RTO/ERO Health Plans

Myths & Facts

RTO/ERO Group Benefits Program
Régime collectif d'avantages sociaux d'ERO/RTO
Administered by / Administré par Johnson Inc.

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Myth #1

- It's too late to apply for the RTO/ERO Health Plans if I retired last year.

Fact

- You do not have to apply immediately upon retirement if you are covered under another group insurance plan:
  - Board retiree plan
  - Spouse's employer plan
  - Other group plan

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Myth #2

- Semi-private hospital rooms are not always available, so I should cancel my RTO/ERO Semi-Private Hospital Plan.

Fact

- Semi-private Hospital Benefit
- Convalescent Home Care Benefit
  - Up to 30 days following 24 hour hospital stay
  - Up to three days following non-elective day surgery

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Myth #3

- When I reach age 65, the government pays for my drugs. I have no need for my RTO/ERO Extended Health Care (EHC) Plan.

Fact

- The Government pays only what is listed on their formulary.
  - Some drugs are "limited use".
  - Newer drugs may not be listed.
- RTO/ERO sees a significant number of claims for participants age 65 and over.
- The RTO/ERO EHC Plan covers more than drugs.

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Myth #4

- When my dentist/pharmacist submits my claim electronically, I should send a paper copy as well.

Fact

- A paper copy of claim is not required when your dentist or pharmacist submits your claim electronically.

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Myth #5

- I ordered new glasses in December 2010 and paid for them in January 2011, reimbursement will be applied to my 2010 benefit maximum.

Fact

- Claims for items purchased are applied to the coverage maximums based on the date they are paid in full.

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Myth #6

- When travelling outside my province of residence, proof of departure is required for the RTO/ERO member only, and it needs to show when I reached my destination.

Fact

- Each insured person must have his/her own proof of departure.
- The proof must identify:
  - the insured person
  - that the transaction took place in your province of residence
  - the date

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Myth #7

- The Out-of-Province/Canada Travel stability clause applies to all pre-existing conditions which were not stable for 90 days prior to departure.

Fact

- The 90 day stability clause applies to:
  - Cancer, heart, or lung conditions;
  - Any condition where you were admitted to hospital for at least 24 hours; and
  - Any condition where your physician has advised you not to travel

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Myth #8

- Although there's been no change in my heart condition in the 90 days prior to my trip, my medication has changed. My heart condition will not be covered.

Fact

- A change in medication, dosage or usage does not mean the condition would be excluded.

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Myth #9

- The government covers most of my expenses outside of Canada in a medical emergency.

Fact

- "Very limited funding for a limited range of medical services" provided by the government.
  - ER visits, inpatient hospital, and physician services only – at very reduced rates.
  - Pre-existing conditions are excluded.
- Government pays on average 3-5% of travel emergency medical.

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