

MEDICARE INTERNATIONAL TRAVEL INSURANCE RATES

Version M07 - Effective November 2009

SINGLE TRIP EMERGENCY MEDICAL (Premium Rates per Day with \$0 Deductible)

RATE CATEGORY A - NO UNDERWRITING NO MEDICAL QUESTIONNAIRE REQUIRED			
Days/Age	0-25	25-39	40-54
1 to 17	\$1.99	\$2.21	\$2.49
18 to 30	\$1.99	\$2.21	\$2.49
31 to 60	\$2.04	\$2.25	\$2.53
61 to 90	\$2.13	\$2.35	\$2.63
91 to 120	\$2.21	\$2.44	\$2.74
121 to 150	\$2.27	\$2.49	\$2.82
151 to 212	\$2.32	\$2.54	\$2.87
213 to 365	\$2.43	\$2.67	\$3.01

Over age 54, see below

Any Pre-Existing Condition must be **STABLE** in the **3** months prior to the effective date to be covered with **RATE CATEGORY A**

MULTI-TRIP EMERGENCY MEDICAL (Annual Premiums with \$0 Deductible)

RATE CATEGORY A - NO UNDERWRITING NO MEDICAL QUESTIONNAIRE REQUIRED			
Days/Age	0-25	26-39	40-54
4	\$29	\$34	\$39
10	\$40	\$46	\$52
18	\$71	\$73	\$80
30	\$93	\$108	\$115

Over age 54, see below

RATE CATEGORY A+

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
1 to 17	\$2.32	\$2.72	\$3.21	\$4.40	\$7.08	\$13.92	\$17.89
18 to 30	\$2.39	\$2.80	\$3.32	\$4.54	\$7.30	\$14.35	\$18.44
31 to 60	\$2.44	\$2.86	\$3.42	\$5.43	\$8.42	\$15.39	\$20.76
61 to 90	\$2.53	\$2.98	\$3.55	\$5.53	\$10.01	\$16.07	\$21.67
91 to 120	\$2.59	\$3.11	\$3.92	\$5.68	\$10.81	\$16.76	\$22.61
121 to 150	\$2.65	\$3.18	\$4.01	\$5.90	\$11.21	\$17.17	\$23.16
151 to 212	\$2.69	\$3.25	\$4.76	\$6.27	\$12.36	\$17.49	\$23.61
213 to 365	\$2.83	\$3.40	\$5.00	\$6.59	\$12.99	\$18.38	\$24.80

Any Pre-Existing Condition must be **STABLE** in the **3** months prior to the effective date to be covered with **RATE CATEGORY A+**

RATE CATEGORY A+

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
4	\$40	\$52	\$59	\$77	\$80	\$133	\$171
10	\$56	\$72	\$82	\$104	\$109	\$181	\$233
18	\$84	\$95	\$104	\$121	\$138	\$226	\$291
30	\$124	\$131	\$147	\$172	\$242	\$402	\$516

RATE CATEGORY A

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
1 to 17	\$2.58	\$3.46	\$4.05	\$4.89	\$7.87	\$17.48	\$20.20
18 to 30	\$2.65	\$3.57	\$4.18	\$5.04	\$8.12	\$18.02	\$20.83
31 to 60	\$2.72	\$3.64	\$4.72	\$6.64	\$10.29	\$19.35	\$23.49
61 to 90	\$2.77	\$3.74	\$4.92	\$6.76	\$12.26	\$20.19	\$24.53
91 to 120	\$2.87	\$3.91	\$5.43	\$6.94	\$14.25	\$21.08	\$25.58
121 to 150	\$2.93	\$4.00	\$5.56	\$7.24	\$14.57	\$21.59	\$26.20
151 to 212	\$2.99	\$4.09	\$6.60	\$7.67	\$14.86	\$22.00	\$26.72
213 to 365	\$3.14	\$4.29	\$6.91	\$8.05	\$15.61	\$23.11	\$28.06

Any Pre-Existing Condition must be **STABLE** in the **3** months prior to the effective date to be covered with **RATE CATEGORY A**

RATE CATEGORY A

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
4	\$46	\$57	\$66	\$86	\$88	\$147	\$199
10	\$63	\$80	\$91	\$116	\$121	\$202	\$263
18	\$95	\$109	\$119	\$142	\$196	\$326	\$376
30	\$139	\$147	\$167	\$204	\$287	\$580	\$671

RATE CATEGORY B

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
1 to 17	\$3.55	\$4.72	\$5.92	\$6.98	\$12.82	\$21.91	\$26.00
18 to 30	\$3.66	\$4.86	\$6.10	\$7.19	\$13.22	\$22.58	\$26.80
31 to 60	\$3.73	\$5.33	\$6.56	\$7.72	\$14.19	\$24.23	\$30.23
61 to 90	\$3.84	\$5.73	\$6.82	\$8.03	\$14.82	\$25.28	\$31.52
91 to 120	\$4.01	\$5.99	\$7.15	\$8.39	\$15.67	\$26.38	\$32.89
121 to 150	\$4.10	\$6.13	\$7.30	\$8.60	\$16.14	\$27.00	\$35.29
151 to 212	\$4.20	\$6.25	\$7.45	\$9.63	\$17.73	\$27.55	\$37.64
213 to 365	\$4.41	\$6.56	\$7.82	\$10.12	\$18.63	\$28.93	\$39.54

Any Pre-Existing Condition must be **STABLE** in the **6** months prior to the effective date to be covered with **RATE CATEGORY B**

RATE CATEGORY B

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
4	\$68	\$86	\$99	\$129	\$149	\$197	\$234
10	\$94	\$120	\$137	\$174	\$207	\$269	\$319
18	\$105	\$131	\$144	\$183	\$264	\$496	\$589
30	\$154	\$192	\$216	\$277	\$410	\$780	\$925

RATE CATEGORY C

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
1 to 17	\$3.77	\$6.92	\$9.83	\$12.35	\$20.23	\$33.87	\$49.39
18 to 30	\$3.89	\$7.13	\$10.14	\$12.75	\$20.85	\$34.92	\$50.92
31 to 60	\$4.16	\$7.64	\$10.86	\$13.68	\$22.38	\$37.49	\$57.43
61 to 90	\$4.35	\$7.97	\$11.32	\$14.25	\$23.36	\$39.11	\$59.91
91 to 120	\$4.54	\$8.32	\$11.84	\$14.85	\$24.38	\$40.84	\$62.55
121 to 150	\$4.64	\$8.51	\$12.12	\$15.25	\$24.99	\$41.81	\$64.04
151 to 212	\$4.73	\$8.69	\$13.59	\$16.96	\$25.48	\$46.92	\$65.32
213 to 365	\$4.96	\$9.13	\$14.27	\$17.81	\$26.77	\$49.28	\$68.61

Any Pre-Existing Condition must be **STABLE** in the **12** months prior to the effective date to be covered with **RATE CATEGORY C**

RATE CATEGORY C

FULL MEDICAL QUESTIONNAIRE REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
4	\$82	\$103	\$118	\$155	\$288	\$355	\$517
10	\$112	\$143	\$164	\$208	\$393	\$484	\$706
18	\$151	\$200	\$282	\$345	\$564	\$892	\$1,300
30	\$241	\$297	\$422	\$523	\$872	\$1,398	\$2,038

FAST TRAK RATE CATEGORY

NO MEDICAL UNDERWRITING REQUIRED							
Days/Age	55-59	60-64	65-69	70-74	75-79	80-84	85+
1 to 17	\$4.13	\$7.08	\$8.89	\$10.47	n/a	n/a	n/a
18 to 30	\$4.26	\$7.30	\$9.78	\$12.04	n/a	n/a	n/a

FAST TRAK RATE CATEGORY

Multi-Trip Not Available

Pre-Existing Conditions are **NOT** covered (whether stable or unstable in the **3** months prior to the effective date) with the **FAST TRAK RATE CATEGORY**.

MEDICARE INTERNATIONAL TRAVEL INSURANCE RATES

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Agent's Instructions

Please read the Application, the Policy Wording and these instructions carefully.

1. Ensure the Medical Questionnaire is completed as required.

If applicant is:			
Age	and travelling	Medical Questionnaire is...	Applicable Rate Category
0-54	All Single-trip durations All Multi-Trip	<u>NOT</u> Required	Rate Category A
Age 55+	All Single-trip durations All Multi-trip Plans	Full Questionnaire (or consider Fast Trak if travelling 30 days or less and under age 75)	As per applicant's responses
Age 55 to 74 Fast Trak	Single Trip duration of 1 to 30 Days	<u>NOT</u> Required	Fast Trak Rate Category (pre-existing conditions not covered)

2. The maximum number of days for which you may issue a Single Trip Plan is 183 days (212 for Ontario or Newfoundland resident). Contact 21st Century directly for longer durations. EXCEPTION: The Fast Trak Rate Category can be issued for a maximum of 30 days and cannot be used to top-up any Multi-Trip plan.
3. Each applicant's provincial Government Health Insurance Plan must be valid for the full duration of any policy term.
4. The Multi-trip Plan and Single Trip coverage cannot be combined on one application. Please submit one application for each option.
5. For "Family" rates, all applicants must reside at the same address and be under age 55. Dependents under age 21 (under 26 if full-time student) can be included at no additional premium. Calculate "Family" premium by charging 2X the oldest family member's premium.
6. For "Companion Discount", all applicants must be insured under the same policy. The "Companion Discount" is 5% per insured and cannot be combined with "Family" rates.
7. If opting for a deductible, apply the following discounts: \$500 = 15%, \$1,000 = 20%, \$5,000 = 35%, \$10,000 = 50%.
8. The maximum policy discount permitted is 50%.
9. To calculate a "Top-up" premium, use the daily rate applicable for the FULL trip duration (from departure date to return date) X the number of "Top-up" days required, less any applicable discounts.
10. No more than 2 applicants requiring a medical questionnaire are permitted on one application.
11. When determining age for premium purposes, use the applicant's age on application date.
12. Multiple applicants may be insured under the same policy, however their departure date, effective date and expiry date must be identical.
13. For Single Trip Plans, the effective date and expiry date each count as one day. If the premium submitted is insufficient for the period of coverage selected, we will a) charge and collect any underpayment; or b) modify the policy term in accordance with the premium received.
14. Coverage will be null and void if the premium is not received or if payment is not honoured or is invalid.
15. We reserve the right to decline any application.
16. The minimum policy premium is \$20.00. Changes and/or cancellation of a policy are subject to a \$25.00 administration fee. Refund requests must be submitted in writing and a refund will only be considered if there has been no claim. Minimum refund of premium is \$25.00.
17. If you require assistance with any part of these instructions or with issuing a policy, please contact 21st Century Travel Insurance Limited at 1-800-461-2100 or 1-800-567-0021.

**The Medicare International Travel Insurance plan is administered by 21st Century Travel Insurance Limited.
The policy is underwritten by The Manufacturers Life Insurance Company (Manulife Financial).**