

Premiums Effective September 1, 2023 to August 31, 2024

Premiums applicable to the \$250 deductible option

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†	148	191	214	261	301	354	746	1,300	2,533
35-day Base Plan†	163	217	240	290	337	393	828	1,443	2,812
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration‡ (Days)									
36-45	251	333	368	443	499	578	1,090	1,914	3,732
46-60	300	400	439	552	623	749	1,259	2,281	4,480
61-75	350	467	515	671	755	924	1,431	2,642	5,230
76-90	410	541	600	781	881	1,081	1,679	3,139	6,232
91-105	460	617	677	892	1,005	1,222	1,929	3,632	7,239
106-120	523	694	764	1,100	1,232	1,468	2,321	4,289	8,387
121-135	586	781	858	1,300	1,470	1,706	2,718	4,940	9,544
136-150	649	862	950	1,435	1,619	1,884	3,005	5,467	10,580
151-165	699	932	1,028	1,566	1,772	2,054	3,283	5,997	11,621
166-182	768	1,023	1,126	1,717	1,936	2,242	3,605	6,592	12,795

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†	166	224	239	294	337	391	831	1,446	2,822
35-day Base Plan†	181	245	270	327	372	432	922	1,609	3,133
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration‡ (Days)									
36-45	302	407	445	536	607	699	1,324	2,327	4,540
46-60	364	485	535	678	761	908	1,529	2,777	5,449
61-75	427	569	627	816	918	1,124	1,740	3,216	6,355
76-90	499	661	725	947	1,070	1,310	2,040	3,818	7,573
91-105	562	751	825	1,087	1,221	1,489	2,346	4,414	8,797
106-120	637	846	933	1,330	1,499	1,776	2,827	5,209	10,201
121-135	716	955	1,049	1,586	1,789	2,083	3,308	6,004	11,602
136-150	784	1,045	1,149	1,746	1,967	2,287	3,646	6,645	12,857
151-165	853	1,137	1,248	1,907	2,149	2,495	3,993	7,287	14,125
166-182	936	1,245	1,371	2,086	2,352	2,727	4,380	8,015	15,550

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†	252	341	372	499	568	769	1,267	2,081	3,718
35-day Base Plan†	281	377	417	552	624	855	1,407	2,312	4,129
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration‡ (Days)									
36-45	417	553	608	803	898	1,200	2,122	3,497	6,253
46-60	497	660	728	1,107	1,247	1,580	2,661	4,210	7,468
61-75	583	776	855	1,404	1,591	1,961	3,207	4,920	8,685
76-90	679	908	1,004	1,665	1,879	2,320	3,816	5,874	10,381
91-105	782	1,047	1,150	1,928	2,171	2,681	4,422	6,823	12,077
106-120	902	1,201	1,318	2,370	2,673	3,292	5,636	8,332	14,618
121-135	1,013	1,350	1,483	2,815	3,175	3,905	6,856	9,837	17,022
136-150	1,116	1,488	1,638	3,114	3,511	4,319	7,597	10,905	19,037
151-165	1,219	1,628	1,791	3,415	3,853	4,734	8,339	11,983	20,917
166-182	1,341	1,790	1,965	3,752	4,231	5,212	9,183	13,201	23,049

Deductible Option: If you wish to apply for a \$1,000 deductible option, different rates apply. 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, 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.

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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