

**Comparison of Retired Teachers' Health Insurance Plans
Effective January 1, 2008 ~ DRAFT VERSION**

While every attempt has been made to ensure the accuracy of this information, this document is not binding. If you have any questions about these coverages, contact information can be found at the bottom of Page 4. Transferees to RTO/ERO Plans from individual plans require 'medical evidence of insurability'.				
Benefits Comparison	RTO/ERO Benefits: 01/02/08 to 31/01/09 (Group)	RTIP-Basic/ARM-Economy 01/01/08 to 31/12/08 (Individual)	RTIP-Gold/ARM-Prestige 01/01/08 to 31/12/08 (Individual)	RTIP-Plus/ARM-Original 01/01/08 to 31/12/08 (Individual)
Plan Administrator	Johnson Inc.	OTIP	OTIP	OTIP
Type of Plan	Group Insurance	Individual Policy	Individual Policy	Individual Policy
Member fee	\$1.20/\$1000 of annual pension	RTIP-None / ARM-\$50 per year benefit per month to each premium*	RTIP-None / ARM-\$50 per year benefit per month to each premium*	RTIP-None / ARM-\$50 per year benefit per month to each premium*
EXTENDED HEALTH:				
General Notes	Optional	Optional	Optional	Optional
Prescription Drugs:	Includes drugs for all ages	Includes drugs for all ages Generic substitution when available	Includes drugs for all ages Generic substitution when available	Includes drugs for all ages Generic substitution when available
Annual Maximum	\$2,100 per person Erectile dysfunction drugs & aids up to \$350 within drug maximum	\$750 per person Erectile dysfunction drugs & aids up to \$350 within drug maximum	Option: \$500 or \$850 per person Erectile dysfunction drugs & aids up to \$350 within drug maximum	\$2,100 per person Erectile dysfunction drugs & aids up to \$350 within drug maximum
Deductible	None	\$100 single / \$200 couple or family	None	\$25 single / \$50 couple or family
Reimbursement	85% of ingredient cost	80% of ingredient cost (90% through mail order)	80% of ingredient cost (90% through mail order)	85% of ingredient cost (90% through mail order)
Dispensing fee	Not covered	Not covered	Not covered	Not covered
Diabetic Supplies	85% reimbursement covered in prescription drug maximum. Glucometer covered separately at 80% reimbursement up to \$50 every 2 years	80% reimbursement covered up to \$750 per calendar year covered in addition to drug maximum	80% reimbursement covered up to \$750 per calendar year covered in addition to drug maximum	80% reimbursement covered up to \$750 per calendar year covered in addition to drug maximum
Accidental dental	80% reimbursement	80% reimbursement	80% reimbursement	80% reimbursement
Ambulance	80% reimbursement	80% reimbursement	80% reimbursement	80% reimbursement
Private Duty Nursing	80% reimbursement Maximum \$1,500 every 2 years	80% reimbursement Maximum \$2,000 every 3 years	80% reimbursement Maximum \$2,000 every 3 years	80% reimbursement Maximum \$2,000 every 3 years
Education Program	Maximum \$200 per calendar year	Not covered	Not covered	Not covered
Paramedical services	80% reimbursement to a combined annual max of \$700 (covered from 1st visit) No physician authorization required. Includes reflexology by licensed chiropractor or naturopath.	80% reimbursement to a combined annual maximum of \$700 after (OHIP maximum reached, if applicable). Includes Reflexology by chiropractor or naturopath.	80% reimbursement to a combined annual maximum of \$700 (after OHIP maximum reached, if applicable). Includes Reflexology by chiropractor or naturopath.	80% reimbursement annual maximum \$700 (after OHIP maximum reached, if applicable). Includes Reflexology by chiropractor or naturopath.
Comfort and Convenience Items	80% reimbursement Maximum \$100 every 2 years (following surgery, includes out-patient treatment, i.e. day-surgery)	80% reimbursement Maximum \$200 every year (following surgery, includes out-patient treatment, i.e. day-surgery)	80% reimbursement Maximum \$200 every year (following surgery, includes out-patient treatment, i.e. day-surgery)	80% reimbursement Maximum \$200 every year (following surgery, includes out-patient treatment, i.e. day-surgery)

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Diagnostic services	80% reimbursement	80% reimbursement	80% reimbursement	80% reimbursement
Med. aids/equipment/supplies (includes beds, crutches, canes, oxygen equipment, etc.)	80% reimbursement Incontinence supplies max. \$400/yr Surgical Stockings max. \$300/yr	80% reimbursement Incontinence supplies maximum \$200 per year	80% reimbursement Incontinence supplies maximum \$200 per year	80% reimbursement Incontinence supplies maximum \$200 per year
Prosthetic appliances	80% reimbursement Orthotics to a combined annual maximum of \$500 per year	80% reimbursement Orthotics to a maximum of \$450 every 2 calendar years	80% reimbursement Orthotics to a maximum of \$450 every 2 calendar years	80% reimbursement Orthotics to a maximum of \$450 every 2 calendar years
Hearing aids	80% reimbursement Maximum \$600 for one hearing aid \$750 for 2 hearing aids every 3 yrs	Not covered	100% reimbursement Maximum \$750 every 3 years	100% reimbursement Maximum \$750 every 3 years
Hearing Test	Hearing tests – 80% reimbursement up to \$75 per year	Hearing tests – 100% reimbursement up to \$75 per year	Hearing tests – 100% reimbursement up to \$75 per year	Hearing tests – 100% reimbursement up to \$75 per year
Vision care	80% reimbursement/incl. laser surgery Maximum \$225 every 2 years	Not covered	100% reimbursement/incl. laser surgery Maximum \$200 every 24 months	80% reimbursement/incl. laser surgery Maximum \$225 every 24 months
Vision Test	Eye exams 80% 1 every 2 years Includes HRT and other tests.	Eye exams 80% 1 every 24 months	Eye exams 80% 1 every 24 months	Eye exams 80% 1 every 24 months Includes 1 HRT test every 24 mo.
Travel coverage	Included with Extended Health	Included with Extended Health	Included with Extended Health	Included with Extended Health
Maximum days per trip	62	62	62	62
Reimbursement	100%	100%	100%	100%
Maximum	\$1,000,000 per person per trip	\$1,000,000 per person per trip	\$1,000,000 per person per trip	\$1,000,000 per person per trip
Trip cancellation	\$6,000 per trip	\$6,000 per trip	\$6,000 per trip	\$6,000 per trip
Trip interruption/delay	\$6,000	\$6,000	\$6,000	\$6,000
Additional expenses	Daily maximum \$150 up to 10 days	Daily maximum \$150 up to 10 days	Daily maximum \$150 up to 10 days	Daily maximum \$150 up to 10 days
Vehicle return	\$2,000 per trip	\$1,000	\$1,000	\$1,000
Travel Assistance	48 hour contact requirement	24 hour contact requirement	24 hour contact requirement	24 hour contact requirement

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SEMI-PRIVATE HOSPITAL General Notes Hospital Cash Hosp. Accommodation Home Care	Optional Optional benefit 90% coverage with unlimited maximum Post-hospitalization (stay 24 hrs min.) 80% reimbursement. Maximum \$50 per day up to 30 days. Includes non-elective day surgeries to maximum of 1 day or \$50 per calendar year	Included with Extended Health Allows \$10/day up to \$100/stay for expenses (phone, tv, parking) when semi-private room not available \$100 per day toward the cost of semi-private/private accommodation 100% reimbursement Post-hospitalization (stay 24 hrs min.) 80% reimbursement @ \$20/day 30 day maximum	Optional Allows \$10/day up to \$100/stay for expenses (phone, tv, parking) when semi-private room not available Choice of unlimited, \$75, \$100 per person/day 100% reimbursement Post-hospitalization (stay 24 hrs min.) 80% reimbursement @ \$20/day 30 day maximum	Included with Extended Health Allows \$10/day up to \$100/stay for expenses (phone, tv, parking) when semi-private room not available Unlimited 100% reimbursement Post-hospitalization (stay 24 hrs min.) 80% reimbursement @ \$20/day 30 day maximum
DENTAL General Notes Fee Guide Basic and preventive Exams, extractions, x-rays, preventive maintenance Denture relining & rebasing Minor restorative Endodontics and periodontics Major restorative Crowns, bridges and partial dentures Dentures	Optional 2008 ODA Fee Guide incl. dental service, accredited hygienist 85% reimbursement, unlimited max. 9 month recall for general exam 85% reimbursement No frequency limitation 80% reimbursement Annual maximum \$850 8 units scaling 50% reimbursement. Annual maximum \$700 for crowns (incl. crowns/bridges on implants) + \$700 for fixed bridges & and partial dentures. Partial dentures reimbursed at 50% up to \$700 (see above)	Optional – must maintain benefits for minimum 12 months Current minus 1 year 80% reimbursement, unlimited max. 9 month recall for general exam 16 units scaling 80% reimbursement maximum 1 treatment for upper and lower dentures per calendar year 80% reimbursement Annual maximum \$750 50% reimbursement for crowns and bridges Annual maximum \$700 Not available	Optional – must maintain benefits for minimum 12 months Current minus 1 year 80% reimbursement, unlimited max. 9 month recall for general exam 16 units scaling 80% reimbursement maximum 1 treatment for upper and lower dentures per calendar year 80% reimbursement Annual maximum \$750 50% reimbursement for crowns and bridges Annual maximum \$700 Not available	Optional – must maintain benefits for minimum 12 months Current minus 1 year 80% reimbursement, unlimited max. 9 month recall for general exam 16 units scaling 80% reimbursement maximum 1 treatment for upper and lower dentures per calendar year 80% reimbursement Annual maximum \$750 50% reimbursement for crowns and bridges Annual maximum \$700 Not available

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	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
MONTHLY RATES												
EXTENDED HEALTH CARE												
Drug Maximum \$500	Not available			Not available			\$40.95	\$76.74	\$93.06	Not available		
Drug Maximum \$750	Not available			\$35.63	\$65.21	\$80.28	Not available			Not available		
Drug Maximum \$850	Not available			Not available			\$51.59	\$96.94	\$118.56	Not available		
Drug Maximum \$2,100	Premiums effective 01/02/08 to 31/01/09 \$71.43 \$142.87 \$171.46			Not available			Not available			\$90.95	\$182.36	\$219.35
SEMI-PRIVATE HOSPITAL												
Daily Maximum \$75	Not available			Included in Extended Health Rates						Included in Extended Health Rates		
< 65							\$10.77	\$19.37	\$23.99			
65+							\$21.21	\$39.16	\$49.00			
Daily Maximum \$100	Not available			Included in Extended Health Rates						Included in Extended Health Rates		
< 65							\$14.14	\$25.75	\$32.02			
65+							\$26.89	\$49.97	\$62.64			
Daily Maximum \$180	Premiums effective 01/02/08 to 31/01/09			Not available			Not available			Included in Extended Health Rates		
< 65	\$19.52	\$38.99	\$45.81									
65+	\$19.52	\$38.99	\$45.81									
Daily Maximum Unlimited	Not available			Not available						Included in Extended Health Rates		
< 65							\$19.75	\$37.75	\$47.73			
65+							\$38.27	\$72.87	\$92.13			
DENTAL	Premiums effective 01/02/08 to 31/01/09											
< 65	\$53.43	\$105.35	\$131.38	\$51.41	\$96.78	\$122.00	\$51.41	\$96.78	\$122.00	\$51.41	\$96.78	\$122.00
65+	\$53.43	\$105.35	\$131.38	\$59.97	\$113.06	\$142.55	\$59.97	\$113.06	\$142.55	\$59.97	\$113.06	\$142.55

Note: Retail Sales Tax has been added where applicable. While every attempt has been made to ensure the accuracy of the information provided, this document is not binding.

Note: RTO/ERO Benefits/Premiums subject to change effective January 31/February 1, 2009, respectively. RTIP Benefits/Premiums subject to change effective January 1, 2009.

Contact Johnson Inc., RTO/ERO Plan Administrators, at 416.920.7248 or 1.877.406.9007. Websites: www.rto-ero.org or www.johnson.ca or www.rtoerotorontodistricts.org.

Contact OTIP, RTIP Administrators, at 1.800.267.6847. Website: www.otip.com or www.otip.com/arm/