10,898
	166-182	468	936	1,028	2,056	1,259	2,518	1,584	3,168	2,593	5,186	3,647	7,294	6,117	12,234

Trip Cancellation is a compulsory benefit under the MEDOC Plan. For Ontario and Manitoba residents, Retail Sales Tax is payable on the premium for Trip Cancellation, 30% of the listed premium rate. For Quebec residents, Retail Sales Tax is payable on the entire premium. This tax is not applicable in other provinces.

Administration Information

IMPORTANT: If you are not insured under the Public Service Health Care Plan (PSHCP) different rates apply. Please call Johnson Inc. for further 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 Base Plan premium.

Please contact Johnson Inc. if you have any questions relating to your MEDOC coverage and a Johnson's Service Supervisor will be pleased to assist you:

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