



VISITORS TO CANADA INSURANCE

PREMIUM RATE CARD

Effective January 2023

Version V10

Maximum Coverage Period: 1) Coverage is available for up to 365 days under one policy (730 days is available if purchasing under the Monthly Payment Plan). 2) For age 86 and over, coverage is available for the Basic Plan only.

“Extra Injury Coverage” Additional \$50,000 of coverage with the \$100,000 option on the Standard or Enhanced Plans: When the applicant purchases the \$100,000 Aggregate Policy Limit on the Standard or Enhanced Plans, a bonus \$50,000 of additional coverage is automatically included for eligible expenses incurred as a result of an injury.

\$25,000 Accidental Death & Dismemberment: In addition to the selected Aggregate Policy Limit (APL), \$25,000 Accidental Death and Dismemberment coverage is automatically included for ALL applicants when they purchase the Standard or Enhanced Plans (Accidental Death & Dismemberment is not included in the Basic Plan).

Table 1 - ENHANCED PLAN RATES											
All rates include coverage for pre-existing conditions that are stable in the 180 days prior to the Effective Date - \$0 Deductible											
Is a Medical Declaration Required?	No Medical Declaration Required				Medical Declaration Is Required						
Aggregate Policy Limit	Up to 25 years of Age	Age 26 to 34	Age 35 to 39	Age 40 to 54	Age 55 to 59	Age 60 to 64	Age 65 to 69	Age 70 to 74	Age 75 to 79	Age 80 to 85	Age 86 and over
\$15,000	\$2.48	\$2.68	\$2.80	\$2.97	\$3.24	\$4.06	\$4.75	\$7.02	\$8.32	\$11.56	n/a
\$25,000	\$2.65	\$2.86	\$2.92	\$3.38	\$3.46	\$4.48	\$5.29	\$7.78	\$9.50	\$13.50	n/a
\$50,000	\$2.97	\$3.22	\$3.24	\$3.86	\$4.02	\$5.45	\$6.23	\$9.54	\$12.52	\$15.89	n/a
\$100,000	\$3.97	\$4.26	\$4.54	\$5.56	\$5.89	\$7.02	\$8.35	\$11.99	\$14.90	\$18.63	n/a
\$150,000	\$4.64	\$5.18	\$5.40	\$6.64	\$7.07	\$8.32	\$9.61	\$13.39	\$16.55	\$24.04	n/a
\$200,000	\$6.26	\$6.94	\$7.10	\$8.62	\$9.19	\$9.94	\$11.77	\$19.01	\$21.60	\$30.24	n/a

Age means each applicant's age on the Effective Date of the policy.

Table 2 - STANDARD PLAN RATES											
All rates <i>exclude</i> coverage for pre-existing conditions that existed in the 180 days prior to the Effective Date - \$0 Deductible											
Is a Medical Declaration Required?	No Medical Declaration Required										
Aggregate Policy Limit	Up to 25 years of Age	Age 26 to 34	Age 35 to 39	Age 40 to 54	Age 55 to 59	Age 60 to 64	Age 65 to 69	Age 70 to 74	Age 75 to 79	Age 80 to 85	Age 86 and over
\$15,000	\$2.42	\$2.61	\$2.73	\$2.76	\$2.78	\$3.24	\$3.78	\$5.94	\$7.34	\$9.90	n/a
\$25,000	\$2.58	\$2.79	\$2.84	\$3.11	\$3.14	\$4.00	\$4.59	\$6.37	\$7.56	\$11.45	n/a
\$50,000	\$2.90	\$3.14	\$3.16	\$3.55	\$3.58	\$4.71	\$5.51	\$8.42	\$10.75	\$12.96	n/a
\$100,000	\$3.88	\$4.15	\$4.42	\$5.01	\$5.02	\$5.67	\$7.13	\$10.21	\$12.91	\$14.86	n/a
\$150,000	\$4.53	\$5.05	\$5.27	\$6.11	\$6.16	\$6.91	\$7.99	\$11.88	\$14.85	\$21.15	n/a
\$200,000	\$6.11	\$6.77	\$6.92	\$7.41	\$7.48	\$7.88	\$9.29	\$15.23	\$17.71	\$24.84	n/a

Age means each applicant's age on the Effective Date of the policy.

Table 3 - BASIC PLAN RATES											
All rates <i>exclude</i> coverage for pre-existing conditions that existed prior to the Effective Date - \$0 Deductible											
Is a Medical Declaration Required?	No Medical Declaration Required										
Aggregate Policy Limit	Up to 25 years of Age	Age 26 to 34	Age 35 to 39	Age 40 to 54	Age 55 to 59	Age 60 to 64	Age 65 to 69	Age 70 to 74	Age 75 to 79	Age 80 to 85	Age 86 and over
\$15,000	\$1.50	\$1.60	\$1.70	\$1.80	\$2.00	\$2.50	\$2.90	\$4.25	\$5.00	\$6.90	\$10.00
\$25,000	\$1.60	\$1.70	\$1.80	\$2.00	\$2.15	\$2.80	\$3.25	\$4.75	\$5.50	\$7.95	\$12.50
\$50,000	\$1.75	\$1.85	\$2.00	\$2.30	\$2.48	\$3.35	\$3.85	\$5.70	\$7.30	\$9.30	\$13.50
\$100,000	\$2.30	\$2.58	\$2.75	\$3.35	\$3.65	\$4.30	\$5.05	\$7.20	\$8.90	\$10.80	\$14.50
\$150,000	\$2.75	\$3.15	\$3.30	\$4.05	\$4.35	\$5.10	\$5.90	\$8.25	\$10.25	\$14.50	\$18.00
\$200,000	\$3.75	\$4.30	\$4.40	\$5.25	\$5.65	\$6.25	\$7.50	\$12.00	\$13.50	\$18.85	\$25.00

Age means each applicant's age on the Effective Date of the policy.

Deductible Options: See reverse side.

Family Rates: Charge 2x the oldest applicant's total premium. A "family" is defined as a maximum of two parent(s) or legal guardian(s) plus their unmarried children under age 22 dependent on them for their sole means of support and visiting Canada with them. List all "family" applicants on the application and ALL APPLICANTS must select the same Plan.

Travel Companion Savings of 5% applies to each applicant travelling together on the same policy. Travel Companion Savings cannot be applied to Family Rates.

Minimum Policy Premium is \$25.00. Displayed premiums are per person per day, and are subject to change without notice.

RATE TABLE GUIDE (V10)

Plan*	Age Available to	Medical Declaration Required?	Coverage for Stable Pre-existing Conditions	Premium Table	Normal Deductible Amount
Enhanced	Age 0 to 54	No	Yes	Table 1	\$0
	Age 55 to 85	Yes	Yes	Table 1	\$0
Standard	Age 0 to 85	No	No	Table 2	\$0
Basic	All Ages	No	No	Table 3	\$0

For 730 day policies (Monthly Payment Plan only), a premium surcharge applies for: age 0 to 69 = 3.1%, age 70 to 85 = 4.1%, age 86 and over = 5.1%

***Family Rates** are available on all Plans. List all "family" applicants on the application and ALL APPLICANTS must select the same Plan.

Deductible Amount Options (Apply the appropriate discount below to the daily rate in the table on the reverse)

Deductible Amount Option (CDN dollars)	Plan Availability	Surcharge or Discount to Apply	Available to Age	Comments
\$0	All Plans	Use Rate Table	All Ages	
\$100	All Plans	-5%	All Ages	
\$250	All Plans	-10%	All Ages	
\$500	All Plans	-15%	All Ages	
\$1,000	All Plans	-20%	All Ages	
\$2,500 (Disappearing)	Standard & Enhanced	-30% for \$25,000 APL	Up to Age 85	Per person, per sickness claim
\$2,500 (Disappearing)	Standard & Enhanced	-25% for \$50,000 APL	Up to Age 85	Per person, per sickness claim
\$2,500 (Disappearing)	Standard & Enhanced	-20% for \$100,000 APL	Up to Age 85	Per person, per sickness claim
\$5,000	All Plans	-35%	All Ages	
\$10,000	All Plans	-40%	All Ages	

All deductibles on the Enhanced and Standard Plans except for the Disappearing Deductible are per person per policy (applies per year on the 2 year policy). The Disappearing Deductible is per person, per sickness-related claim.
All deductibles on the Basic Plan are per person, per claim.

What is the Disappearing Deductible option? The disappearing deductible option is available to any applicant who purchases an Aggregate Policy Limit (APL) of \$25,000, \$50,000, or \$100,000 on the Standard or Enhanced Plans. A **\$2,500 deductible** applies to each sickness-related claim when eligible expenses are \$2,500 or less. When eligible expenses for a sickness-related claim exceed \$2,500, the deductible amount is waived ("disappears") and eligible expenses will be reimbursed from the first dollar.

For injury-related claims, the deductible is waived for applicants who purchase the Disappearing Deductible option.

How do I qualify for the Monthly Payment Plan (MPP)? To qualify for the Monthly Payment Plan the applicant must purchase a policy with an APL of \$100,000, \$150,000 or \$200,000 for 365 days (730 days is also available under the Monthly Payment Plan).

For all applicants purchasing the Standard Plan or Basic Plan pre-existing medical conditions are NOT covered.