



2017 RTO/ERO Group Benefits Program

Market Plan 1 - OTIP 2017 RTIP Plus 4000 Plan

Market Plan 2 - MROO 2017 Health and Dental Plan

INSURANCE INFORMATION			
Coverage Available	Single/Couple/Family	=	Single/Couple/Family
Insurance Type	Group Insurance	+	Individual Insurance
Claims Adjudicator	Johnson Inc.	+	Manulife Financial
Overall Lifetime Maximum	Unlimited	=	Unlimited
			Single/Couple - No Family Coverage
			Individual Insurance
			Manulife Financial
			\$500,000/person

GENERAL ELIGIBILITY			
Age Restrictions	None	=	None
Entrance and Medical questionnaire	None, if applying within 60 days of termination of group insurance plan.		None, if applying within 60 days of termination of group insurance plan.
	If late or if transferring from an individual insurance plan, a medical is required for Extended Health Care and Hospital.	=	Medical required if coming from an individual insurance plan or if no prior insurance.
	If late or if transferring from an individual insurance plan, Dental coverage will be limited to \$500 for the first 12 months.		If a late applicant, Must stay enrolled in dental coverage for 12 months.
Available to residents outside of Ontario	Yes	+	No
Survivor eligibility	Without RTO/ERO insurance - If member passes away, surviving spouse or dependent child can enroll, if applying within 60 days of termination of group insurance plan.		Unknown
	If already enrolled in RTO/ERO insurance, spouse or dependent child of member continues coverage.	=	If already enrolled in OTIP insurance, spouse or dependent child of member continues coverage.
Exit	No restriction - can transfer from a group insurance plan to another plan in the market.	+	Medical required to transfer from this individual insurance plan to another plan in the market.
			For dental, you cannot re-enter the plan for at least 24 months.
			Must apply between ages 50 to 75
			None, if applying within 90 days of termination of group insurance plan.
			Medical required if coming from an individual insurance plan or if no prior insurance.
			No
			Without MROO insurance - If member passes away, spouse can enroll if under maximum enrollment age, and only if member dies before or within 90 days of retirement. After 90 days, medical required.
			If already enrolled in MROO insurance, spouse of member continues coverage.
			Medical required to transfer from this individual insurance plan to another plan in the market.

HOSPITAL & CONVALESCENT CARE PLAN			
Coverage	Voluntary, separate plan.	+	Mandatory inclusion of Extended Health Care.
Hospital Room	Semi-Private to an unlimited maximum - 95% reimbursement	-	Cannot be separated.
Convalescent Care at Home	\$75/day to max 30 days per 24-hour hospital stay PLUS 3 days following day surgery.	=	Semi-Private to an unlimited maximum - 100% reimbursement
Convalescent Care at LTC Facility	\$75/day to max 30 days/year following a 24 hour hospital stay	+	\$75/day to max 30 days per 24-hour hospital stay PLUS 3 days following day surgery.
			Not covered
			Not covered

Note: This document compares select plans that provide insurance beyond age 65, using the **highest** level of coverage available. Group insurance plans are subject to retail sales tax in Ontario (8%) and Quebec (9%). RTO/ERO rates show 8% tax.

Legend: Compared to the select plans, RTO/ERO offers superior (+), similar (=) or inferior (-) coverage or rates.

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EXTENDED HEALTH CARE PLAN

Reimbursement	80% unless noted otherwise	=	80% unless noted otherwise	100% unless noted otherwise
Prescription Drugs and Diabetic Supplies	\$3,300/year - 85% reimbursement. Covers drugs that legally require a prescription, plus certain non-prescription drugs. Generic substitution, where available. Brand covered with physician authorization.		\$4,000/year - 85% reimbursement. Covers eligible drugs which are listed in the Insurer's Formulary which legally require a prescription. Generic substitution, where available. Brand covered with physician no substitution. Reimbursement subject to pharmacy markup rate of 8%. Mail order pharmacy for maintenance medication - 100% of generic, and 90% of brand.	\$2,200/year - 90% reimbursement. Covers eligible drugs that legally require a prescription. Generic substitution, where available. Drugs prescribed for obesity are not covered. Mail order pharmacy for medication - 100% of generic.
Dispensing fees	Not covered	=	Not covered	Covered at 90% to a maximum of \$7.00
Sexual Dysfunction Drugs	Subject to prescription drug maximum above	+	\$750 maximum, as part of limit above	Not covered
ODB Deductible	Covered	=	Covered	Covered
Paramedical Practitioners	\$1,300 combined/year \$100/year for surgical services performed by a Chiropodist or Podiatrist \$30/year for one x-ray performed by some practitioners *(listed below) Physician authorization not required, and paid before provincial maximum - Acupuncturist - Chiropodist * - Chiropractor * - Dietician - Herbalist - Homeopath - Naturopath - Nutritionist - Osteopath * - Physiotherapist - Podiatrist * - Registered Clinical Psychologist - Registered Massage Therapist - Registered Nurse for Acupuncture and Foot Care - Speech Therapist - Shiatsu Massage Therapist	=	\$1,250 combined/year Limited to a per visit maximum per practitioner. Physician authorization required for some benefits and paid after provincial maximum reached. - Acupuncturist - Chiropodist - Chiropractor - Dietician for Nutritional Counselling - Homeopath - Naturopath - Osteopath - Physiotherapist - Podiatrist - Reflexologist - Registered Psychologist - Registered Family Therapist - Registered Massage Therapist (physician authorization required) - Registered Social Worker - Speech Pathologist - Shiatsu Massage Therapist (physician authorization required)	\$400/practitioner/year Limited to \$35/visit and paid after provincial maximum reached. - Acupuncturist - Chiropodist - Chiropractor (plus \$15/year for one x-ray) - Naturopath - Osteopath - Physiotherapist - Podiatrist - Registered Psychologist (\$40/visit) - Registered Massage Therapist (physician recommendation required) - Speech Therapist
Vision Care	\$400/2 years for purchase or repair of prescription eyewear, sunglasses, contact lenses, laser surgery or corneal incision.	+	\$375/2 years for purchase or repair or prescription eyewear, sunglasses, contact lenses or laser eye surgery.	\$250/24 months for purchase or repair or prescription eyewear, contact lenses or laser eye surgery.
Eye Examinations	\$150/2 years for eye exams	+	\$125/2 years for vision tests	One optometrist visit every 24 months

Note: Reflexology performed by a covered provider is eligible

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EXTENDED Health care plan (cont'd)			
Hearing Aids	\$1,100/3 years for purchase or repair of hearing aids	+	\$1,000/3 years, 100% reimbursement, for purchase or repair of hearing aids
Accidental Dental	Dental treatment due to an accidental blow to the mouth	=	Dental treatment due to an accidental blow to the mouth
Private Duty Nursing	\$2,000/2 years	-	\$2,000/year
Aids and Appliances	Covers reasonable and customary costs, with no overall maximum. Expenses include: - Artificial limbs, eyes, breast prosthesis - Crutches, braces, canes, casts - CPAP machines and supplies - Bath aids and lifts - Insulin pumps for type 2 diabetes		Covers reasonable and customary costs, expenses include: - Artificial limbs, eyes, breast prosthesis (once every 24 months per body part) + - Crutches, braces, canes, casts - CPAP machines and supplies
Custom-made Orthotics	\$500/2 years for the purchase or repair of custom-made orthopaedic aids, and adjustments/modifications to stock items.		Custom-made Orthotics: \$500/2 years/1 pair
Custom-made Orthopaedic Shoes			Custom-made Orthopaedic Shoes: 2 pair/year
Support Stockings	\$400/year. For stockings with a compression factor of 15mmHG to 50mmHG		\$950/year. For stockings with a minimum 20-30mmHG compression factor.
Wigs	One per year.	+	1 wig up to \$750/lifetime maximum
Post-surgical Comfort items	\$200/2 years	=	\$200/2 years
Diagnostic Services	Reasonable and customary costs for diagnostic lab tests	=	Diagnostic tests not covered by a provincial health plan
Educational Program	\$200/year for medically-related education programs	+	Not covered
Additional Services	Best Doctors - www.bestdoctorscanada.com - Access to the best medical minds in the world to help you get the right diagnosis, the right treatment and the right care. Eldercare Select - www.eldercareselect.ca - 24/7 Access nursing and personal care Venngo MemberPerks - www.rto-ero.venngo.com - World-class group discount program including 1,200+ products and services.		Carepath - If diagnosed with cancer, access 24/7 nursing hotline to receive guidance and support +
Out-of-Province/Canada Travel	\$2,000,000/person per trip	=	\$2,000,000/person per trip
Coverage Period	93 days/trip	-	95 days/trip
Cancellation/Interruption/Delay	\$6,000/person per trip	=	\$6,000/person per trip
Eligibility	Included in Extended Health Care	=	Included in Extended Health Care
Stability	90 days	=	90 days
Coverage for Longer Trips	Available from RTO/ERO at additional cost. NO medical evidence required.	+	Available from third-party provider that includes an additional cost. Medical evidence required.

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DENTAL PLAN			
Coverage			
Fee Guide	2017	= 2017	2017
Basic and Preventive	Unlimited - 85% reimbursement	+ Unlimited - 80% reimbursement	80% reimbursement
Denture Repairs	Covered under Basic and Preventive	+ Covered under Basic and Preventive, one treatment per year	80% reimbursement
Endodontics & Periodontics	\$850/year - 80% reimbursement	+ \$750/year - 80% reimbursement	80% reimbursement
Major Restorative #1	\$800/year - 50% reimbursement for crowns (including those on implants), posts, onlays, inlays	+ } + } \$700/year - 50% reimbursement for crowns, bridges, implants and partial dentures combined.	50% reimbursement
Major Restorative #2	\$800/year - 50% reimbursement for fixed bridges and partial dentures, including those on implants		50% reimbursement
Overall Maximum	None	= None	\$1,500/year for all services combined

2017 RATES			
Hospital			
Single	\$14.60 + \$1.17 tax = \$15.77	+	Cannot be purchased alone. Hospital must be purchased with Extended Health Care.
Couple	\$29.16 + \$2.33 tax = \$31.49	+	
Family	\$34.28 + \$2.74 tax = \$37.02	+	
Dental			
Single	\$57.07 + \$4.57 tax = \$61.64	+	\$67.05
Couple	\$112.53 + \$9.00 tax = \$121.53	+	\$132.72
Family	\$140.33 + \$11.23 tax = \$151.56	+	\$162.19
Extended Health Care			
Single	\$90.37 + \$7.23 tax = \$97.60	+	Cannot be purchased alone. Extended Health Care must be purchased with Hospital.
Couple	\$180.76 + \$14.46 tax = \$195.22	+	
Family	\$216.93 + \$17.35 tax = \$234.28	+	
Extended Health Care + Dental			
Single	\$147.44 + \$11.80 tax = \$159.24	+	Cannot be purchased alone. Extended Health Care must be purchased with Hospital.
Couple	\$293.29 + \$23.46 tax = \$316.75	+	
Family	\$357.26 + \$28.58 tax = \$385.84	+	
Extended Health Care + Hospital			
Single	\$104.97 + \$8.40 tax = \$113.37	+	\$128.39
Couple	\$209.92 + \$16.79 tax = \$226.71	+	\$252.58
Family	\$251.21 + \$20.10 tax = \$271.31	+	\$300.63
Extended Health Care + Hospital + Dental			
Single	\$162.04 + \$12.97 tax = \$175.01	+	\$195.44
Couple	\$322.45 + \$25.79 tax = \$348.24	+	\$385.30
Family	\$391.54 + \$31.32 tax = \$422.86	+	\$462.82

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