

Rates Effective September 1, 2021 to August 31, 2022

Optimum Health Rate Schedule								
Age	0 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+	
Annual Base Plan 1-40 Unlimited Number of Trips not	11	NDIVIDUAL P	PREMIUM (Family premium is double the amount below)					
exceeding 40 Days per Trip	90	128	146	180	342	567	1,064	
Supplemental Plan Total Trip Duration (Days)	INDIVIDUAL PREMIUM (Family premium is double the amount below)							
41-45	128	180	202	245	421	703	1,329	
46-60	152	219	246	304	481	827	1,583	
61-75	174	259	292	365	538	951	1,838	
76-90	198	295	333	416	625	1,121	2,182	
91-105	225	334	374	465	708	1,289	2,523	
106-120	252	404	455	547	845	1,513	2,918	
121-135	280	474	536	632	977	1,733	3,309	
136-150	307	518	586	691	1,074	1,913	3,664	
151-165	334	563	635	749	1,170	2,094	4,099	
166-182	363	612	692	814	1,279	2,301	4,419	

Preferred Health Rate Schedule							
Age	0 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
Annual Base Plan 1-40 Unlimited Number of Trips not	INDIVIDUAL PREMIUM (Family premium is double the amount below)						
exceeding 40 Days per Trip	104	152	170	210	400	661	1,244
Supplemental Plan Total Trip Duration (Days)	INDIVIDUAL PREMIUM (Family premium is double the amount below)						
41-45	152	211	237	286	491	822	1,554
46-60	177	254	288	356	563	969	1,853
61-75	204	302	342	425	629	1,113	2,148
76-90	231	344	389	485	730	1,311	2,549
91-105	263	390	440	543	827	1,507	2,951
106-120	296	472	532	640	986	1,766	3,410
121-135	328	555	626	736	1,143	2,026	3,868
136-150	358	605	684	808	1,256	2,236	4,283
151-165	390	658	743	874	1,367	2,449	4,789
166-182	422	717	809	950	1,495	2,687	5,164

Standard Health Rate Schedule								
Age	0 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+	
Annual Base Plan 1-40 Unlimited Number of Trips not	INDIVIDUAL PREMIUM (Family premium is double the amount below)							
exceeding 40 Days per Trip	193	294	333	445	697	1,092	1,850	
Supplemental Plan Total Trip Duration (Days)	INDIVIDUAL PREMIUM (Family premium is double the amount below)							
41-45	233	344	389	521	887	1,395	2,367	
46-60	276	465	524	670	1,100	1,669	2,811	
61-75	318	585	658	820	1,311	1,940	3,262	
76-90	371	686	774	962	1,548	2,305	3,886	
91-105	425	785	884	1,100	1,784	2,668	4,510	
106-120	485	961	1,083	1,340	2,261	3,244	5,446	
121-135	543	1,132	1,278	1,580	2,737	3,824	6,379	
136-150	596	1,251	1,410	1,741	3,024	4,234	7,071	
151-165	654	1,367	1,542	1,905	3,315	4,646	7,766	
166-182	714	1,500	1,692	2,088	3,646	5,112	8,550	

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, 10% 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.



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, the trip duration 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.

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.

Toll free:

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