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 at **www.johnson.ca/marge**, or contact a Johnson representative today at: 1-877-989-2600.

FREQUENTLY ASKED QUESTIONS

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

JOHNSON

1. WHAT BENEFIT PRODUCTS ARE OFFERED THROUGH THE MARGE MEMBER BENEFIT PLAN AND WHAT PLAN CHANGES ARE EFFECTIVE APRIL 1, 2016?

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

- Extended Health Care (EHC Plan), underwritten by Desjardins Financial Security (DFS). Some changes to the EHC drug maximums and paramedical maximums were made effective April 1 to keep cost increases as low as possible. The new maximums are described in FAQ #3. The EHC Plan was introduced in February 2014 with a rate guarantee to May 1, 2016. Rates have increased by 8.6% effective May 1, 2016.
- Prestige Travel / Trip Cancellation, only available to EHC Plan enrollees. Prestige Travel rates have increased by 9.92% effective May 1, 2016, following a 27 month rate guarantee.
- Dental Care, only available to EHC Plan enrollees. Dental Care rates have increased by 9.02% effective May 1, 2016, following a 27 month rate guarantee. The benefits remain the same.
- MEDOC® Travel Insurance/ Trip Cancellation, available as a separate plan. The MEDOC Plan automatically renews each September 1

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 plan:

- Current dues paid up Member of MARGE in good standing;

  Note: See the MARGE website **www.mbgovretirees.ca** for membership eligibility.
- Permanent resident of Canada;
- Covered by provincial/territorial healthcare in province/territory of residence; and,
- Covered by the Pharmacare Plan in your province or territory of residence.

The spouse of a deceased MARGE member is eligible under the same criteria as listed above.

During an open enrolment period or within 60 days of losing existing group benefit coverage, MARGE members may join the EHC Plan and Prestige Travel Option without providing medical evidence of insurability. Dental Care applicants applying during the open enrolment period or within 60 days of losing group coverage will not be subject to proration of annual limits. Applications received after an open enrollment period or 60-day eligibility period are considered late applicants. Late applicants will be subject to medical evidence of insurability for the EHC Plan and Prestige Travel Option and 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 rates 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 INSURANCE PLAN:

This plan includes coverage for the prescription drug benefit at 80% for Provincial Formulary drugs, up to $1,750 **per family**, per Policy 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 per 5 calendar years);
- Foot Orthotics/Orthopedic Shoes ($500 every 2 calendar years, when medically necessary);
- Medical Aids and Appliances (individual limits apply);
- 13 Paramedical Services ($75 maximum per visit, to $750 per calendar year combined for all paramedical treatment; Massage, Physiotherapy, Chiropractic treatment is also limited to $500 combined);
- Private Duty Nursing ($5,000 per calendar year);
- And more!

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 $2,000 **per family** , per Policy 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 per 5 calendar years);
- Paramedical services ($75 maximum per visit, up to $1,200 combined per calendar year combined for all paramedical treatment; Massage, Physiotherapy, Chiropractic treatment is also limited to $750 combined);
- Private Duty Nursing ($10,000 per calendar year); and
- Vision care ($200 and 1 eye exam per 2 calendar years).

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.

4. I AM A MEMBER WITH EHC COVERAGE UNDER THE CIVIL SERVICE RETIREE PLAN THROUGH MANITOBA BLUE CROSS. WHAT BENEFITS WOULD THE MARGE EHC PLAN PROVIDE ME?

The MARGE Plan has been designed to meet the diverse insurance needs of members. MARGE members have the choice of BASIC or ENHANCED levels of coverage. The BASIC EHC Plan rates are slightly more than the Blue Cross Plan but with higher direct pay drug coverage (80% of formulary drugs to a maximum of $1,750 per family), 13 paramedical practitioners, private duty nursing at $5,000, hearing aids at $1,000 per 5 years and more. The ENHANCED EHC level of coverage is for those who need even better coverage and are prepared to pay more. One feature that adds significant value over the Blue Cross Plan is the drug formulary. In addition to paying 85% of prescribed drugs on the provincial formulary it offers non-formulary drug coverage at 75%. The maximum is $2,000 per family. ENHANCED coverage includes Vision Care ($200 per 2 years plus eye exams) and higher limits on hearing aids ($!,500 per 5 years), private duty nursing ($10,000 per year).

Comprehensive Prestige Travel and Trip Cancellation coverage is also available as an option with the EHC Plans. This covers up to $2,000,000 of eligible emergency medical costs and $8,000 of Trip Cancellation coverage, while the Blue Cross Plan coverage is $2,500.

The BASIC Dental Plan rates are slightly more than the Blue Cross Plan but with a higher maximum of $1,000 per individual. The ENHANCED Dental Plan is for those who need even better coverage and are prepared to pay more. The ENHANCED Plan pays 85% of Basic and Preventative treatment up to $1,000 per individual plus 60% of Major treatment (crowns, bridges, dentures, posts, inlays/onlays, implants) to a maximum of $1,000 per individual per calendar year.

Full details of coverage options are located in the Certificates of Insurance on website located at www.johnson.ca/marge.

5. 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 plan within 60 days of the termination of your spouse's benefit plan, without providing evidence of good health.

If you apply for coverage after the 60-day eligibility period from the date your benefit plan coverage terminated, then evidence of good health will be required, and you may be declined for Extended Health Care Insurance and will be subject to proration of annual Dental Care limits.

6. IF I DO NOT HAVE GROUP BENEFITS COVERAGE THROUGH ANY OTHER PROVIDER, CAN I STILL JOIN THE MARGE EHC PLAN, PRESTIGE TRAVEL OPTION AND DENTAL CARE 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 plan, if you meet their membership requirements.

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 based on their medical history.

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

7. MY DECEASED SPOUSE WOULD HAVE MET THE MARGE ELIGIBILITY CRITERIA FOR THE MARGE BENEFIT PLAN. AM I ELIGIBLE TO JOIN THE PLAN AS A SURVIVING SPOUSE OF A MARGE MEMBER WHO WOULD HAVE BEEN ELIGIBLE?

Yes, you can join the MARGE Benefit Plan as long as you are in receipt of a survivor's pension from either the Civil Service Superannuation Fund or Legislative Assembly Pension Plan and are a MARGE member in good standing.

If you apply for coverage after the open enrolment period or the 60-day eligibility period from the date your benefit plan coverage terminated, evidence of good health will be required, and you may be declined for Extended Health Care coverage.

8. HOW DO I SUBMIT MY CLAIMS?

Most claims can be submitted electronically. 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 invoiced for eligible expenses and you will only be asked to pay the remaining portion, or in other words, your percentage share of coverage.

Note: The health card only works for healthcare providers who have 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.

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

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

On the back of your card, there is contact information for your pharmacy should they have any questions or concerns regarding electronic submission of prescription drugs. 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 directly if they are a part of the Telus eClaims system, or they can find the information online at **www.telushealth.com/solutions-for-consumers**. Just submit your postal code for the nearest providers 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 direct at: 1-866-240-7492.

10. 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 are covered by this Prestige Travel Base Plan for Eligible Expenses for the first 62 days after departure from their home Province/Territory of residence.

Additional personal coverage for the student can be purchased under the Prestige Supplementary Plan, to cover beyond the first 62 days of the Prestige Base Plan, per trip up to 212 days, if travelling outside of their home Province/Territory, to the Student's School of choice.

Note: Most school years are longer than 212 days.

Additional Individual Coverage up to a maximum duration of 365 days (for the whole duration, including prior coverage) can also be purchased by contacting the insurer (DFS) at 1-800-668-4545. Individual DFS travel coverage requires prior approval from the dependent's Province/Territory of Residence, and a return to their home Province/Territory at least once every 365 days.

Note: Individual Travel insurance purchased separately may have different coverage than this Prestige Travel Plan, and, should be reviewed carefully.

11. 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.

12. 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 Plan or Dental Care insurance option 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** cannot be selected ever again. You would have to provide the difference in premium to cover the upgrade. Coverage would be made effective the first of the month following the request to upgrade. Any new participant may elect the **ENHANCED EHC** plan when they first enrol.

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

13. 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 pharmacy. For other provinces/territories, please check with your government health insurance or pharmacy to enrol in Pharmacare.

14. DO I HAVE TO PARTICIPATE IN THE PRESTIGE TRAVEL PLAN IF I'M ENROLLED IN THE EHC PLAN?

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

15. 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 Plan is only available to members who enrol in the Extended Health Care (EHC) benefit. However, MARGE members can enrol in the MEDOC Travel Plan without enrolling in the EHC plan.

16. 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. Below is a summary of benefits:

1. **PRESTIGE TRAVEL OPTION (AVAILABLE TO EHC BENEFIT HOLDERS ONLY):**
   - The Prestige Travel option covers multiple annual trips up to 62 days duration (per trip) with a lifetime maximum of $2,000,000 coverage for sudden and unforeseen eligible emergency medical travel expenses.
   - Provides trip cancellation / interruption coverage for up to $8,000 per insured, per trip.
   - Guaranteed issue regardless of age or health status with no evidence of good health on initial enrolment (Must apply within 60 days of terminating coverage through a group sponsored Extended Health Care Plan).
   - Supplemental trip extension coverage is available for purchase for trips lasting longer than 62 days.

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

- This Plan is attractive for those who travel for shorter durations with a Base Plan that covers multiple trips up to either (1) 17-days per trip, or (2) 35-days per trip.

  Note: If you are in the Base 17-day plan and your trip goes past this duration, you will then move into the 35-day plan.

- Supplemental coverage available to purchase (in addition to the Base Plan) for single trips longer than 35 days.
- Guaranteed issue regardless of age, health status, or date of application.

  Note: 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 questionnaires. If you have questions about your health or medical history while completing your questionnaire, you should consult with your doctor.

- Coverage includes:
  - Up to $5,000,000 of eligible expense emergency medical coverage (subject to 90 day stability prior to departure); and,
  - Up to $8,000 of non-refundable expenses for Trip Cancellation/ Interruption Insurance per insured person, per trip (subject to a 90 day stability clause before booking).

17. 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 (Sigma 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 illness/injury. 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.

18. 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 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 Option to commence prior to their termination date as they require travel plan coverage.)

Prestige Travel Plan Trip Cancellation/Interruption and Delay coverage is effective even if you have booked a trip prior to enrolling in the Prestige Travel Plan. 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.

19. I AM GOING TO ARIZONA FOR THE WINTER. CAN I CANCEL MY MARGE HEALTH CARE COVERAGE WHILE I AM IN ARIZONA, AND ENROL WITHOUT EVIDENCE OF GOOD HEALTH UPON MY RETURN TO CANADA?

If you cancel your MARGE coverage and subsequently wish to re-enrol into the plan, you will be required to submit evidence of good health, for EHC Plan and Prestige Travel Option, and you may be declined coverage.

20. I AM COVERED UNDER THE PRESTIGE PLAN AND HAVE HAD A MEDICAL EMERGENCY. I CONTACTED THE TRAVEL PROVIDER WHOM INFORMED ME THAT I NEED TO SEEK TREATMENT AT A FACILITY OUTSIDE OF WHERE I'M STAYING. ARE THESE TRANSPORTATION EXPENSES COVERED UNDER MY TRAVEL EMERGENCY MEDICAL PLAN?

Yes, if a medical emergency calls for transportation, then an ambulance (or air transportation in rural areas) would be covered under the Travel Plan. In certain situations a taxi or other transport **MAY** be required. It should be noted that a member should **NOT** elect using a taxi if a medical situation is serious. Submitting a taxi receipt may result in the transportation expense claim being denied. However Sigma Assistel will review each claim on a case-by-case basis. The certificate of insurance states that transportation charges will be reimbursement for:

Licensed ground or air ambulance to the nearest medical care facility in which the required treatment can be provided, subject to a limit of one return trip.

ALL TRANSPORTATION MUST BE PRE-APPROVED AND ARRANGED BY SIGMA ASSISTEL CANADA.

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

EXTENDED HEALTH CARE PLAN WITH PRESTIGE TRAVEL OPTION & DENTAL CARE OPTION

EHC Plan plus Prestige Travel and Dental premiums 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 date, you will be required to provide medical evidence of insurability, and may be declined coverage.

MEDOC TRAVEL

The MEDOC plan is also an annual policy with pro-rated premiums that are paid in equal monthly installments for first year applicants. Please note that if you elect to cancel the MEDOC plan, and re-enrol prior to the next renewal year, rates will NOT be pro-rated and you will be responsible for the full year's premium. If you choose to cancel the plan and re-enrol in a different renewal year, premiums will be pro-rated again.

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 questionnaires. If you have questions about your health or medical history 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.

Revised: April 2015