

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[†]	108	134	166	166	186	208	428	740	1,427
35-day Base Plan[†]	121	149	182	191	219	244	509	892	1,739
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration [‡] (Days)									
36-45	177	217	266	273	308	355	668	1,184	2,310
46-60	217	258	324	344	386	466	779	1,413	2,771
61-75	249	300	379	415	470	571	884	1,637	3,234
76-90	296	351	438	483	547	664	1,041	1,943	3,855
91-105	330	399	492	549	625	755	1,194	2,245	4,478
106-120	375	448	562	676	764	908	1,437	2,649	5,191
121-135	418	503	628	808	910	1,056	1,678	3,052	5,901
136-150	466	554	695	888	999	1,162	1,859	3,380	6,542
151-165	503	599	748	970	1,094	1,273	2,032	3,707	7,184
166-182	548	659	820	1,063	1,198	1,386	2,228	4,079	7,911

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[†]	117	142	176	176	198	226	478	825	1,589
35-day Base Plan[†]	131	155	195	204	228	266	567	994	1,941
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration [‡] (Days)									
36-45	218	259	327	332	375	434	819	1,437	2,811
46-60	259	312	394	419	467	566	946	1,718	3,366
61-75	307	368	457	503	569	691	1,076	1,988	3,932
76-90	351	424	528	586	662	805	1,261	2,362	4,685
91-105	402	486	604	673	758	921	1,452	2,732	5,441
106-120	454	546	685	824	926	1,101	1,744	3,219	6,308
121-135	509	611	764	980	1,108	1,285	2,042	3,713	7,171
136-150	565	675	842	1,082	1,218	1,414	2,254	4,107	7,952
151-165	608	731	913	1,180	1,330	1,543	2,468	4,507	8,731
166-182	667	800	999	1,287	1,454	1,688	2,708	4,957	9,617

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[†]	182	223	276	299	334	449	731	1,188	2,095
35-day Base Plan[†]	204	244	304	344	387	528	869	1,430	2,549
Supplemental Plan	INDIVIDUAL PREMIUM (Family plan premium* is double the amount below)								
Total Trip Duration [‡] (Days)									
36-45	298	357	445	494	554	737	1,314	2,161	3,869
46-60	356	424	533	684	770	979	1,646	2,601	4,622
61-75	417	498	624	874	987	1,215	1,984	3,044	5,371
76-90	489	589	728	1,030	1,162	1,433	2,359	3,631	6,415
91-105	559	668	840	1,189	1,344	1,657	2,731	4,215	7,464
106-120	641	769	962	1,464	1,652	2,036	3,487	5,151	9,035
121-135	720	865	1,082	1,739	1,962	2,416	4,234	6,083	10,520
136-150	796	956	1,193	1,925	2,171	2,668	4,699	6,746	11,770
151-165	875	1,047	1,310	2,115	2,382	2,925	5,154	7,408	12,932
166-182	960	1,151	1,435	2,320	2,617	3,219	5,677	8,160	14,249

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.

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