

## Comparison – RTO/ERO with RTIP / ARM

Benefits Comparison	RTO/ERO Group Benefits Plan (January – December 2010)	RTIP Basic / ARM Economy (January – December 2010)	RTIP Gold / ARM Prestige (January – December 2010)	RTIP Plus / ARM Original (January – December 2010)
<b>Plan Administrator</b>	Johnson Inc.	OTIP	OTIP	OTIP
<b>Type of Plan</b>	Group Insurance	Individual Policy	Individual Policy	Individual Policy
<b>Maximum Age to Enroll</b>	None.	Age 69.	Age 69.	Age 69.
<b>Member Fee</b>	\$1.25 / \$1,000 of annual pension.	RTIP – None. ARM – \$50 per year.	RTIP – None. ARM – \$50 per year.	RTIP – None. ARM – \$50 per year.
<b>Extended Health Care</b>				
<b>General Notes</b>	Optional.	Optional.	Optional.	Optional.
<b>Reimbursement Level</b>	80%, unless noted otherwise.	80%, unless noted otherwise.	80%, unless noted otherwise.	80%, unless noted otherwise.
<b>Prescription Drugs</b>	\$2,400 per person/year, including \$350 for erectile dysfunction.	\$750 per person, including \$350 for erectile dysfunction.	Options of \$500 or \$850 per person, including \$350 for erectile dysfunction.	\$2,400 per person, including \$350 for erectile dysfunction.
Deductible	None.	\$100 single, \$200 couple/family.	None	\$25 single, \$50 couple/family.
Dispensing Fee	Not covered.	Not covered.	Not covered.	Not covered.
Reimbursement	85% of ingredient cost. Reimbursement for brand or generic drugs.	80% of ingredient cost, 90% through mail order. Reimbursement up to equivalent generic drug when available.	80% of ingredient cost, 90% through mail order. Reimbursement up to equivalent generic drug when available.	85% of ingredient cost, 90% through mail order. Reimbursement up to equivalent generic drug when available.
<b>Accidental Dental</b>	Covered.	Covered.	Covered.	Covered.
<b>Ambulance</b>	Covered.	Covered.	Covered.	Covered.
<b>Diagnostic Procedures</b>	Covered.	Covered.	Covered.	Covered.
<b>Educational Program</b>	\$200 per person/year for physician-authorized programs.	Not covered.	Not covered.	Not covered.
<b>Medical Aids &amp; Appliances</b>				
Diabetic Supplies	Included in prescription drug maximum. 85% Reimbursement.	Separate maximum of \$750 per person/year.	Separate maximum of \$750 per person/year.	Separate maximum of \$750 per person/year.
Hearing Aids	\$1,000 per person/three years.	Not covered.	\$750 per person/three years. 100% reimbursement.	\$750 per person/three years. 100% reimbursement.
Incontinence Supplies	\$400 per person/year.	\$200 per person/year, combined with grab bars and commodes.	\$200 per person/year, combined with grab bars and commodes.	\$200 per person/year, combined with grab bars and commodes.
Medical Equipment	Covered.	Covered.	Covered.	Covered.

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<b>Medical Aids (continued)</b> Orthopaedic Shoes	\$500 per person/two years.	\$450 per person/two years.	\$450 per person/two years.	\$450 per person/two years.	
Post-surgical Items	\$100 per person/two years.	\$200 per person/year.	\$200 per person/year.	\$200 per person/year.	
<b>Nursing Services</b>	\$1,500 per person/two years.	\$2,000 per person/three years.	\$2,000 per person/three years.	\$2,000 per person/three years.	
<b>Paramedical Services</b>	\$700 per person/year (all practitioners combined). Covers from first visit. Physician authorization not required.  Acupuncturist    Osteopath Chiropracist    Physiotherapist Chiropractor    Podiatrist Dietician        Registered Clinical Psychologist Herbalist        Registered Massage Therapist Homeopath      Therapist Naturopath      Speech Therapist Nutritionist     Shiatsu Therapist	\$750 per person/year (all practitioners combined). Covers after provincial maximum reached (where applicable). Physician authorization required for some practitioners.  Acupuncturist    Osteopath Chiropracist    Physiotherapist Chiropractor    Podiatrist Registered Family Therapist    Registered Massage Therapist Homeopath      Therapist Naturopath      Social Worker Nutritionist     Speech Therapist Reflexologist    Shiatsu Therapist	\$750 per person/year (all practitioners combined). Covers after provincial maximum reached (where applicable). Physician authorization required for some practitioners.  Acupuncturist    Osteopath Chiropracist    Physiotherapist Chiropractor    Podiatrist Registered Family Therapist    Registered Massage Therapist Homeopath      Therapist Naturopath      Social Worker Nutritionist     Speech Therapist Reflexologist    Shiatsu Therapist	\$750 per person/year (all practitioners combined). Covers after provincial maximum reached (where applicable). Physician authorization required for some practitioners.  Acupuncturist    Osteopath Chiropracist    Physiotherapist Chiropractor    Podiatrist Registered Family Therapist    Registered Massage Therapist Homeopath      Therapist Naturopath      Social Worker Nutritionist     Speech Therapist Reflexologist    Shiatsu Therapist	\$750 per person/year (all practitioners combined). Covers after provincial maximum reached (where applicable). Physician authorization required for some practitioners.  Acupuncturist    Osteopath Chiropracist    Physiotherapist Chiropractor    Podiatrist Registered Family Therapist    Registered Massage Therapist Homeopath      Therapist Naturopath      Social Worker Nutritionist     Speech Therapist Reflexologist    Shiatsu Therapist
<b>Services</b>	N/A	CAREpath.	CAREpath.	CAREpath.	
<b>Travel</b>	62 days per trip.	62 days per trip.	62 days per trip.	62 days per trip.	
Maximum	\$1,000,000 per person/trip. 100% reimbursement.	\$1,000,000 per person/trip. 100% reimbursement.	\$1,000,000 per person/trip. 100% reimbursement.	\$1,000,000 per person/trip. 100% reimbursement.	
Trip Cancellation/ Interruption	\$6,000 per person/trip.	\$6,000 per person/trip.	\$6,000 per person/trip.	\$6,000 per person/trip.	
Additional Expenses	\$150 per day to a maximum of \$1,500.	\$150 per day to a maximum of \$1,500.	\$150 per day to a maximum of \$1,500.	\$150 per day to a maximum of \$1,500.	
Repatriation of Remains/ Burial at Place of Death	\$5,000 per person for repatriation, or \$5,000 per person for burial.	\$5,000 per person for repatriation, or \$2,500 per person for burial.	\$5,000 per person for repatriation, or \$2,500 per person for burial.	\$5,000 per person for repatriation, or \$2,500 per person for burial.	
Return of Children	Covered, including grandchildren.	Covered.	Covered.	Covered.	
Vehicle Return	\$2,000 per trip.	\$1,000 per trip.	\$1,000 per trip.	\$1,000 per trip.	

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<b>Vision</b>	\$300 per person/two years for eyeglasses, prescription sunglasses, contact lenses or laser eye surgery.	Not covered.	\$200 per person/two years for eyeglasses, contact lenses or laser eye surgery.	\$225 per person/two years for eyeglasses, contact lenses or laser eye surgery.
Eye Exams	\$85 per person/two years.	One eye exam per person/24 months.	One eye exam per person/24 months.	One eye exam per person/24 months.
<b>Supplemental Travel</b>				
<b>General Notes</b>	Optional.	Optional.	Optional.	Optional.
<b>Travel</b>	Coverage for trips longer than 62 days.	Coverage for trips longer than 62 days. Requires medical questionnaire. Not administered by OTIP.	Coverage for trips longer than 62 days. Requires medical questionnaire. Not administered by OTIP.	Coverage for trips longer than 62 days. Requires medical questionnaire. Not administered by OTIP.
<b>Semi-Private Hospital</b>				
<b>General Notes</b>	Optional.	Mandatory, included in EHC.	Optional.	Mandatory, included in EHC.
<b>Hospital Room</b>	Unlimited per person/day maximum. Reimburses at 95%.	\$100 per person/day maximum, including private room. Reimburses at 100%.	Option of \$75, \$100 or unlimited per person/day maximum. Reimburses at 100%.	Unlimited per person/day maximum. Reimburses at 100%.
<b>Hospital Cash</b>	Optional benefit.	\$10 per day to a maximum of 10 days. Only when a semi-private room is not available.	\$10 per day to a maximum of 10 days. Only when a semi-private room is not available.	\$10 per day to a maximum of 10 days. Only when a semi-private room is not available.
<b>Home Care</b>	\$75 per person/day, post-hospitalization. Reimburses 80% to a maximum of 30 days. Also covers maximum of 3 days after day surgery.	\$20 per person/visit, post-hospitalization. Reimburses 80% to a maximum of 30 visits.	\$20 per person/visit, post-hospitalization. Reimburses 80% to a maximum of 30 visits.	\$20 per person/visit, post-hospitalization. Reimburses 80% to a maximum of 30 visits.
<b>Dental Care</b>				
<b>General Notes</b>	Optional.	Optional.	Optional.	Optional.
<b>Fee Guide</b>	2010 – Current year.	2009 – Prior year.	2009 – Prior year.	2009 – Prior year.
<b>Basic &amp; Preventive</b>	Unlimited per person/year. Reimburses at 85%.	Unlimited per person/year. Reimburses at 80%.	Unlimited per person/year. Reimburses at 80%.	Unlimited per person/year. Reimburses at 80%.
<b>Endodontic &amp; Periodontic</b>	\$850 per person/year. Reimburses at 80%.	\$750 per person/year. Reimburses at 80%.	\$750 per person/year. Reimburses at 80%.	\$750 per person/year. Reimburses at 80%.
<b>Major Restorative</b>	\$700 per person/year for crowns, plus \$700 per person/year for fixed bridges and partial dentures. Reimburses at 50%.	\$700 per person/year for crowns, bridges, implants and partial dentures combined. Reimburses at 50%.	\$700 per person/year for crowns, bridges, implants and partial dentures combined. Reimburses at 50%.	\$700 per person/year for crowns, bridges, implants and partial dentures combined. Reimburses at 50%.

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## Comparison – RTO/ERO with RTIP / ARM

Rates Comparison	RTO/ERO Group Benefits Plan (February 2010 – January 2011)			RTIP Basic / ARM Economy (January – December 2010)			RTIP Gold / ARM Prestige (January – December 2010)			RTIP Plus / ARM Original (January – December 2010)		
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
<b>Extended Health Care</b>												
\$500 Drug Maximum	-	-	-	-	-	-	\$43.85	\$82.15	\$99.62	-	-	-
\$750 Drug Maximum	-	-	-	\$38.16	\$69.81	\$85.95	-	-	-	-	-	-
\$850 Drug Maximum	-	-	-	-	-	-	\$55.24	\$103.77	\$126.90	-	-	-
\$2,100 Drug Maximum	-	-	-	-	-	-	-	-	-	-	-	-
\$2,400 Drug Maximum	\$78.70	\$157.40	\$188.89	-	-	-	-	-	-	\$98.49	\$197.50	\$237.56
<b>Semi-Private Hospital</b>												
\$75 Daily Maximum												
Under age 65	-	-	-	-	-	-	\$11.46	\$20.66	\$25.61	-	-	-
65 and Over	-	-	-	-	-	-	\$22.63	\$41.84	\$52.36	-	-	-
\$100 Daily Maximum												
Under age 65	-	-	-	Included in Extended Health Care.			\$15.06	\$27.48	\$34.20	-	-	-
65 and Over	-	-	-				\$28.70	\$53.40	\$66.95	-	-	-
Unlimited Daily Maximum												
Under age 65	\$18.44	\$36.84	\$43.30	-	-	-	\$21.06	\$40.32	\$51.00	Included in Extended Health Care.		
65 and Over	Same as Under age 65.			-	-	-	\$40.88	\$77.91	\$98.50			
<b>Dental Care</b>												
All Ages	\$57.22	\$112.84	\$140.70	\$56.89	\$106.83	\$127.34	\$56.89	\$106.83	\$127.34	\$56.89	\$106.83	\$127.34

**Note:** As RTO/ERO is a group insurance plan, RTO/ERO's rates include 8% sales tax applicable to Ontario residents. This document highlights selected benefits. OTIP offers a Gold Elite plan which terminates at age 65. For a complete list of benefits and available plans, please visit the websites. For the purpose of this comparison, a year means calendar year.