

**COMPARISON OF RTO/ERO GROUP BENEFITS PROGRAM
WITH TORONTO CATHOLIC DISTRICT SCHOOL BOARD PROGRAM ~ DRAFT 2008**

Coverage Comparison	RTO/ERO Benefits ~ 01 Jan 08 to 31 Dec 08	TCDSB ~ 01 Feb 08 to further notice and subject
SEMI-PRIVATE HOSPITAL (included in Extended Health Care Premium under TCDSB)	90% reimbursement with unlimited maximum. Convalescent Care - \$50 per person per day for up to 30 days following a 24-hour hospital stay, includes non-elective day surgeries to a maximum of one day or \$50 per calendar year per person.	80% of semi-private room rate difference in a public hospital. \$10 per day in a private hospital. \$3 per day in a chronic care/convalescent hospital if age 65 or less. Unlimited in public hospital. 120 days in private/convalescent hospital.
EXTENDED HEALTH CARE	80% reimbursement for all expenses excluding drugs 85% reimbursement for the ingredient cost of prescription drugs. No overall annual limit. Emergency medical - 100% reimbursement for Out-of-Province/Canada. Deductible: None. Maximum: \$2,100 per year per person. Reimbursement: 85% of ingredient cost. Dispensing fee not covered. Treatment of erectile dysfunction – ingredient cost of prescription drugs and aids reimbursed at 85% to a combined annual maximum of \$350 per person, payable under the annual prescription drug benefit.	80% reimbursement for all expenses. No overall annual limit. Expenses incurred in Canada. No Out-Of Country coverage.
Prescription Drugs		Deductible: \$10 (single coverage) / \$20 (couple/family coverage). Reimbursement: 80%. Dispensing fee covered to a limit of \$7.00. No over-the-counter drugs
Vision Care (eyeglasses / contact lenses)	\$225 maximum per person every two years - incl. laser eye surgery. Eye exams once every 2 yrs/\$50 – incl. HRT scan and other tests. Special Contact Lenses - \$250 per person every two years.	\$150 maximum per person every two consecutive calendar years.
Hearing Aids	\$600 per person every three years for one hearing aid. \$750 per person every three years for two hearing aids.	Not covered.
Registered Nurse	\$1,500 per person in any two consecutive years.	Covered – no overall annual limit.
Paramedical Services (physiotherapist, chiropractor, osteopath, podiatrist, etc.)	\$700 per person per year maximum for all listed services combined.	Speech therapist: \$200 maximum per person per calendar year. Physiotherapist without agreement under the provincial health plan not to exceed the amount allowed by that provincial plan. Masseur: \$7 per treatment up to 12 treatments per person per calendar year (maximum \$84). Psychologist: \$35 for 1 st visit, \$20 per hour subsequent visits - \$200 maximum. Chiropractor, Osteopath and Podiatrist are not covered.

Modified by Bill Menagh, RTO/ERO Toronto Districts (www.rtoerotorontodistricts.org), March, 2008. Benefit coverage under the Retired Teachers of Ontario reflect enhancements effective January 1, 2008/rates effective February, 2008. RTO/ERO benefits/premiums will be reviewed and may change effective January/February respectively, 2009. TCDSB benefits effective 01 Feb 2008. Contact the RTO/ERO administrator at Johnson Inc. 416.920.7248 for more information. Please direct questions about TCDSB coverage to their Benefits Department.

While every attempt has been made to ensure the accuracy of the information provided, this document is not binding.

Appliances – including repairs. (prosthetics, orthopaedic shoes, support stockings, wheelchairs, crutches, etc.)	Covered at 80% reimbursement. \$300 annual maximum for surgical support stockings	Covered.
Out-of-Canada Emergency Medical Travel Coverage (up to 62 days per trip included with Extended Health Care).	Up to 62 days per trip included with Extended Health Care. Up to \$1,000,000 per person per trip. Coverage provided for pre-existing conditions. (Some restrictions) Medical and financial assistance through World Access Canada. Includes trip cancellation coverage for up to \$6,000 per person for pre-paid, non-refundable portion of your trip expenses.	Not covered.
SUPPLEMENTAL PLAN: OUTSIDE PROVINCE/CANADA EMERGENCY MEDICAL (Extended Health Care participants only)	Up to \$1,000,000 per person per lifetime. Coverage available for trips greater than 62 days, i.e. coverage begins on the 63rd day of travel. Coverage in 15-day units up to 182 days or 212 days (depending on province of residence) coverage is available.	Not covered.
DENTAL CARE Basic Dental	2008 Ontario Dental Association Fee Guide. 85% reimbursement. Unlimited maximum. 9-month recall - cleanings, fillings. - denture repairs. - incl. dental service by independent accredited hygienist	1995 Ontario Dental Association Fee Schedule. 100% reimbursement. Unlimited maximum. 9-month recall.
Endodontic and Periodontic	80% reimbursement. \$850 per year maximum. - endodontics (root canal). - periodontics (bones and tissues). - includes 8 units scaling.	50% reimbursement. \$10,000 lifetime maximum for any restorative expense - endodontics (root canal). - periodontics (bones and tissues).
Major Restorative	50% reimbursement. - crowns, posts (includes crowns, bridges on implants), onlays & inlays (\$700 per year combined maximum). - bridges & partial dentures (\$700 per year maximum).	50% reimbursement. \$10,000 lifetime maximum for any restorative expense. No orthodontics. No dental implants

Monthly Rates/Eligibility	Premiums effective Feb. 1, 2008 to Jan. 31, 2009*			Premiums Effective February 1, 2007*		
	Single	Couple	Family	Single	Couple	Family
Semi-Private Hospital	\$ 19.52	\$ 38.99	\$ 45.81	Included in EHC	Included in EHC	Included in EHC
Extended Health Care	\$ 71.43	\$142.87	\$171.46	\$233.67	\$467.34	\$642.59
Dental Care	\$ 53.43	\$ 105.35	\$131.38	\$ 69.04	\$138.07	\$151.89
Eligibility	Legal, common-law spouse; same-sex partner Children: unmarried/under 21 includes adopted, foster, step, legal ward Children up to age 30 when full-time students and dependent on you for support			The person with whom you cohabit and to whom you are legally married (spouse) Children: unmarried/under 21 includes adopted, step (child of the person of the opposite sex with whom you are living in a husband and wife relationship, legal guardian		

* Includes Retail Sales Tax (PST) as applicable