

# RTO/ERO Semi-Private Hospital and Convalescent Care Plan

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### When Does Coverage Begin

You may enroll without medical evidence of insurability, provided Johnson Inc. Plan Benefits Service receives your application within 60 days of the termination date of your school board group insurance plan, your spouse's group insurance plan or any other group insurance plan. Your coverage must be continuous and will be in effect the day following the termination date of your previous group insurance regardless of when your application is received within the 60 day period.

If you apply after the 60 day eligibility period or are transferring from an individual insurance plan, or were not previously insured under a group insurance plan, you will be considered a "late applicant".

### Applying for the Semi-Private Hospital and Convalescent Care Plan as a "late applicant"

You will be required to submit medical evidence of insurability. Coverage, if approved, will begin on the date the insurer approves your application.

### Changes to your Status

**It is your responsibility to notify Johnson Inc. Plan Benefits Service, in writing, when there is a change in your coverage status** (e.g., from family to couple or from single to couple).

**Adding Dependents:** If, after your effective date of coverage, you acquire a spouse and/or any dependent children, you must enroll your dependent(s) within 60 days of the life event; otherwise, the late applicant conditions outlined above will apply. If a dependent is hospitalized on the date coverage would normally become effective, your dependent's coverage will be postponed until the day following discharge from the

hospital. If you already have family coverage, new dependents are automatically covered regardless of hospital confinement.

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## What is Covered

The RTO/ERO Semi-Private Hospital and Convalescent Care Plan provides coverage for semi-private hospital accommodation in Canada and convalescent care in a facility or your home upon your discharge from hospital.

### 1. Semi-Private Hospital Benefit

Reimbursement: 95% of the daily semi-private room rate

The plan assists with the cost of semi-private hospital accommodation in a licensed hospital in Canada, including active, acute rehabilitative hospitals (not homes). You must be receiving active, acute care. Claims for a private room charge are reimbursed based on the regular semi-private room rate.

#### Exclusions and Limitations:

The plan does not cover any expenses incurred directly or indirectly as a result of or for the following:

- Accommodation charges in a rest home, nursing home, health spa, a home for the aged, or a chronic care facility, an establishment providing custodial care or an institution for the care and treatment of alcoholism or drug addiction or mental illness; and
- Any other accommodation providing care other than active, acute care (e.g., chronic care, respite care, complex care, alternate level of care, long term rehabilitation, etc.).

#### Submitting a Claim:

- At the time of hospital admission, present your RTO/ERO – Johnson ID Card to the admitting clerk, indicating that eligible semi-private room expenses are considered under RTO/ERO Plan Number 983429.
- The hospital should send its bill directly to Johnson Inc. Plan Benefits Claims on your behalf. If the hospital requires that you pay the bill, send the paid in full hospital claim form along with a completed Extended Health Care claim form to Johnson Inc. Plan Benefits Claims.
- Please do not submit a claim for the unpaid portion of your semi-private claim when the claim is reimbursed directly to the hospital.

### 2. Convalescent Care Benefit

Upon your discharge from hospital, the RTO/ERO Convalescent Care Benefit provides coverage for convalescent care in a facility **OR** in your home.

#### Convalescent Facility Care

Reimbursement: 80% to a maximum of \$75 per day, up to 30 days per calendar year.

The plan covers an approved temporary stay in a convalescent care facility following any active, acute care hospital stay for a minimum of 24 hours.

**OR**

### Convalescent Home Care

Reimbursement: 80% to a maximum of \$75 per day, for a maximum of 30 days following any active, acute care hospital stay for a minimum of 24 hours, and a maximum of three days following non-elective day surgery.

The plan covers charges for convalescent home care provided to you in your own home. Convalescent home care may be rendered by persons without professional skills or training provided they are working under the supervision of a licensed home care agency or a home health care agency. Written recommendation of a physician and completion of a Johnson Inc. authorization form is required.

Home health care agencies include those licensed primarily to provide personal care and home support. The level of care includes assisting with or in:

- Activities of daily living (eating, toileting, transferring positions, bathing and dressing);
- Ambulation and exercise;
- Homemaker services or home health aide services;
- Self-administered medications; and
- Services needed to maintain or improve your functional ability.

The agency's employee must not be related by blood or marriage and must not ordinarily reside in your home or the home of an extended family member.

To be eligible for reimbursement, the days of home care need not be consecutive but must be provided within 90 days of discharge from the hospital.

### Submitting a Claim (applicable to Convalescent Facility Care and Home Care)

- Contact Johnson Inc. Plan Benefits Claims for an authorization form prior to incurring any expenses.
- Attach the original invoices/receipts from the home care agency, the home health care agency, or convalescent facility to the authorization form and send it to Johnson Inc. Plan Benefits Claims.
- Receipts must list each type of service, including the name of the service provider, the date of service and charge per service.

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### Exclusions

This insurance does not cover any expenses for the following:

1. Expenses covered under a government plan (e.g., Provincial/Territorial Government Health Insurance Plans, Workers Compensation), or which a government plan prohibits from being paid;
2. Tests, procedures or treatment methods not recognized by Health Canada, the Provincial Health Ministry, the Canadian Medical Association, the Canadian Dental Association or the appropriate specialty society which are considered experimental or cosmetic in nature;
3. Drugs, sera, injectibles and supplies not approved by Health Canada (Food and

- Drug), or that are experimental or limited in use whether or not so approved;
4. Charges for medical services that are not medically necessary;
  5. Insurance premiums;
  6. Charges in excess of the RTO/ERO Group Insurance Benefits maximums;
  7. Charges in excess of the reasonable and customary charge for the area in which the expense was incurred;
  8. Charges by a physician for services rendered (except those pre-approved by Allianz Global Assistance while travelling outside your province of residence);
  9. Charges by a physician, dentist, or health provider for travel time, missed or cancelled appointments, transportation costs, completion of insurance forms or physician's notes, room rental charges or charges for consultation or prescription renewals;
  10. Expenses for which there would be no charge except for the existence of coverage;
  11. Charges for transport or travel, other than as specifically provided under eligible expenses;
  12. Gratuities and tips;
  13. Point program redemptions of any type, (e.g., AIR MILES<sup>®</sup> reward miles, Aeroplan<sup>®</sup>, timeshare points/weeks) used to purchase items or services and any charges to reinstate the points;
  14. Charges for maintenance, exchange or timeshare fees;
  15. Charges for replacement of drugs or existing appliances previously reimbursed under the RTO/ERO Group Insurance Benefits that have been lost, mislaid or stolen;
  16. Examinations and physician notes/forms required for third-party use;
  17. Accommodation charges in a rest home, nursing home, health spa, a place for custodial care, a home for the aged, or a facility that is primarily operated as a place for the care and treatment of alcoholism, drug addiction or mental illness; and
  18. Any expenses incurred directly or indirectly as a result of the following:
    - a) While sane or insane, injuries and/or illness that are intentionally self-inflicted and attempted and/or committed suicide;
    - b) Cosmetic surgery or treatment unless it is due to an accidental injury and it began within 90 days of the accident;
    - c) Insurrection, war, service in the armed forces of any country, or participation in a riot, or hostilities of any kind;
    - d) Your participation as a professional athlete in a sporting event and/or participation in underwater activities, in scuba-diving as an amateur (unless licensed). Your participation in any of these: motorized race or speed contest, bungee jumping, parachuting, parasailing, rock climbing, mountain climbing, hang-gliding, skydiving, or any other hazardous activities;
    - e) An accident or injury while impaired by alcohol with an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood; or
    - f) Committing or attempting an assault or criminal offence.

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## Coordination of Benefits with Other Plans

If you are covered under more than one group plan simultaneously, benefit payments from all plans will be coordinated so that the total does not exceed the actual expense incurred. Your claims should be submitted first to this plan, your spouse's claims should be submitted first to his/her plan, and your dependent children's claims should be submitted first to the plan of the parent whose birthday (i.e., month and day) occurs earlier in the calendar year.

A copy of the explanation of benefits from the other insurance carrier, photocopies of all receipts and a completed Group Benefits Program claim form, are required for consideration of the claim balance. If the other plan under which you are covered does not have a coordination of benefits provision, claims should be submitted first to that plan. If priority cannot be established by those means, benefits will be pro-rated between the plans.

All coordination of benefits follows the Canadian Life and Health Insurance Association coordination of benefits guidelines.

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## When Does Coverage Terminate

Your coverage ceases on the earliest of the following events:

- You request in writing to terminate coverage;
- You cease to make premium payments;
- You cease to be an RTO/ERO member; or
- The plan is terminated.

**Please note:** Your dependents' coverage ceases on the earliest of the above events or when they are no longer eligible

You may be eligible for a refund of pre-paid premium based on your date of cancellation or status change.

**Survivor coverage after your death:** Following notification of your death, Johnson Inc. Plan Benefits Service will send an RTO/ERO Membership and Continuation of Benefits Form for completion. Once received, coverage for your spouse and/or dependent children may be continued for as long as premiums are paid and they continue to qualify for coverage.

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## Monthly Premium Rates (Effective January 1, 2016)

Plan	Single	Couple	Family
Semi-Private Hospital and Convalescent Care	\$14.60	\$29.16	\$34.28

Where required by law, Retail Sales Tax will be added to these premium rates.

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## Contact Information

If you have any questions concerning the RTO/ERO Group Benefits Program, or claims inquiries, please call:

<p><b>Johnson Inc.</b> <b>Plan Benefits Service</b> 18 Spadina Road, Suite 100A Toronto ON M5R 2S7 416-920-7248 (Toronto area) 1-877-406-9007 (toll free) 416-920-0939 (fax) <a href="mailto:healthbenefits@johnson.ca">healthbenefits@johnson.ca</a> (email) <a href="http://www.johnson.ca/rto-ero">www.johnson.ca/rto-ero</a></p>	<p><b>Johnson Inc.</b> <b>Plan Benefits Claims</b> 1595 16th Avenue, Suite 700 Richmond Hill ON L4B 3S5 905-764-4888 (Toronto area) 1-800-638-4753 (toll free) 905-764-4041 (fax) <a href="mailto:pbclaimsonario@johnson.ca">pbclaimsonario@johnson.ca</a> (email) <a href="http://www.johnson.ca/rto-ero">www.johnson.ca/rto-ero</a></p>
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