



RTO/ERO Group Benefits Program

Market Plan 1 (OTIP's RTIP Plus Plan)

Market Plan 2 (MROO Health and Dental Plan)

INSURANCE INFORMATION

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

GENERAL ELIGIBILITY

Age Restrictions	None	=	None	Must apply between ages 50 to 75
Medical questionnaire	None, if applying within 60 days of termination of group insurance plan Medical required if coming from an individual insurance plan or if no prior insurance	=	None, if applying within 60 days of termination of group insurance plan Medical required if coming from an individual insurance plan or if no prior insurance	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
Can transfer to another plan in the market without a medical questionnaire	Yes	+	No	No
Available to residents outside of Ontario	Yes	+	No	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 If already enrolled in RTO/ERO insurance, spouse or dependent child of member continues coverage.	=	Unknown If already enrolled in OTIP insurance, spouse or dependent child of member continues coverage.	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.

HOSPITAL & CONVALESCENT CARE PLAN

Coverage				
Hospital Room	Semi-Private to an unlimited maximum - 95% reimbursement	-	Semi-Private to an unlimited maximum - 100% reimbursement	Semi-Private to \$5,000 /year
Convalescent Care at Home	\$75/day to max 30 days per 24-hour hospital stay PLUS 3 days following day surgery	=	\$75/day to max 30 days per 24-hour hospital stay PLUS 3 days following day surgery	Not covered
Convalescent Care at LTC Facility	\$75/day to max 30 days per year	+	Not covered	Not covered
Restrictions				
Coverage	Voluntary, separate plan	+	Mandatory, part of Extended Health	Mandatory, part of Extended Health
Entrance	Apply within 60 days of the termination of your last group insurance. Medical required if late, or if transferring from an individual insurance plan.	=	Apply within 60 days of the termination of your last group insurance. Medical required if late, or if transferring from another individual insurance plan.	Apply within 90 days of the termination of your last group insurance. Medical required if late, or if transferring from another individual insurance plan.
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	Medical required to transfer from this individual insurance plan to another plan in the market
Rates				
Single	\$14.60 + \$1.17 tax = \$15.77		Cannot be purchased alone	Cannot be purchased alone
Couple	\$29.16 + \$2.33 tax = \$31.49		Cannot be purchased alone	Cannot be purchased alone
Family	\$34.28 + \$2.74 tax = \$37.02		Cannot be purchased alone	Not offered

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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DENTAL PLAN			
Coverage			
Fee Guide	2015	=	2015
Basic and Preventive	Unlimited - 85% reimbursement	+	Unlimited - 80% reimbursement
Denture Repairs	Covered under Basic and Preventive	+	Covered under Basic and Preventive, one treatment per year
Endodontics & Periodontics	\$850/year - 80% reimbursement	+	\$750/year - 80% reimbursement
Major Restorative #1	\$800/year - 50% reimbursement for crowns, posts, onlays, inlays, including those on implants	+	\$700/year - 50% reimbursement for crowns, bridges, implants and partial dentures
Major Restorative #2	\$800/year - 50% reimbursement for fixed bridges and partial dentures, including those on implants	+	Included in Major Restorative #1
Overall Maximum	None	=	None
			\$1,500/year for all services combined
Restrictions			
Coverage	None - voluntary, separate plan	=	None - voluntary, separate plan
Entrance	Apply within 60 days of the termination of your last group insurance. If late, or applying from an individual plan, first 12 months coverage limited to \$100. No further restriction.	=	Apply within 60 days of the termination of your last group insurance. If late, must stay in plan for at least 12 months.
Exit	No restriction - can transfer from a group insurance plan to another plan in the market	+	Cannot re-enter plan for at least 24 months. Restrictions also apply to transfer from this individual insurance plan to another plan in the market
Rates			
Single	\$55.12 + \$4.41 tax = \$59.53	+	\$61.59
Couple	\$108.70 + \$8.70 tax = \$117.40	+	\$120.92
Family	\$135.55 + \$10.84 tax = \$146.39	+	\$147.56
			Cannot be purchased alone
			Cannot be purchased alone
			Not offered

EXTENDED Health care plan			
Reimbursement	80% unless noted otherwise	=	80% unless noted otherwise
Coverage			100% unless noted otherwise
Prescription Drugs	\$3,100/year - 85% reimbursement. Covers drugs that legally require a prescription, plus certain non-prescription drugs. Generic substitution, where available. Brand covered with physician authorization.		\$3,000/year - 85% reimbursement. Covers eligible drugs that legally require a prescription. Generic substitution, where available. Brand covered with physician no substitution. Mail order pharmacy for maintenance medication - 100% of generic, and 90% of brand.
Dispensing fees	Not covered	=	Not covered.
Sexual Dysfunction Drugs	Subject to limit above.	+	\$750 internal maximum, as part of limit above.
Diabetic Supplies	Subject to limit above.	+	\$1,000/year
ODB Deductible	85% of ingredient costs toward the annual ODB deductible for Ontario residents age 65 and over	+	Not covered
			Covered at 90% to a maximum of \$7.00
			Not covered
			Covered under Aids & Appliances
			For those insured persons who are eligible for Ontario Drug Benefits (ODB), the plan pays up to \$100 of ODB expenses, including dispensing fees (up to a maximum of \$7.00 per prescription), incurred in each calendar year.

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EXTENDED Health care plan (cont'd)

Paramedical Practitioners	\$1,100 combined/year - physician authorization not required, and paid before provincial maximum reached. - Acupuncturist - Chiropracist (plus \$30/year for one x-ray) - Chiropractor (plus \$30/year for one x-ray) - Dietician - Herbalist - Homeopath - Naturopath - Nutritionist - Osteopath (plus \$30/year for one x-ray) - Physiotherapist - Podiatrist (plus \$30/year for one x-ray) - Registered Clinical Psychologist - Registered Massage Therapist - Speech Therapist - Shiatsu Massage Therapist <i>Note: Reflexology performed by a covered provider is eligible</i> \$100 for surgical services performed by a Chiropracist or Podiatrist		\$1,250 combined/year - paid after provincial maximum reached.	\$400/practitioner/year, limited to \$35/visit - paid after provincial maximum reached. - Acupuncturist - Chiropracist - Chiropractor (plus \$15/year for one x-ray) - Naturopath - Osteopath - Physiotherapist - Podiatrist - Registered Psychologist (\$40/visit) - Registered Massage Therapist (physician auth. required) - Speech Therapist
Vision Care	\$375/2 years for purchase or repair or prescription eyewear, sunglasses, contact lenses, laser eye surgery, or corneal incision	+	\$375/2 years for purchase or repair or prescription eyewear, sunglasses, contact lenses or laser eye surgery	\$225/24 months for purchase or repair or prescription eyewear, contact lenses or laser eye surgery
Special Contact Lenses	\$250/2 years for special contact lenses when vision cannot be restored to 20/40 under benefit above.	+	Not covered	Not covered
Post-Surgical Lenses	\$375 lifetime for eyewear or contact lenses following eye surgery	-	\$375 per surgery for eyewear or contact lenses following cataract surgery, or intraocular lenses	Not covered
Intra-Ocular Lenses	Separate coverage at reasonable and customary for intraocular lens implants	+	Covered under benefit above.	Not covered
Eye Examinations	\$90/2 years for eye exams	-	\$125/2 years for vision tests. Separate maximum for Heidelberg Retinal Tomography of \$125	One optometrist visit every 24 months
Hearing Aids	\$1,000/3 years for purchase or repair of hearing aids	=	\$1,000/3 years, 100% reimbursement, for purchase or repair of hearing aids	\$500/36 months for purchase or repair of hearing aids, when initially required, or if required due to a prescription change
Accidental Dental	Dental treatment due to an accidental blow to the mouth	=	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	\$3,500/year

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EXTENDED Health care plan (cont'd)

Aids and Appliances	<p>Covers reasonable and customary costs, subject to any limits noted:</p> <ul style="list-style-type: none"> - Artificial limbs, eyes, breast prosthesis - Crutches, braces, canes, casts - Wigs (1/year) - CPAP machines and supplies - Post-surgical comfort items (\$200/2 years) - Bath aids and lifts - Insulin pumps for type 2 diabetes - Lift chair (\$1,000/lifetime) - Support stockings (min 15mmHG \$400/year) - Custom-made othopaedic shoes/boots, adjustments/modifications to stock items, and orthotics (\$500/2 years) - Orthopaedic shoes attached to a brace 	+	<p>Covers reasonable and customary costs, subject to any limits noted:</p> <ul style="list-style-type: none"> - Artificial limbs, eyes, breast prosthesis (once every 24 months per body part) - Crutches, braces, canes, casts - Wigs (\$750/1 lifetime) - CPAP machines and supplies - Post-surgical comfort items (\$200/year after returning equipment loan item) - Bath aids covered under post-surgical above - Support stockings (min 20-30mmHG \$950/year) - Adjustments/modifications to stock shoes/boots (2 pairs/year), and orthotics (\$500/2 years/1 pair) 	<p>Covers reasonable and customary costs, subject to an overall maximum of \$5,000 per calendar year:</p> <ul style="list-style-type: none"> - Artificial limbs or eyes - Crutches, braces, canes, trusses - Wigs (\$300/lifetime) - CPAP machines and supplies - Support stockings (4 pairs/year) - Custom-made othopaedic shoes (\$200/year for 1 pair) and orthotic appliances (\$500/year)
Diagnostic Services	Reasonable and customary costs for diagnostic lab tests and radiology	=	Reasonable and customary costs for diagnostic tests not performed in a hospital	Diagnostic laboratory services and radiology covered under Aids and Appliances
Transportation/Ambulance	Licensed ground and air ambulance	+	Licensed ground ambulance	Licensed ground and air ambulance (air to a maximum of \$4,000/year)
Educational Program	\$200/year for medically-related education programs	+	Not covered	Not covered
Additional Services	<p>Eldercare Select</p> <ul style="list-style-type: none"> - 24/7 nursing hotline to receive guidance and support with a caregiving challenge - Access nursing and personal care services - Discounts on home monitoring systems - Personal health record <p>Pre-Trip Planning Assistance</p>	=	<p>Carepath</p> <ul style="list-style-type: none"> - If diagnosed with cancer, access 24/7 nursing hotline to receive guidance and support 	<p>PVS</p> <ul style="list-style-type: none"> - Vision and hearing provider discounts.

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EXTENDED Health care plan (cont'd)			
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
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 at additional cost. Medical evidence required.
Restrictions			
Coverage	Voluntary, separate plan	+	Mandatory inclusion of Semi-Private Hospital
Entrance	Apply within 60 days of the termination of your last group insurance. Medical required if late, or if transferring from an individual insurance plan.	=	Apply within 60 days of the termination of your last group insurance. Medical required if late, or if transferring from another individual insurance plan.
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
Rates			
Single	\$84.78 + \$6.78 tax = \$91.56		Cannot be purchased alone
Couple	\$169.57 + \$13.57 tax = \$183.14		Cannot be purchased alone
Family	\$203.50 + \$16.28 tax = \$219.78		Cannot be purchased alone

OTHER RATES			
Extended Health Care + Hospital			
Single	\$99.38 + \$7.95 tax = \$107.33	-	\$102.27
Couple	\$198.73 + \$15.90 tax = \$214.63	-	\$200.73
Family	\$237.78 + \$19.02 tax = \$256.80	-	\$240.02
Extended Health Care + Hospital + Dental			
Single	\$154.50 + \$12.36 tax = \$166.86	-	\$163.86
Couple	\$307.43 + \$24.60 tax = \$332.03	-	\$321.65
Family	\$373.33 + \$29.86 tax = \$403.19	-	\$387.58

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