

2019 Benefits Comparison	RTO/ERO Group Insurance Plan	RTIP Plus 4000	RTIP Gold 2500	RTIP Gold 750
Type of Plan	Group Insurance	Individual Insurance		
Member Fee	\$1.25/\$1,000 of annual pension (approximately \$60/year) (Associate \$55/year)	RTIP – None Membership to ARM - \$50 per year		
Extended Health Care				
Prescription Drugs	85% up to \$3,400/year	85% up to \$4,000/year	80% up to \$2,500/year	80% up to \$750/year
	Covers all drugs that legally require a prescription, plus certain non-prescription drugs	Covers eligible drugs listed in the Insurer's Formulary which legally require a prescription		
Sexual Dysfunction	No limit within the drug maximum.	\$750 limit within the prescription drug maximum.		
Dispensing Fee	Not covered.	Not covered.		
Reimbursement	Mandatory generic substitution. Brand reimbursement with physician authorization.	Mandatory generic substitution. Brand reimbursement with physician authorization.		
Other		Express Scripts - mail order for maintenance medications, 100% for generic and 90% for brand.		
Vision	\$400/two years 80% reimbursement.	\$375/two years. 80% reimbursement.	\$300/two years. 100% reimbursement	
	Covers eyeglasses, prescription sunglasses, contact lenses, laser eye surgery or corneal incision.	Covers lenses and frames, prescription sunglasses, contact lenses or laser eye surgery.		
Eye Exams	\$150/two years	\$125/two years		
Post-surgical Lenses	\$400 lifetime for eyewear following eye surgery	} Combined maximum of \$375 per cataract surgery	} Combined maximum of \$250 per cataract surgery. 100% reimbursement	
Intra-ocular lenses	\$300 per eye for the cost of the lens after provincial funding.			
Special Contact Lenses	\$400/2 years for special contact lenses when vision cannot be restored to 20/40 under benefit above.			
Paramedical Practitioners	\$1,300 combined/year for 17 paramedical practitioners. Physician authorization not required No per visit limits.	\$1,250 combined/year for 16 paramedical practitioners Physician authorization required for some paramedical practitioners. Covers after provincial maximum reached.		
	\$100/year for surgical services by a Chiropractor or Podiatrist. \$30/year for one x-ray performed by some practitioners.	Per visit maximums for each practitioner.		
Educational Program	\$200/year for physician-authorized programs.	Not covered		
Hearing Aids	\$1,100/three years	\$1,100/three years. 100% reimbursement.		
Incontinence Supplies	\$750/year	\$750/year		
Orthotics and Orthopaedic Shoes	\$500/two years combined for: Custom-made orthopaedic shoes, modifications to stock items, & orthotics	Custom-made orthotics - \$500 (1 pair)/two years.		
		Orthopaedic shoes – 2 pair/year, modifications & adjustments only to stock-items.		
Private Duty Nursing	\$2,000/two years	\$2,000/year		
Support Stockings	\$400/year Compression factor range of 15mmHG to 50mmHG	\$950/year Compression factor minimum 20-30mmHG		

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Additional Services	Venngo Best Doctors. Pre-trip travel assistance.		CAREpath. Edvantage.	
Travel	93 days per trip		95 days per trip	
Maximum	\$2,000,000 per person/trip 100% reimbursement		\$2,000,000 per person/trip 100% reimbursement	
Stability Clause	90 days		90 days	
Trip Cancellation/Interruption	\$6,000 per person/trip		\$6,000 per person/trip	
Supplemental Travel	Coverage for trips longer than 93 days Guaranteed acceptance, no medical questions.		Coverage for trips longer than 95 days. Requires medical questionnaire. Applicants may be declined coverage.	
	Owned by RTO/ERO. Administered by Johnson Inc.		Not owned nor administered by OTIP.	
Dental Plan				
Fee Guide	2019 - Current year		2019 - Current year	
Basic & Preventive	Unlimited. Reimburses at 85%.		Unlimited. Reimburses at 80%.	
Endodontic & Periodontic	\$850/year. Reimburses at 80%.		\$750/year. Reimburses at 80%.	
Major Restorative	\$800/year for crowns, plus \$800/year for fixed bridges and partial dentures. Reimburses at 50%.		\$700/year for crowns, bridges, implants and partial dentures combined. Reimburses at 50%. *Note: Dental implant coverage is limited to an "Alternate Benefit Clause" Also, the reimbursement is limited to \$700 maximum.	
Semi-Private Hospital				
General Notes	Optional.		Mandatory. Included in EHC	Not Available
Hospital Room	Unlimited per day maximum. Reimburses at 95%.	Unlimited per day maximum. Reimburses at 100%	Unlimited per day maximum. Reimburses at 80%	Not Available
Home Care	80% reimbursement. Home care - Maximum \$75/day up to 30 days following a 24 hour hospital stay or 3 days following day surgery. Facility care - Maximum of \$75/day to a maximum of 30 days per calendar year following a 24 hour hospital stay.		80% reimbursement Home care - Maximum \$75/day for maximum of 30 days following a 24 hour hospital stay or 3 days following non-elective day surgery.	
Rates				
EHC & Hospital				
Single	\$123.11*	\$133.90	\$110.61	\$80.96**
Couple	\$246.20*	\$263.31	\$211.47	\$154.28**
Family	\$294.70*	\$312.57	\$256.35	\$185.56**
Dental				
Single	\$64.12*		\$68.81	
Couple	\$126.45*		\$136.19	
Family	\$157.68*		\$166.43	

* Rates include ON RST 8%

** EHC only, no hospital coverage