

FREQUENTLY ASKED QUESTIONS REGARDING: THE MANITOBA ASSOCIATION OF RETIRED GOVERNMENT EMPLOYEES VOLUNTARY RETIREE BENEFIT PLANS

Dear MARGE Members:

We know that your benefit coverage is important to you. The Manitoba Association of Government Retired Employees (MARGE) Inc. has worked with Johnson Inc., a national benefits provider, to develop a voluntary benefit plan available to all MARGE Members residing anywhere in Canada.

MARGE and Johnson Inc. want to ensure that members have a clear understanding of their benefit coverage. The following Frequently Asked Questions (FAQs) will assist in answering any questions you may have about the new benefit plans.

Note: For coverage specifics, please consult the certificates of insurance visit marge.johnson.ca, or contact a Johnson representative today at: **1-877-989-2600**. Another available option is **email: pbservicewest@johnson.ca**.

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1. WHAT BENEFIT PRODUCTS ARE OFFERED THROUGH THE MARGE MEMBER BENEFIT PLAN AND WHAT PLAN CHANGES ARE EFFECTIVE MAY 1, 2022?

There are a variety of insurance products available to MARGE members, including:

- Extended Health Care (EHC Plan), underwritten by Desjardins Financial Security (DFS). The EHC Plan was introduced in February 2014.
- Prestige Travel is only available to EHC Plan enrollees
- Dental Care is only available to EHC Plan enrollees.
- MEDOC® Travel is available as a separate plan, and was introduced in 2012. The MEDOC Plan automatically renews on September 1 of each year.

2. WHO IS ELIGIBLE TO ENROL IN THE MARGE SPONSORED EXTENDED HEALTH CARE (EHC), DENTAL CARE OPTION, PRESTIGE TRAVEL OPTION, AND/OR MEDOC TRAVEL INSURANCE?

The following conditions must be met to be eligible for coverage under the MARGE benefit plans:

- Your current dues must be paid up as a Member of MARGE;
 - Note:** See the MARGE website www.mbgovretirees.ca for membership eligibility.
- Receives a survivor’s pension from deceased partner, or was also a retired employee receiving a pension, as eligible on the MARGE website.
- Permanent resident of Canada;
- Covered by provincial/territorial healthcare in province/territory of residence; and,
- Covered by the Pharmacare (provincial drug plan) in your province or territory of residence.
- The spouse of a deceased MARGE member is eligible, if he/she receives a survivor pension of the deceased member, or the individual may qualify under the eligibility criteria on the MARGE website.

During an open enrolment period, or, within 60 days of losing existing employee group benefit coverage, MARGE members may join an EHC Plan plus the Prestige Travel/Trip Cancellation Option without providing medical evidence of insurability. Dental Care applicants applying during the open enrolment period, or within 60 days of losing employee group coverage, will not be subject to proration of annual limits.

Applications received after an open enrollment period or the 60-day eligibility period are considered late applicants. **Late applicants** will be subject to medical evidence of insurability for the EHC Plan and the Prestige Travel/Trip Cancellation Option; and, subject to proration of annual limits for Dental Care. Application can be made in advance of the preceding dates to ensure a smooth transition from existing coverage and for ease of premium deductions, which are one month in advance.

Note: MEDOC Travel Emergency Medical / Trip Cancellation may be applied for at **Standard** (highest rate category) without providing medical evidence of insurability. For **Preferred** or **Optimum** rate discounts, a Health Questionnaire must be completed.

3. WHAT IS THE DIFFERENCE BETWEEN THE “BASIC” AND “ENHANCED” EHC PLANS?

BASIC EXTENDED HEALTH CARE (EHC) INSURANCE PLAN:

This plan includes coverage for the prescription drug benefit at 80% for Provincial Formulary drugs, up to \$1,950 per family, for each Drug Plan Year (April 1-March 31).

There are a variety of non-drug coverages available, such as:

- Accidental Dental (\$1,000 per calendar year);
- Hearing Aids (\$1,000 once every 5 calendar years);
- Foot Orthotics/Orthopedic Shoes (\$500 every 2 calendar years, when recommended by a physician);
- Medical Aids and Appliances (individual limits apply);
- 14 Paramedical Services (\$75 maximum per visit, to \$850 per calendar year for all 13 paramedical treatments combined; with a limit being on Massage, Physiotherapy, Chiropractic treatment limited to a maximum of \$600 combined, as part of total paramedical coverage.)
- Private Duty Nursing (\$5,000 per calendar year);

Note: For coverage specifics, please consult the Certificates of Insurance at marge.johnson.ca, or contact a Johnson representative today at: **1-877-989-2600**. Email: pbservicewest@johnson.ca.

ENHANCED EXTENDED HEALTH CARE INSURANCE PLAN:

This plan includes coverage for the prescription drug benefit at 85% for Provincial Formulary drugs, plus 75% for all Non-Formulary prescribed drugs (requiring a prescription by law) up to a combined maximum of \$2,200 per family, per Drug Plan Year (April 1-March 31).

In addition, the ENHANCED plan provides the same non-drug coverages as the BASIC plan, with the following increases in coverage:

- Hearing Aids (\$1,500 once every 5 calendar years);
- 14 Paramedical services (\$75 maximum per visit, up to \$1,350 per calendar year for all 13 paramedical treatments combined; with a limit being on Massage, Physiotherapy, Chiropractic treatment limited to a maximum of \$900 combined, as part of total paramedical coverage.)
- Private Duty Nursing (\$10,000 per calendar year); and
- Vision care (\$200 for prescription lenses/contacts plus one (1) eye examination (up to \$100) per 2 calendar years).

Note: For coverage specifics, please consult the Certificates of Insurance at marge.johnson.ca, or contact a Johnson representative today at: **1-877-989-2600**. Email: pbservicewest@johnson.ca.

4. I AM RETIRED AND CURRENTLY MEET ELIGIBILITY CRITERIA FOR THIS PLAN. I TERMINATED MY EMPLOYER BENEFIT COVERAGE AND AM CURRENTLY COVERED THROUGH MY SPOUSE'S EMPLOYER BENEFIT PLAN. CAN I JOIN THE MARGE BENEFIT PLAN WHEN MY SPOUSE'S COVERAGE TERMINATES?

Yes. You can join the MARGE plans within 60 days of the termination of your spouse's benefit coverage, without providing medical evidence of insurability, but we recommend that you apply before the time of retirement for MARGE membership and your Health Plans.

If you apply for coverage after the 60-day eligibility period from the date of your benefit coverage termination, then medical evidence of insurability will be required, and you may be declined.

5. IF I DO NOT HAVE GROUP BENEFITS COVERAGE THROUGH ANY OTHER PROVIDER, CAN I STILL JOIN THE MARGE EXTENDED HEALTH CARE (EHC) PLAN, DENTAL CARE AND PRESTIGE TRAVEL/TRIP CANCELLATION OPTIONS AT A LATER DATE?

Yes, if you currently do not have EHC Plan group benefits coverage through any other provider, you can apply for the MARGE plans, if you meet their membership requirements.

Insurance coverage applications received after the 60-day eligibility period upon losing group benefit coverage are considered “**Late Applicants**” and, will be subject to medical evidence of insurability.

Members who currently do not have group benefits coverage through any other provider are able to apply for MARGE’s benefit coverage, but may be declined coverage.

Note: Late Applicants for the Dental plan will be subject to prorated annual benefit limits for dental procedures.

6. IF MY SPOUSE IS DECEASED AND WE HAD A PLAN THROUGH MARGE, CAN I CONTINUE COVERAGE?

Yes, if you are receiving the survivor’s pension from either the Civil Service Superannuation Fund or Legislative Assembly Pension Plan, or were an employee that qualifies to become a standalone member of MARGE.

7. HOW DO I SUBMIT MY CLAIMS?

All members will be supplied with a health card which allows service providers to submit electronic claims on your behalf. Present your card to participating pharmacists, dentists, chiropractors, physiotherapists, opticians, optometrists, massage therapists, acupuncturists and other providers.

Johnson Inc. will be submitted eligible expenses electronically, and you will only be asked to pay the remaining portion, or in other words, your percentage share of your plan's coverage.

Note: The health card only works for healthcare providers who have previously signed up to participate in the Telus eClaims System.

In the event an electronic submission cannot be made, please pay for the purchase or service and submit the original receipt(s) for reimbursement to Johnson Inc. using your personalized claim form, or obtain one online through the Johnson Members Only website.

For additional information on the claims submission process, please review the "Claims Submission FAQ" document located at marge.johnson.ca, or contact a Johnson representative today.

8. MY PHARMACY AND HEALTHCARE PROVIDERS CANNOT SUBMIT MY CLAIMS ELECTRONICALLY. HOW CAN I CHANGE THIS?

There is contact information on the back of your card, explaining to your pharmacy or healthcare provider, should they have any questions or concerns regarding electronic submission. At this point, Johnson Inc. can assist them with any error that may be occurring or instruct them on how to sign up to do electronic invoicing with Johnson Inc.

Plan members can ask their healthcare providers, if they are a part of the Telus eClaims System. The healthcare provider can find the information online at www.telushealth.com/solutions-for-consumers. Just submit your postal code for the nearest provider using eClaims. If your healthcare provider is not yet set up with eClaims and would like to be, they can visit the website www.telushealth.com/eclaims or contact them directly at: **1-866-240-7492**.

9. AT WHAT AGE CAN A DEPENDENT CHILD BE COVERED UP TO?

The Dependent child must be unmarried, not employed on a regular and full-time basis, and under 21 years of age, unless attending an accredited school or disabled. See the next two questions below.

10. CAN A DISABLED CHILD BE COVERED PAST ANY AGE?

Mentally or physically handicapped children are covered beyond any limiting age for Dependent children provided the child is incapable of self-sustaining employment and is wholly dependent upon the Member for support and maintenance.

11. MY 24 YEAR OLD DAUGHTER LIVES WITH ME. CAN SHE BE COVERED AS A DEPENDENT?

Children up to their 25th birthday will be considered dependents if in full-time attendance at an accredited school, college or university and dependent on the member for support. This includes students attending school outside their normal Province of Residence. Proof of enrolment will be required. Expenses for Eligible Dependents studying outside their normal Province or Territory of residence will be considered Extended Health Care, Eligible Expenses on the same basis as if expenses were incurred in their Province or Territory of residence.

Eligible dependents must be registered under their applicable provincial health care.

Students attending school outside their normal Province or Territory of Residence should obtain coverage by this Prestige Travel Plan for Eligible Expenses for the first 62-days or 93-days after departure from their home Province/Territory of residence. Additional personal coverage for the student should be purchased under the Prestige Supplementary Plan, to cover beyond the first 93-days of the Prestige Base Plan, up to 212 days, if travelling outside of their home Province/Territory, to the Student's School of choice.

12. WHAT DRUGS ARE COVERED UNDER THE MARGE EHC DRUG BENEFIT?

The MARGE **BASIC** EHC plan covers prescription drugs included in the Provincial Formulary (i.e. Pharmacare). In addition, the MARGE **ENHANCED** plan covers Non-Formulary drugs requiring a prescription by law. Eligible drugs are comprised of:

- Drugs, sera and injectables, and compounds/mixtures which by law require a prescription from a physician, dentist or practitioner legally qualified to prescribe, and dispensed by a licensed pharmacist.
- Non-prescription drugs (which have a Drug Identification Number) required as a result of colostomy or ileostomy and/or treatment of cystic fibrosis, diabetes, heart disease or Parkinson's. For example, drugs required for heart disease would include ASA 81 mg. Medical supplies are also covered for the same conditions (e.g., lancets, test strips, syringes).

LIMITATIONS AND RESTRICTIONS:

- Subject to lowest cost alternative (LCA) pricing, i.e. mandatory generic substitution pricing.
- **BASIC** - \$10 dispensing fee cap and 8% mark-up limit per prescription filled.
- **ENHANCED** – \$12.50 dispensing fee cap and 8% mark-up limit per prescription filled.
- Maximum allowable supply 100 days. Members taking an extended vacation can obtain up to a total 200 day supply by completing a Vacation Supply form.

13. IF I ELECT TO PARTICIPATE IN EITHER BASIC OR ENHANCED HEALTH & DENTAL COVERAGE, IS THERE ANY MINIMUM PARTICIPATION PERIOD APPLICABLE?

You can move from **BASIC** up to the **ENHANCED** EHC or Dental coverage, at any time, but it must be maintained for a minimum of two (2) years thereafter. If desired to resume **BASIC** coverage after two (2) years or more, **ENHANCED EHC** or Dental coverage cannot be obtained again. Coverage would be made effective the first of the following month of the request to upgrade.

Note: Members applying within 60 days of losing prior group EHC benefit coverage do not need to submit medical evidence of insurability.

14. WHAT IS PHARMACARE? WHY DO I HAVE TO ENROL IN MY PROVINCE/TERRITORY PHARMACARE PROGRAM TO BE ELIGIBLE FOR THE EXTENDED HEALTH CARE INSURANCE PLAN?

Generally, government plans are first payer and private plans are second payer of supplementary health and drug benefits.

Pharmacare is a government subsidized drug benefit program for eligible residents and financially assists those that are critically affected by high prescription drug costs. Coverage is based on total family income and the amount that family pays for eligible prescription drugs. Each year, Pharmacare enrollees are required to pay a portion of the cost of their eligible prescription drugs (the "Pharmacare deductible"), before subsidization takes effect. The program then sets an appropriate deductible based on the family's adjusted family income.

The MARGE Extended Health Care Insurance Plan requires that members enrol in their province's Pharmacare Program (where available) to ensure that members are receiving full coverage. It allows members to get the most from their supplemental health insurance plans before reaching the annual drug maximum.

Note: MARGE members who have not enrolled in their provincial drug plan will have their claim rejected by Johnson Inc. The form to apply for coverage in Manitoba can be accessed at the following website: <http://www.gov.mb.ca/health/pharmacare/forms.html> or a copy can be secured at your local Manitoba pharmacy. For other provinces/territories, please check with your government health insurance or pharmacy to enrol in Pharmacare.

15. DO I HAVE TO PARTICIPATE IN THE PRESTIGE TRAVEL PLAN IF I AM ENROLLED IN THE EHC PLAN?

No, the Prestige Travel/Trip Cancellation Plan is an optional component of the Extended Health Care (EHC) plan; however, members who wish to enrol in the Prestige Travel/Trip Cancellation Plan must be enrolled in the EHC plan. The Prestige Travel/Trip Cancellation Plan is an excellent product that provides superior travel coverage to MARGE members and their families. Members who do not elect the Prestige Travel/Trip Cancellation Plan option at initial enrolment and decide to elect it at a later date.

16. I NEED TRAVEL COVERAGE, BUT DO NOT WISH TO JOIN THE MARGE EHC PLAN. AM I ABLE TO JOIN ONLY THE TRAVEL PLAN?

The Prestige Travel/Trip Cancellation Plan is only available to members who enrol in the Extended Health Care (EHC) benefit. However, MARGE members can choose to enrol in the MEDOC Travel/trip Cancellation Plan without enrolling in the EHC plan.

17. WITH MARGE OFFERING TWO TRAVEL PLANS, WHICH ONE DO I APPLY FOR?

The best MARGE Travel Plan for you to apply for depends on your health and travel needs. MARGE has an offering of two (2) different plan coverage types:

1. **PRESTIGE TRAVEL OPTION (AVAILABLE TO EHC BENEFIT HOLDERS ONLY):**
2. **MEDOC TRAVEL PLAN (AVAILABLE TO ALL MARGE MEMBERS):**

Note: For coverage specifics, please consult the Certificates of Insurance at www.johnson.ca/marge, or contact a Johnson representative today at: **1-877-989-2600**. Email: pbservicewest@johnson.ca.

18. WHAT IS THE DEFINITION OF “SUDDEN & UNFORESEEN” IN RELATION TO MY TRAVEL EMERGENCY MEDICAL COVERAGE?

PRESTIGE TRAVEL OPTION

An emergency under travel coverage is defined as any sudden and unexpected illness or injury which takes place during an insured trip and requires immediate medical treatment by a licensed Physician, Nurse Practitioner, Dentist or Dental Surgeon.

The “sudden and unforeseen” aspect translates into the sudden onset of a medical condition, manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could result in:

- a) permanently placing the individual's health in jeopardy;
- b) serious impairment to bodily functions;
- c) serious impairment and dysfunction of any bodily organ or part; or
- d) other serious medical consequences.

Immediate contact to your travel insurance provider Assistel Canada Inc. (Assistel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan's 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

Note: Eligible expenses related to a pre-existing condition will be reimbursed as long as the Emergency is deemed sudden and unforeseen by the insured's medical history and insurer.

MEDOC TRAVEL

The MEDOC plan covers reasonable and customary expenses arising from a medical emergency up to the plan's specified maximum of \$5,000,000 per insured per policy year. A medical emergency is defined as any sudden and unforeseen illness or injury that occurs while on a trip and makes it necessary to receive immediate medical treatment from a licensed physician, dentist or dental surgeon or to be hospitalized.

An emergency ends when the illness and/or injury has been treated such that your condition becomes stable, as determined by your attending physician, and the emergency has ended.

Please note that the MEDOC plan does not cover pre-existing conditions incurred directly or indirectly as a result of a medical condition or related condition (other than a minor ailment), if in the 90 days before your day of departure or day of booking, that medical condition or related condition was not stable. In other words, the plan will not cover any medical conditions that were not deemed "stable" by your health care professional within 90 days of trip departure.

Immediate contact to your travel insurance provider (Global Excel) is necessary to ensure expenses are covered. At first onset of symptoms of a medical emergency and before the Insured Person seeks medical attention, he / she should contact the plan's 24-hour assistance centre; however if the Insured Person is unable to do so because he / she is medically incapacitated, someone else must contact the travel insurance provider as soon as is reasonably possible. Otherwise eligible expenses may be limited.

20. I AM PLANNING A TRIP NEXT WEEK. AM I ABLE TO GET TRAVEL COVERAGE? HOW MUCH LEAD TIME IS NECESSARY TO SET-UP MY POLICY? WHEN DOES MY COVERAGE TAKE EFFECT?

1. PRESTIGE TRAVEL OPTION (AVAILABLE TO EHC BENEFIT HOLDERS ONLY):

Coverage begins the day after your current group sponsored EHC plan terminates*, or the date the insurer **APPROVES** your Prestige Travel/Trip Cancellation application if you are a Late Applicant. (*Members can apply for coverage earlier, however they must provide a letter advising us that they would like the EHC with Prestige Travel/ Trip Cancellation Option to commence prior to their termination date as they require travel plan coverage.)

The Prestige Travel/ Trip Cancellation coverage is effective even if you have booked a trip prior to enrolling in the EHC Plan with the Prestige Travel Option. However, coverage is only effective if you are unaware of any known reason why you would need to use coverage at the time you book your trip.

2. MEDOC TRAVEL PLAN (AVAILABLE TO ALL MARGE MEMBERS):

Coverage begins the day Johnson Inc. **RECEIVES** your application. Coverage details can be sent to members immediately by fax or email, and hard-copies of the documents are sent out via regular mail the day applications are processed. Please note Canada Post can take up to two (2) weeks to deliver mail throughout Canada.

For a trip to be covered under the Trip Cancellation portion of the plan, MEDOC coverage must be in effect on the day of booking your trip or purchased:

- a) within 5 business days of booking your trip or
- b) prior to any cancellation penalties being charged for that trip.

If you have questions about applying for travel coverage, please contact the plan administrator, Johnson Inc.

21. I AM GOING TO ARIZONA FOR THE WINTER. WHAT COVERAGE DO I NEED?

You need to purchase Supplementary Travel Insurance to make sure you are covered for the duration of your whole trip. MARGE has an offering of two (2) different plan coverage types:

- **PRESTIGE TRAVEL OPTION (AVAILABLE TO EHC BENEFIT HOLDERS ONLY)**
- **MEDOC TRAVEL PLAN (AVAILABLE TO ALL MARGE MEMBERS)**

Note: For coverage specifics, please consult the Certificates of Insurance at www.johnson.ca/marge, or contact a Johnson representative today at: **1-877-989-2600. Email: pbservicewest@johnson.ca**.

22. HOW DO MY MONTHLY PREMIUMS CHANGE IF I JOIN ANY OF THE MARGE PLANS MID-YEAR?

EXTENDED HEALTH CARE (EHC) PLAN WITH DENTAL CARE & PRESTIGE TRAVEL/TRIP CANCELLATION OPTIONS

Premiums for the EHC Plan plus Dental are paid monthly and remain consistent throughout the plan year, regardless of when you join. Please note that if you choose to leave the EHC Plan and wish to re-enrol at a later

For Plan specifics, consult your Certificate of Insurance located at marge.johnson.ca

date, you will be required to provide medical evidence of insurability, and may be declined coverage. The Prestige Travel plan is an annual policy, premiums will be pro-rated and paid in equal monthly installments for mid -year applicants.

MEDOC TRAVEL

The MEDOC plan is an annual policy with pro-rated premiums that are paid in equal monthly installments for first year applicants.

Note: MEDOC PLAN ONLY - A Health Questionnaire must be completed for Optimum or Preferred rate discounts. Otherwise Standard rates apply. It is important that you provide accurate and complete medical history on your applications and medical questionnaire. If you have questions about your health or medical history information while completing your questionnaire, you should consult with your doctor.

FOR MORE INFORMATION ON ALL OF THE INSURANCE PLANS AVAILABLE TO MARGE MEMBERS, PLEASE CONTACT:

JOHNSON INC. - SERVICE DEPARTMENT

Toll Free: 1-877-989-2600 Telephone: (780)-413-6539

Email: pbservicewest@johnson.ca

8:30 a.m. to 4:30 p.m. MST, Monday through Friday.

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