



TOP-UP APPLICATION

FOR APPLICANTS AGE 55 AND OVER

EFFECTIVE NOVEMBER 2010

INTACT BROKER INFORMATION

Broker Name: _____

Phone No: _____

Company Name: _____

Date: _____

DD / MM / YY

IMPORTANT INFORMATION

Please complete and return Pages 2 and 3 as noted at the bottom of the application. If the payment section is not completed, CanAm will contact the broker to confirm the premium amount and to obtain payment. Coverage is not bound until payment is received and the policy is issued by CanAm Insurance.

After departure top-ups are only issued if no claim has been incurred on the existing policy and there is no intent to claim.

If you have any questions or concerns about this application, contact CanAm at 1-877-717-7267 or refer to the PrimeLink Universal policy.

Fax completed application to CanAm Insurance at 1-519-974-5885.

MEDICAL QUESTIONNAIRE AND APPLICATION

INSTRUCTIONS

Medical questions help us to determine your eligibility and premium rate.

1. If you are under the age of 55, proceed to page 3 to complete the application.
2. If you are applying for the Quick Trip Plan, you must be 55 to 74 years of age and travelling for 17 days or less. You do not need to complete the Medical Questionnaire on page 2. Carefully read the *PRE-EXISTING CONDITION EXCLUSION - Rate Category D* (below) and complete the application on page 3.
3. All other applicants must complete the medical questionnaire on page 2 to apply for this insurance.
4. If you are uncertain of your answers to any medical questions, please consult your doctor before completing this medical questionnaire.

DEFINITIONS

Change in medication means the medication dosage or frequency has been reduced, increased, or stopped and/or new medication(s) has/have been prescribed. **Exceptions:** the routine adjustment of Coumadin, warfarin or insulin, (as long as they are not newly prescribed or stopped) and there has been no change in *your medical condition*; and a change from a brand name medication to a generic brand medication of the same dosage.

Hospital means a facility that is licensed as a hospital where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of physicians with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

Medical condition means injury, illness or disease, complication of pregnancy within the first thirty-one (31) weeks of pregnancy, or a mental or emotional disorder that requires admission to a *hospital*, or acute psychosis.

Medical emergency means a sudden unforeseen occurrence of symptoms, injury, illness, or disease which requires immediate *treatment*.

Pre-existing condition means a *medical condition* that existed before your effective date.

Stable means a *medical condition* for which:

- there have been no new symptoms, and existing symptoms have not become more frequent or more severe or there have been no test results showing deterioration; and/or
- a physician has not determined that the condition has become worse; and/or
- a physician (or other medical professional) has not prescribed or recommended a *change in medication* taken or medical care received for that condition; and/or
- a physician (or other medical professional) has not prescribed or recommended a change in *treatment* for that condition; and/or
- there has been no admission to a *hospital* and/or you are not awaiting results of further investigation for that *medical condition*.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed medical practitioner, including but not limited to prescribed medication, investigative testing and surgery related to any sickness, injury or symptom.

PRE-EXISTING CONDITION EXCLUSION

The *pre-existing condition* exclusion which applies to you depends on your Rate Category as determined by the answers to the medical questions on page 2. Rate Category D is applicable to those who qualify for and purchase the Quick Trip Plan. All applicants 54 years of age or less automatically qualify for Rate Category A.

Rate Categories A+ and A. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the **three (3) months** before your effective date; and/or,
- your heart condition if, in the **three (3) months** before your effective date, it has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or,
- your lung condition if, in the **three (3) months** before your effective date, it has not been *stable* or you required *treatment* with oxygen or prednisone for your lung condition.

Rate Category B. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the **six (6) months** before your effective date; and/or,
- your heart condition if, in the **six (6) months** before your effective date, it has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or,
- your lung condition if, in the **six (6) months** before your effective date, it has not been *stable* or you required *treatment* with oxygen or prednisone for your lung condition.

Rate Category C. We will not pay any expenses relating to:

- a *pre-existing condition* that is not *stable* in the **twelve (12) months** before your effective date; and/or,
- your heart condition if, in the **twelve (12) months** before your effective date, it has not been *stable* or you have taken any form of nitroglycerine for the relief of angina pain; and/or,
- your lung condition if, in the **twelve (12) months** before your effective date, it has not been *stable* or you required *treatment* with oxygen or prednisone for your lung condition.

Rate Category D. For the Quick Trip Plan, we will not pay any expenses relating to:

- a *pre-existing condition* for which you have taken, received or been prescribed medication or *treatment* in the **three (3) months** before your effective date; and/or
- your heart condition if, in the **three (3) months** before your effective date, you have taken, received or been prescribed medication or *treatment* or you have taken any form of nitroglycerine for the relief of angina pain; and/or
- your lung condition if, in the **three (3) months** before your effective date you have taken, received or been prescribed medication or *treatment* or you required *treatment* with oxygen or prednisone for your lung condition.

MANULIFE FINANCIAL EMERGENCY MEDICAL INSURANCE QUESTIONNAIRE

Name of applicants (Last name, first name)	
1. Applicant 1	2. Applicant 2

STEP 1. ELIGIBILITY	Applicant 1	Applicant 2
1. Have you been advised by a physician not to travel at this time?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Do you require kidney dialysis?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Have you ever had a bone marrow or organ transplant (excluding corneal transplant)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Have you had a heart bypass, angioplasty or heart valve surgery more than ten (10) years ago?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. In the last five (5) years , have you been diagnosed with and/or had <i>treatment</i> for metastatic cancer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. In the last six (6) months , have you received chemotherapy and/or radiotherapy and/or other <i>treatment</i> , other than routine follow-up, for cancer (except basal cell and squamous cell skin cancer, and breast cancer treated only with hormonal therapy)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. In the last twelve (12) months , have you been prescribed or taken prednisone or oxygen, or been hospitalized (as an in-patient or seen in the emergency department) for a lung condition?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. In the last two (2) years , have you: a) been prescribed or taken Lasix or furosemide for any reason? b) had congestive heart failure?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. In the last twelve (12) months , have you been hospitalized (as an in-patient or seen in the emergency department) for a heart condition?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10. In the last four (4) months , have you been prescribed or taken six (6) or more prescription medications? Do not count the following medications: hormone replacement therapy (thyroid or menopausal); drugs used for osteoporosis, or traveller's diarrhea; or any form of immunization. Do not count topical medications that go in your ears or eyes or on your scalp or skin except any form of nitroglycerine or any drug(s) for angina.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
11. In the last three (3) years , have you been diagnosed with and/or had <i>treatment</i> for and/or been hospitalized (as an in-patient or seen in the emergency department) and/or been prescribed or taken medication for any two (2) of the following (if you only have one (1) of the following conditions, answer NO)? • Heart condition • Lung condition (medication includes any puffer(s)/inhaler(s), except a single unrepeated prescription used for a single episode) • Diabetes (treated with medication and/or insulin) • Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (including use of aspirin/Entrophen for this condition) • Peripheral vascular disease (blocked or narrowed arteries) • Alzheimer's disease, or any other form of dementia	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

ELIGIBILITY REQUIREMENT. If you must answer "YES" to ANY of the preceding questions, you are **not eligible** to purchase this insurance. **DO NOT** complete this questionnaire. Please contact your agent/broker if you wish to obtain a quote for our Individual Medical Underwriting plan. Continue to Step 2 if you are eligible to purchase this insurance.

STEP 2. FIND YOUR RATE CATEGORY.	Applicant 1	Applicant 2
Rate qualification - Part 1		
1. In the last five (5) years , have you been diagnosed with and/or had <i>treatment</i> and/or been hospitalized (as an in-patient or seen in the emergency department) and/or been prescribed or taken medication for any of the following? • Heart condition • Stroke/CVA (cerebrovascular accident) or mini-stroke/TIA (transient ischemic attack) (including use of aspirin/Entrophen for this condition) • Aneurysm • Peripheral vascular disease (blocked or narrowed arteries) • Diabetes (if treated with medication and/or insulin) • Lung condition (medication includes any puffer(s)/inhaler(s) except a single unrepeated prescription used for a single episode) • Cirrhosis of the liver • Alzheimer's disease, or any other form of dementia, or Parkinson's disease	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. In the last five (5) years , have you smoked or used any tobacco products and been prescribed or used any puffer(s)/inhaler(s)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. In the last six (6) months , have you received advice or <i>treatment</i> for a medical emergency more than once in the emergency room of a <i>hospital</i> ?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. In the last three (3) months , have you been prescribed or taken a total of three (3) or more medications for high blood pressure (hypertension) and/or a heart condition?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If you answered "YES" to ANY of the questions in Step 2 - Part 1, you qualify for Rate Category C.
If you answered "NO" to ALL the questions in Step 2 - Part 1, you must answer the question in Step 2 - Part 2.

Rate qualification - Part 2	Applicant 1	Applicant 2
1. In the last two (2) years , have you been diagnosed with or received <i>treatment</i> for and/or been hospitalized (as an in-patient or seen in the emergency department) and/or been prescribed or taken medication for any of the the following conditions? • Bowel obstruction or surgery • Diverticular disorder requiring prescription medication or surgery • Gastrointestinal bleeding • Bleeding or perforated ulcer(s) • Chronic bowel disorder • Liver disorder • Pancreatic disorder • Kidney disorder (including stones) • Gallbladder disorder (including stones. If gallbladder has been removed, answer NO).	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If you answered "YES" to **two (2) or more** conditions listed in Step 2 - Part 2, you qualify for Rate Category C.
If you answered "YES" to **one (1)** condition listed in Step 2 - Part 2, you qualify for Rate Category B.
If you answered "NO" to ALL the conditions listed in Step 2 - Part 2, you must answer the questions in Step 2 - Part 3.

Rate qualification - Part 3	Applicant 1	Applicant 2
1. In the last two (2) years , have you been diagnosed with, and/or been hospitalized (as an inpatient or seen in the emergency department), and/or received <i>treatment</i> , and/or been prescribed medication by a Hematologist or an Internist for a blood disorder?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. In the last twelve (12) months , have you been prescribed or used a puffer/inhaler?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. In the last twelve (12) months , have you been diagnosed with or received <i>treatment</i> for cancer, other than routine follow-up (except basal cell and squamous cell skin cancer, and breast cancer treated only with hormonal therapy)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Are you over 65, and have you had a fall that you reported to a physician in the last six (6) months ?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If you answered "YES" to ANY of the questions in Step 2 - Part 3, you qualify for Rate Category B.
If you answered "NO" to ALL the questions in Step 2 - Part 3, you must answer the question in Step 2 - Part 4.

Rate qualification - Part 4	Applicant 1	Applicant 2
1. In the last two (2) years , have you smoked or used any tobacco products?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If you answered "YES" to the question in Step 2 - Part 4, you qualify for Rate Category A. If you answered "NO" to the question in Step 2 - Part 4, you qualify for Rate Category A+.

IMPORTANT: The rate category you qualify for determines the pre-existing condition exclusion that applies to your coverage. The pre-existing condition exclusions are detailed on page 1 of this form.

Rate category
I am 55 years of age or older and based on my answers above, I qualify for the following rate category:
Applicant 1: A+ A B C
Applicant 2: A+ A B C

I declare that all the information I have provided on this medical questionnaire is true and complete. I understand that if I misrepresent any material information provided in this application, Manulife Financial will void my policy and I will not be covered for any benefits under this policy.

Applicant 1 signature	Applicant 2 signature	Date signed (mm/dd/yyyy)
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MANULIFE FINANCIAL EMERGENCY MEDICAL INSURANCE APPLICATION

APPLICANTS					
Last name, first name 1. Applicant 1					Date of Birth (mm/dd/yyyy)
Home address (Street)		Apt. no.	City		Province
Home phone number ()	Work phone number ()	E-mail (optional)		Country of destination	Postal Code
Last name, first name 2. Applicant 2					Date of Birth (mm/dd/yyyy)
Home address (Street)		Apt. no.	City		Province
Home phone number ()	Work phone number ()	E-mail (optional)		Country of destination	Postal Code

MULTI-TRIP DURATION	Covers multiple trips during a 365-day period.				
	Select your trip length: <input type="radio"/> 4 days <input type="radio"/> 10 days <input type="radio"/> 18 days <input type="radio"/> 30 days				

SINGLE-TRIP DURATION	Departure date (mm/dd/yyyy) (must be within 180 days of purchase)		TOP-UP DURATION	Top-Up effective date (mm/dd/yyyy) (must be within 180 days of purchase)		TOP-UP NOTE: If you are 55 or older, you must complete the Medical Questionnaire to determine your Rate Category.
	Return date (mm/dd/yyyy)			Total number of days in your trip ⁽¹⁾		
	Total number of days ⁽¹⁾ in your trip			Subtract no. of days already covered under your policy ()		
		Equals total Top-Up days =				

⁽¹⁾Count the day you leave and the day you return.**Calculate your premium** Premium due for your coverage is based on the plan you are purchasing, your age, the Rate Category you qualify for and trip duration.

EMERGENCY MEDICAL	Applicant no.		Rate Category		Total Emergency Medical Premium		
					Single-Trip or Top-Ups (No. of days x daily rate applicable to your full trip length) ⁽²⁾	Multi-Trip From Rate Table	
	1				\$	\$	
2				+	+		
Total Premium (sum premium rates of each applicant)				= \$	Line A	= \$	Line A

⁽²⁾For Top-Up Premium use the daily rate applicable to the **TOTAL NUMBER OF DAYS IN YOUR TRIP**.

SAVINGS	Savings Options						Savings Applied		
	Deductible Savings: All published rates include a zero deductible. Not applicable to Travel Canada.								
	Deductible (\$ USD)	\$0	\$500	\$1,000	\$5,000	\$10,000			
Savings Amount	0%	15%	20%	35%	50%	%			
50% Travel Canada Emergency Medical: Cannot be combined with a Deductible Savings									
Calculate Savings (% x Line A =)						\$	Line B		
If you need help with your premium calculation, please contact your broker/advisor.			YOUR PREMIUM			Emergency Medical Premium (Line A minus Line B =)		\$	Line C
						Travel Companion Savings (Line A x 5% =)		\$	Line D
						Total Payment (Line C – Line D =)		\$	

Payment option: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Amex <input type="radio"/> Diners Club <input type="radio"/> Cheque				
Credit card number		Expiry date (mm/yyyy)	Cardholder's name	Cardholder's signature

Note: Coverage will not take effect if your credit card number is invalid or payment is rejected for any reason.

Please read carefully before signing:

Declaration. I apply to The Manufacturers Life Insurance Company (Manulife Financial) for insurance under the Manulife Financial Travel Insurance policy. I declare that all the information I have provided on this application form, together with the Health Declaration originally attached hereto, is true and complete. I have read the Manulife Financial Travel Insurance policy and understand the terms, conditions and exclusions (including the *pre-existing condition* exclusion) that apply to my coverage. I understand that if I misrepresent any material information provided in this application, Manulife Financial will void my policy and I will not be covered for any benefits under this policy. I authorize any *hospital*, physician, other medical service provider or any other organization or person that has any records or knowledge of me or my health to release to the assistance and claims service provider and/or Manulife Financial and its reinsurers any such information for the purpose of this application and contract and any subsequent claim.

Authorization and Revocation. I authorize Manulife Financial to use the information in this application and its existing files to offer me their products and services. I understand that my consent to the use of such information to offer me products and services is optional and that if I wish to discontinue such use, I may write to or telephone Manulife Financial at the address shown on this form. A photocopy or facsimile of this authorization is as valid as the original.

Applicant 1 signature		Applicant 2 signature		Date signed (mm/dd/yyyy)
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Notice on Privacy and Confidentiality.

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, P.O. Box 4213, Station A, Toronto, Ontario M5W 5M3.

Return this application form with your payment to your broker/advisor.

AGENT/ADVISOR'S REPORT		
You confirm that you have disclosed the following information to the applicant:		
<ul style="list-style-type: none"> ■ the name of the company or companies you represent ■ that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and ■ any conflicts of interest you may have with respect to this transaction. 		
Your name (first, middle initial, last)	Advisor code	Signature *

Agent - Please complete this section

Agent name		Telephone number ()	Fax number ()	Agent selling code 578100
Company name and address			E-mail address	Resource centre code

Manulife Financial Travel Insurance P.O. Box 4262, Stn A, Toronto, ON M5W 5T4

MANULIFE FINANCIAL EMERGENCY MEDICAL INSURANCE RATES

Effective November 2010

INSTRUCTIONS

- Premium rate is per person.
 - All amounts are expressed in Canadian currency.
1. If you are under age 55 and purchasing either a Multi-Trip or a Single-Trip plan of any duration, use Rate Category A.
 2. If you are 55-74 years of age, travelling for 17 days or less and purchasing the Quick Trip Plan, use Rate Category D.
 3. If you have completed the Medical Questionnaire on page 2, use the Rate Category for which you have qualified.
 4. For Single-Trip plans, multiply the number of days of coverage required by the appropriate daily rate provided in the rate table.
 5. For Top-Ups, multiply the number of top-up days you require by the daily rate applicable to the TOTAL NUMBER of days in your trip.

TOP-UPS

The Single-Trip Emergency Medical Top-Up plan can be used as a top-up to Manulife Financial Multi-Trip plans or other insurers' plans. It is your responsibility to confirm that top-up is permitted on your existing plan with no loss of coverage. The Quick Trip Plan and Rate Category D cannot be used to top up any Multi-Trip Plan.

Rate Tables & Rate Categories Applicable to Emergency Medical Insurance

Rate Category A+	Plan	No. of Days	Age 55-59	60-64	65-69	70-74	75-79	80-84	85+
	Multi-Trip Emergency Medical		4	\$45	\$58	\$66	\$86	\$90	\$149
		10	\$63	\$81	\$92	\$116	\$122	\$203	\$261
		18	\$94	\$106	\$116	\$136	\$155	\$253	\$326
		30	\$139	\$147	\$165	\$193	\$271	\$450	\$578
Single-Trip Emergency Medical (per day)		1-17	\$2.78	\$3.26	\$3.85	\$5.28	\$8.35	\$16.56	\$19.68
		18-30	\$2.84	\$3.28	\$3.88	\$5.29	\$8.47	\$16.65	\$22.13
		31-60	\$2.85	\$3.29	\$3.90	\$5.97	\$9.26	\$16.93	\$22.84
		61-90	\$2.86	\$3.31	\$4.08	\$6.08	\$10.91	\$17.68	\$23.84
		91-120	\$2.87	\$3.42	\$4.51	\$6.25	\$11.89	\$18.44	\$24.87
		121-150	\$2.92	\$3.82	\$4.53	\$6.49	\$12.33	\$18.89	\$25.48
		151-212	\$2.96	\$4.06	\$5.24	\$6.90	\$13.60	\$19.24	\$25.97

Rate Category A	Plan	No. of Days	Age 0-25	26-39	40-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
	Multi-Trip Emergency Medical		4	\$32	\$37	\$43	\$51	\$63	\$73	\$95	\$97	\$162
		10	\$44	\$51	\$57	\$69	\$88	\$100	\$128	\$133	\$222	\$289
		18	\$78	\$80	\$88	\$105	\$120	\$131	\$156	\$216	\$359	\$414
		30	\$102	\$119	\$127	\$153	\$162	\$184	\$224	\$316	\$638	\$738
Single-Trip Emergency Medical (per day)		1-17	\$2.39	\$2.65	\$2.99	\$3.10	\$3.81	\$4.66	\$5.62	\$9.05	\$19.23	\$23.23
		18-30	\$2.39	\$2.65	\$2.99	\$3.18	\$3.82	\$4.68	\$6.05	\$9.74	\$19.28	\$23.33
		31-60	\$2.41	\$2.66	\$3.00	\$3.26	\$3.89	\$5.05	\$6.97	\$10.80	\$20.32	\$25.13
		61-90	\$2.45	\$2.70	\$3.02	\$3.27	\$4.00	\$5.41	\$7.44	\$13.49	\$22.21	\$26.25
		91-120	\$2.54	\$2.81	\$3.15	\$3.27	\$4.44	\$5.70	\$7.50	\$14.96	\$22.77	\$27.37
		121-150	\$2.61	\$2.86	\$3.24	\$3.31	\$4.44	\$5.84	\$7.60	\$15.30	\$23.10	\$28.03
		151-212	\$2.67	\$2.92	\$3.30	\$3.74	\$4.50	\$6.93	\$8.05	\$15.60	\$25.30	\$28.59

Rate Category B	Plan	No. of Days	Age 55-59	60-64	65-69	70-74	75-79	80-84	85+
	Multi-Trip Emergency Medical		4	\$75	\$95	\$109	\$142	\$164	\$217
		10	\$103	\$132	\$151	\$191	\$228	\$296	\$351
		18	\$116	\$144	\$158	\$201	\$290	\$546	\$648
		30	\$169	\$211	\$238	\$305	\$451	\$858	\$1,018
Single-Trip Emergency Medical (per day)		1-17	\$3.91	\$5.19	\$6.51	\$7.68	\$14.10	\$24.10	\$28.60
		18-30	\$4.03	\$5.35	\$6.71	\$7.91	\$14.54	\$24.84	\$29.48
		31-60	\$4.10	\$5.86	\$7.22	\$8.49	\$15.61	\$26.65	\$33.25
		61-90	\$4.22	\$6.30	\$7.50	\$8.83	\$16.30	\$27.81	\$34.67
		91-120	\$4.41	\$6.59	\$7.87	\$9.23	\$17.24	\$29.02	\$36.18
		121-150	\$4.51	\$6.74	\$8.03	\$9.46	\$17.75	\$29.70	\$38.82
		151-212	\$4.62	\$6.88	\$8.20	\$10.59	\$19.50	\$30.31	\$41.40

Rate Category C	Plan	No. of Days	Age 55-59	60-64	65-69	70-74	75-79	80-84	85+
	Multi-Trip Emergency Medical		4	\$86	\$108	\$124	\$163	\$302	\$373
		10	\$118	\$150	\$172	\$218	\$413	\$508	\$741
		18	\$159	\$210	\$296	\$362	\$592	\$937	\$1,365
		30	\$253	\$312	\$443	\$549	\$916	\$1,468	\$2,140
Single-Trip Emergency Medical (per day)		1-17	\$4.41	\$7.96	\$10.52	\$13.59	\$21.65	\$36.24	\$52.85
		18-30	\$4.43	\$7.99	\$10.85	\$13.64	\$22.31	\$37.36	\$54.48
		31-60	\$4.58	\$8.17	\$11.62	\$14.64	\$23.95	\$40.11	\$61.45
		61-90	\$4.79	\$8.77	\$12.45	\$15.68	\$25.70	\$43.02	\$65.90
		91-120	\$4.86	\$8.90	\$12.67	\$16.34	\$26.09	\$43.70	\$66.93
		121-150	\$4.96	\$9.11	\$12.97	\$16.47	\$26.74	\$44.74	\$68.52
		151-212	\$5.39	\$9.30	\$14.54	\$18.66	\$27.26	\$50.20	\$69.89

Rate Category D	Plan	No. of Days	Age 55-59	60-64	65-69	70-74	75-79	80-84	85+
	Quick Trip Plan for Ages 55-74 (per day)		1-17	\$4.96	\$8.14	\$9.51	\$11.52	N/A	N/A