

## Premiums Effective September 1, 2024 to August 31, 2025

Optimum Health Option Rates									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
<b># of Trip Days</b>	<b>INDIVIDUAL PREMIUM</b> (Family plan premium* is double the amount below)								
<b>17-day Plan†</b>	118	147	169	205	234	275	552	959	1,869
<b>35-day Base Plan†</b>	127	169	185	227	261	302	612	1,068	2,079
<b>Supplemental Plan</b>	<b>INDIVIDUAL PREMIUM</b> (Family plan premium* is double the amount below)								
<b>Total Trip Duration‡ (Days)</b>									
36-45	184	248	272	328	365	428	804	1,413	2,762
46-60	224	296	328	408	464	553	931	1,688	3,315
61-75	259	344	380	493	556	678	1,056	1,955	3,866
76-90	302	403	443	577	654	798	1,243	2,320	4,607
91-105	341	453	497	656	745	905	1,425	2,691	5,352
106-120	387	514	570	809	913	1,088	1,720	3,170	6,209
121-135	434	577	632	964	1,090	1,264	2,009	3,652	7,058
136-150	478	638	703	1,058	1,199	1,392	2,222	4,045	7,826
151-165	520	690	760	1,159	1,308	1,518	2,433	4,434	8,595
166-182	570	759	834	1,274	1,432	1,658	2,669	4,876	9,464

Preferred Health Option Rates									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
<b># of Trip Days</b>	<b>INDIVIDUAL PREMIUM</b> (Family plan premium* is double the amount below)								
<b>17-day Plan†</b>	129	169	184	228	261	301	609	1,072	2,084
<b>35-day Base Plan†</b>	146	185	202	255	286	332	677	1,196	2,317
<b>Supplemental Plan</b>	<b>INDIVIDUAL PREMIUM</b> (Family plan premium* is double the amount below)								
<b>Total Trip Duration‡ (Days)</b>									
36-45	224	302	330	396	448	518	976	1,723	3,358
46-60	271	359	394	504	559	676	1,133	2,051	4,031
61-75	321	422	465	606	679	830	1,285	2,374	4,700
76-90	367	487	533	700	791	966	1,510	2,825	5,604
91-105	418	556	609	798	902	1,099	1,737	3,266	6,504
106-120	473	630	694	985	1,109	1,316	2,087	3,853	7,544
121-135	527	701	774	1,169	1,328	1,539	2,446	4,438	8,578
136-150	580	774	853	1,292	1,454	1,692	2,698	4,914	9,511
151-165	630	841	924	1,414	1,592	1,847	2,953	5,388	10,453
166-182	691	922	1,013	1,541	1,739	2,020	3,240	5,934	11,502

Standard Health Option Rates									
Age	0 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 75	76 - 80	81+
<b># of Trip Days</b>	<b>INDIVIDUAL PREMIUM</b> (Family plan premium* is double the amount below)								
<b>17-day Plan†</b>	188	252	274	372	418	571	935	1,540	2,746
<b>35-day Base Plan†</b>	210	277	310	408	465	632	1,040	1,711	3,053
<b>Supplemental Plan</b>	<b>INDIVIDUAL PREMIUM</b> (Family plan premium* is double the amount below)								
<b>Total Trip Duration‡ (Days)</b>									
36-45	307	412	452	608	680	906	1,611	2,653	4,750
46-60	366	489	536	839	947	1,203	2,023	3,196	5,673
61-75	432	578	635	1,068	1,209	1,488	2,439	3,736	6,594
76-90	507	680	739	1,260	1,432	1,763	2,899	4,461	7,883
91-105	579	775	848	1,461	1,652	2,033	3,354	5,176	9,169
106-120	661	886	972	1,796	2,031	2,497	4,278	6,323	11,098
121-135	745	1,000	1,098	2,139	2,415	2,964	5,202	7,469	12,924
136-150	824	1,100	1,213	2,362	2,664	3,279	5,771	8,284	14,452
151-165	904	1,208	1,327	2,593	2,925	3,594	6,329	9,098	15,881
166-182	991	1,322	1,452	2,851	3,212	3,956	6,970	10,021	17,503

**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<sup>®</sup> 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.

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 1<sup>st</sup> to August 31<sup>st</sup> 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 5<sup>th</sup> 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<sup>®</sup> policyholder, a void cheque is not required unless your banking information has changed.



**MEDOC<sup>®</sup> is a Registered Trademark of Johnson Inc. (“Johnson”)**

This insurance product is underwritten by Royal & Sun Alliance Insurance Company of Canada (“RSA”) and is administered by Johnson.  
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### JOHNSON INC. CONTACT INFORMATION

Please contact Johnson Inc. if you have any questions relating to your MEDOC<sup>®</sup> coverage and we will be pleased to assist you.

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For general information visit  
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