



# Extended Health Care Benefit Comparison Chart

	RTIP Gold Elite (January 1 to December 31, 2010)	RTIP Plus (January 1 to December 31, 2010)	RTIP Gold (January 1 to December 31, 2010)	RTIP Basic (January 1 to December 31, 2010)	RTO/ERO (January 1 to December 31, 2010)
<b>Plan administrator</b>	OTIP	OTIP	OTIP	OTIP	Johnson Incorporated
<b>Member fee</b>	None	None	None	None	\$1.25/\$1,000 pension
<b>EXTENDED HEALTH</b>					
<b>NEW CAREpath</b>	<p><b>Enhanced CAREpath – Available to all RTIP health plan members.</b> If cancer is affecting you, your spouse or your eligible dependant children, CAREpath will provide you with a personal CAREpath Cancer Nurse, backed by leading oncologists, to guide you through every step of your cancer experience. Your CAREpath Nurse will help you explore your medical options, explain which questions to ask during visits to your doctor, and educate you on maintaining your health as a cancer survivor. Now includes cancer information line.</p>				No coverage available
<b>Prescription drugs</b>					
<b>Annual maximum</b>	\$500 per person for members under age 65 and eligible dependants. <b>No annual maximum</b> once eligible claims exceed \$4,500 per person, per calendar year	<b>\$2,400</b> per person, per calendar year	<b>\$500 or \$850</b> per person, per calendar year	<b>\$750</b> per person, per calendar year	<b>\$2,400</b> per person, per calendar year
Deductible	None for the first \$500 in claims. \$4,500 to reach unlimited coverage	Single \$25 Couple and Family \$50	None	Single \$100 Couple and Family \$200	None
Reimbursement	80% of medical ingredient costs, 90% through mail-order, 100% following \$4,500 in eligible claims	85% of medical ingredient costs, 90% through mail-order	80% of medical ingredient costs, 90% through mail-order	80% of medical ingredient costs, 90% through mail-order	85% of ingredient costs, reimbursement of brand or generic drugs
Dispensing fee	Member responsible for dispensing fee	Member responsible for dispensing fee	Member responsible for dispensing fee	Member responsible for dispensing fee	Member responsible for dispensing fee
<b>Diabetic supplies</b>	80% reimbursement of eligible charges, up to \$750 per year for diabetic needles, syringes and testing supplies	80% reimbursement of eligible charges, up to \$750 per year for diabetic needles, syringes and testing supplies	80% reimbursement of eligible charges, up to \$750 per year for diabetic needles, syringes and testing supplies	80% reimbursement of eligible charges, up to \$750 per year for diabetic needles, syringes and testing supplies	85% reimbursement of needles, syringes, swabs, and testing supplies covered in prescription drug maximum. Glucometer covered separately at 80% reimbursement up to \$50 every 2 years
<b>Accidental dental</b>	80% reimbursement	80% reimbursement	80% reimbursement	80% reimbursement	80% reimbursement
<b>Ambulance</b>	80% reimbursement	80% reimbursement	80% reimbursement	80% reimbursement	80% reimbursement



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<b>Private duty nursing</b>	80% reimbursement of eligible charges, up to \$7,500 in coverage per calendar year combined with home care, medical aids, equipment and supplies and prosthetic appliances. Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum	80% reimbursement of eligible charges, up to \$2,000 in coverage every 3 calendar years	80% reimbursement of eligible charges, up to \$2,000 in coverage every 3 calendar years	80% reimbursement of eligible charges, up to \$2,000 in coverage every 3 calendar years	80% reimbursement of eligible charges, up to \$1,500 in coverage every 2 calendar years
<b>Home care</b>	80% reimbursement of eligible charges following a hospital stay of at least 1 day. Up to \$7,500 in coverage per calendar year combined with private duty nursing, medical aids, equipment and supplies and prosthetic appliances. Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum	80% reimbursement of eligible charges, \$20 per visit to a maximum of 30 visits following each hospital stay of at least 1 day	80% reimbursement of eligible charges, \$20 per visit to a maximum of 30 visits following each hospital stay of at least 1 day	80% reimbursement of eligible charges, \$20 per visit to a maximum of 30 visits following each hospital stay of at least 1 day	80% reimbursement up to \$75 per day to a maximum of 30 days per incident following a 24-hour hospital stay, and a maximum of 3 days per calendar year following non-elective day surgery, included in semi-private coverage
<b>Comfort and convenience items</b>	80% reimbursement of eligible charges, up to \$200 per calendar year in coverage for post-surgical supports following surgery (includes out-patient treatment, e.g., day surgery). Incontinence supplies, grab bars and commodes are covered up to a maximum of \$200 per year	80% reimbursement of eligible charges, up to \$200 per calendar year in coverage for post-surgical supports following surgery (includes out-patient treatment, e.g., day surgery). Incontinence supplies, grab bars and commodes are covered up to a maximum of \$200 per year	80% reimbursement of eligible charges, up to \$200 per calendar year in coverage for post-surgical supports following surgery (includes out-patient treatment, e.g., day surgery). Incontinence supplies, grab bars and commodes are covered up to a maximum of \$200 per year	80% reimbursement of eligible charges, up to \$200 per calendar year in coverage for post-surgical supports following surgery (includes out-patient treatment, e.g., day surgery). Incontinence supplies, grab bars and commodes are covered up to a maximum of \$200 per year	80% reimbursement of eligible charges, up to \$100 per 2 years in coverage for post-surgical supports following surgery (includes out-patient treatment, e.g., day surgery). Incontinence supplies are covered to a maximum of \$400 per year. Grab bars and commodes are covered under medical aids, equipment and supplies
<b>Custom-moulded orthotics/Orthopaedic shoes</b>	80% reimbursement of eligible charges, moulded orthotics up to a maximum of \$450 every 2 calendar years <b>or</b> custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year	80% reimbursement of eligible charges, moulded orthotics up to a maximum of \$450 every 2 calendar years <b>or</b> custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year	80% reimbursement of eligible charges, moulded orthotics up to a maximum of \$450 every 2 calendar years <b>or</b> custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year	80% reimbursement of eligible charges, moulded orthotics up to a maximum of \$450 every 2 calendar years <b>or</b> custom-made orthopaedic boots or shoes limited to a maximum of 2 pairs per calendar year	80% reimbursement of eligible charges, custom orthotics or orthopaedic boots or shoes are covered to a maximum of \$500 every 2 calendar years

\*Combined coverage includes: private duty nursing, home care, medical aids, equipment and supplies and prosthetic appliances.



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<b>Medical aids, equipment and supplies</b>	<p>80% reimbursement of eligible charges, ongoing coverage for medical necessities such as hospital beds, crutches and canes, oxygen equipment, etc., as well as medical aids and supplies including surgical bandages, dressings, radium or radioactive isotope treatment, etc., with written authorization of attending physician.</p> <p>Up to \$7,500 in coverage per calendar year combined with private duty nursing, home care and prosthetic appliances. Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum</p>	<p>80% reimbursement of eligible charges, ongoing coverage for medical necessities such as hospital beds, crutches and canes, oxygen equipment, etc., as well as medical aids and supplies including surgical bandages, dressings, radium or radioactive isotope treatment, etc., with written authorization of attending physician</p>	<p>80% reimbursement of eligible charges, ongoing coverage for medical necessities such as hospital beds, crutches and canes, oxygen equipment, etc., as well as medical aids and supplies including surgical bandages, dressings, radium or radioactive isotope treatment, etc., with written authorization of attending physician</p>	<p>80% reimbursement of eligible charges, ongoing coverage for medical necessities such as hospital beds, crutches and canes, oxygen equipment, etc., as well as medical aids and supplies including surgical bandages, dressings, radium or radioactive isotope treatment, etc., with written authorization of attending physician</p>	<p>80% reimbursement of eligible charges, ongoing coverage for medical necessities such as hospital beds, crutches and canes, oxygen equipment, etc., as well as medical aids, equipment and supplies, including surgical bandages, grab bars, commodes, etc., with written authorization of attending physician</p>
<b>Diagnostic services</b>	80% reimbursement. Includes coverage for eligible tests not performed in a hospital, but under the direction of a physician	80% reimbursement. Includes coverage for eligible tests not performed in a hospital, but under the direction of a physician	80% reimbursement. Includes coverage for eligible tests not performed in a hospital, but under the direction of a physician	80% reimbursement. Includes coverage for eligible tests not performed in a hospital, but under the direction of a physician	80% reimbursement. Includes coverage for eligible tests not performed in a hospital, but under the direction of a physician
<b>Prosthetic appliances</b>	80% reimbursement of eligible charges. Up to \$7,500 in coverage per calendar year combined with private duty nursing, home care and medical aids, equipment and supplies. Additional \$25,000 in combined coverage* per calendar year, to a \$100,000 lifetime maximum	80% reimbursement of eligible charges	80% reimbursement of eligible charges	80% reimbursement of eligible charges	80% reimbursement of eligible charges

\*Combined coverage includes: private duty nursing, home care, medical aids, equipment and supplies and prosthetic appliances.



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	<b>RTIP Gold Elite</b> (January 1 to December 31, 2010)	<b>RTIP Plus</b> (January 1 to December 31, 2010)	<b>RTIP Gold</b> (January 1 to December 31, 2010)	<b>RTIP Basic</b> (January 1 to December 31, 2010)	<b>RTO/ERO</b> (January 1 to December 31, 2010)
<b>Paramedical services</b>	<p>80% reimbursement to a combined annual maximum of \$750 (after provincial health insurance maximum reached, where applicable). Includes chiropractor, podiatrist, osteopath, registered massage therapist, shiatsu, psychologist, physiotherapist, nutritional counsellor, speech pathologist, reflexology, acupuncture, homeopath, naturopath, chiropodist, registered family therapist and social worker (MSW).</p> <p><b>Please note:</b> Doctor's note (valid for 12 months) is required for registered massage therapist, psychologist, physiotherapist, nutritional counsellor, speech pathologist, registered family therapist, and social worker (MSW). 100% reimbursement of eligible charges for chiropractor and physiotherapist services following an accident that requires a hospital stay of at least 24 hours. Unlimited coverage for 12 consecutive months. Members are eligible for this compensation once the \$750 paramedical services maximum has been reached. Documentation of a 24-hour hospital stay will be required for claims to be reimbursed under this benefit.</p>	<p>80% reimbursement to a combined annual maximum of \$750 (after provincial health insurance maximum reached, where applicable). Includes chiropractor, podiatrist, osteopath, registered massage therapist, shiatsu, a psychologist, physiotherapist, nutritional counsellor, speech pathologist, reflexology, acupuncture, homeopath, naturopath, chiropodist, registered family therapist and social worker (MSW).</p> <p><b>Please note:</b> Doctor's note (valid for 12 months) is required for registered massage therapist, psychologist, physiotherapist, nutritional counsellor, speech pathologist, registered family therapist and social worker (MSW).</p>	<p>80% reimbursement to a combined annual maximum of \$750 (after provincial health insurance maximum reached, where applicable). Includes chiropractor, podiatrist, osteopath, registered massage therapist, shiatsu, psychologist, physiotherapist, nutritional counsellor, speech pathologist, reflexology, acupuncture, homeopath, naturopath, chiropodist, registered family therapist and social worker (MSW).</p> <p><b>Please note:</b> Doctor's note (valid for 12 months) is required for registered massage therapist, psychologist, physiotherapist, nutritional counsellor, speech pathologist, registered family therapist and social worker (MSW).</p>	<p>80% reimbursement to a combined annual maximum of \$750 (after provincial health insurance maximum reached, where applicable). Includes chiropractor, podiatrist, osteopath, registered massage therapist, shiatsu, psychologist, physiotherapist, nutritional counsellor, speech pathologist, reflexology, acupuncture, homeopath, naturopath, chiropodist, registered family therapist and social worker (MSW).</p> <p><b>Please note:</b> Doctor's note (valid for 12 months) is required for registered massage therapist, psychologist, physiotherapist, nutritional counsellor, speech pathologist, registered family therapist and social worker (MSW).</p>	<p>80% reimbursement to a combined annual maximum of \$700. Coverage from first visit with no physician authorization required. Includes acupuncturist, chiropodist, chiropractor, dietician, herbalist, homeopath, naturopath, nutritionist, osteopath, physiotherapist, podiatrist, reflexology (when performed by a chiropractor or naturopath), registered clinical psychologist, registered massage therapist, speech therapist and shiatsu massage therapist</p>
<b>Hearing aids</b>	100% reimbursement of eligible charges, up to \$750 in coverage every 3 years for purchase and repair of hearing aids	100% reimbursement of eligible charges, up to \$750 in coverage every 3 years for purchase and repair of hearing aids	100% reimbursement of eligible charges, up to \$750 in coverage every 3 years for purchase and repair of hearing aids	No coverage available	80% reimbursement of eligible charges, up to \$1,000 for purchase and repair of hearing aids every 3 years
<b>Hearing test</b>	100% reimbursement, up to \$75 per year	100% reimbursement, up to \$75 per year	100% reimbursement, up to \$75 per year	100% reimbursement, up to \$75 per year	80% reimbursement, up to \$75 per year
<b>Vision care</b>	100% reimbursement up to \$200 every 2 calendar years for purchase and repair of prescription lenses and frames, contact lenses or laser eye surgery	80% reimbursement up to \$225 every 24 months for purchase and repair of prescription lenses and frames, contact lenses or laser eye surgery	100% reimbursement up to \$200 every 2 calendar years for purchase and repair of prescription lenses and frames, contact lenses or laser eye surgery	No coverage available	80% reimbursement up to \$300 every 2 calendar years for purchase and repair of prescription eyeglasses, sunglasses, contact lenses or laser eye surgery



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<b>Eye exam</b>	80% reimbursement of one eye exam every 24 months	80% reimbursement of one eye exam every 24 months	80% reimbursement of one eye exam every 24 months	80% reimbursement of one eye exam every 24 months	80% reimbursement for all types of eye examinations to an overall maximum of \$85 for one eye examination every 2 calendar years
<b>HRT Exams (Heidelberg Retina Tomograph)</b>	80% reimbursement for HRT exams under extended health coverage once every 24 months	80% reimbursement for HRT exams under extended health coverage once every 24 months	80% reimbursement for HRT exams under extended health coverage once every 24 months	80% reimbursement for HRT exams under extended health coverage once every 24 months	80% reimbursement, under eye exam, maximum of \$85 every 2 calendar years
<b>HOSPITAL ACCOMMODATION</b>	Optional	Included with Extended Health Coverage	Optional	Included with Extended Health Coverage	Optional
	100% reimbursement to a maximum of \$75 or \$100 per day, or unlimited semi-private coverage. Where semi-private is not available, a \$10 per day benefit is provided to a maximum of \$100 per stay to be used toward other hospital expenses. Home care is included in extended health care coverage.	Unlimited semi-private coverage. Where semi-private is not available, a \$10 per day benefit is provided to a maximum of \$100 per stay to be used toward other hospital expenses. Home care is included in extended health care coverage.	100% reimbursement to a maximum of \$75 or \$100 per day, or unlimited semi-private coverage. Where semi-private is not available, a \$10 per day benefit is provided to a maximum of \$100 per stay to be used toward other hospital expenses. Home care is included in extended health care coverage.	100% reimbursement to a maximum of \$100 per day for semi-private or private room accommodation. Where semi-private is not available, a \$10 per day benefit is provided to a maximum of \$100 per stay to be used toward other hospital expenses. Home care is included in extended health care coverage.	95% reimbursement for unlimited, semi-private hospital room accommodation. Convalescent home care includes coverage for \$75 per person, per day post-hospitalization. Reimbursed at 80%, to a maximum of 30 days. Also covers a maximum of 3 days after day surgery
<b>TRAVEL COVERAGE</b>	Included in Extended Health Coverage	Included in Extended Health Coverage	Included in Extended Health Coverage	Included in Extended Health Coverage	Included in Extended Health Coverage
Maximum days per trip	62	62	62	62	62
Reimbursement	100%	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	\$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	\$6,000 per trip
Trip interruption/delay	\$6,000 per trip	\$6,000 per trip	\$6,000 per trip	\$6,000 per trip	\$6,000 per trip
Additional expenses	Overall maximum of \$1,500 per trip	Overall maximum of \$1,500 per trip	Overall maximum of \$1,500 per trip	Overall maximum of \$1,500 per trip	Daily maximum of \$150 up to 10 days
Vehicle return	\$1,000 per trip	\$1,000 per trip	\$1,000 per trip	\$1,000 per trip	\$2,000 per trip
Travel assistance	24-hour contact requirement	24-hour contact requirement	24-hour contact requirement	24-hour contact requirement	48-hour contact requirement



# Extended Health Care Rate Comparison Chart

	<b>RTIP Gold Elite</b> (January 1 to December 31, 2010)	<b>RTIP Plus</b> (January 1 to December 31, 2010)	<b>RTIP Gold</b> (January 1 to December 31, 2010)	<b>RTIP Basic</b> (January 1 to December 31, 2010)	<b>RTO/ERO</b> (January 1 to December 31, 2010)
<b>DENTAL</b>	Optional - Must maintain benefits for a minimum of 12 months once enrolled  Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Optional - Must maintain benefits for a minimum of 12 months once enrolled  Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Optional - Must maintain benefits for a minimum of 12 months once enrolled  Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Optional - Must maintain benefits for a minimum of 12 months once enrolled  Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Optional  Reimbursement is based on the 2010 Ontario Dental Association fee guide for general practitioners. Dental services performed by an accredited dental hygienist, independent of a dentist, are a covered benefit.
<b>Enrol at a later date</b>	Yes	Yes	Yes	Yes	Yes, with a \$100 benefit restriction in first year
<b>Basic and preventive</b> exams, extractions, x-rays, scaling and preventive maintenance	80% reimbursement - 9-month recall for general examinations. Unlimited maximum	80% reimbursement - 9-month recall for general examinations. Unlimited maximum	80% reimbursement - 9-month recall for general examinations. Unlimited maximum	80% reimbursement - 9-month recall for general examinations. Unlimited maximum	85% reimbursement - 9-month recall for general examinations. Unlimited maximum
<b>Denture relining and rebasing</b>	80% reimbursement, maximum 1 treatment for upper and lower dentures per calendar year	80% reimbursement, maximum 1 treatment for upper and lower dentures per calendar year	80% reimbursement, maximum 1 treatment for upper and lower dentures per calendar year	80% reimbursement, maximum 1 treatment for upper and lower dentures per calendar year	85% reimbursement
<b>Minor restorative</b> endodontics and periodontics	80% reimbursement to a combined annual maximum of \$750	80% reimbursement to a combined annual maximum of \$750	80% reimbursement to a combined annual maximum of \$750	80% reimbursement to a combined annual maximum of \$750	80% reimbursement to an annual maximum of \$850
<b>Major restorative</b> crowns, bridges, dentures (including denture repairs) and implants	50% reimbursement to a combined annual maximum of \$700 (dental implants will be covered subject to the Alternate Benefit Provision)	50% reimbursement to a combined annual maximum of \$700 (dental implants will be covered subject to the Alternate Benefit Provision)	50% reimbursement to a combined annual maximum of \$700 (dental implants will be covered subject to the Alternate Benefit Provision)	50% reimbursement to a combined annual maximum of \$700 (dental implants will be covered subject to the Alternate Benefit Provision)	50% reimbursement to separate annual maximums of \$700 for crowns and \$700 for fixed bridges and partial dentures (including implants)

This document been prepared for information purposes only and does not constitute a contract. The exact terms and conditions of the plan are described in the contract. Only the terms and conditions contained in the contract are binding.



# Extended Health Care Rate Comparison Chart

	RTIP Gold Elite (January 1 to December 31, 2010)			RTIP Plus (January 1 to December 31, 2010)			RTIP Gold (January 1 to December 31, 2010)			RTIP Basic (January 1 to December 31, 2010)			RTO/ERO (February 1 to January 31, 2011)		
<b>MONTHLY RATES</b>	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
<b>EXTENDED HEALTH CARE</b>															
\$500 Drug Maximum	Not Available			Not Available			\$ 43.85	\$ 82.15	\$ 99.62	Not Available			Not Available		
\$750 Drug Maximum	Not Available			Not Available			Not Available			\$ 38.16	\$ 69.81	\$ 85.95	Not Available		
\$850 Drug Maximum	Not Available			Not Available			\$ 55.24	\$ 103.77	\$ 126.90	Not Available			Not Available		
\$2,400 Drug Maximum	Not Available			\$ 98.49	\$ 197.50	\$ 237.56	Not Available			Not Available			Not Available		
\$2,400 Drug Maximum	Not Available			Not Available			Not Available			Not Available			\$ 78.70	\$ 157.40	\$ 188.89
\$500/Unlimited Drug Maximum	\$ 69.28	\$ 129.06	\$ 147.57	Not Available			Not Available			Not Available			Not Available		
<b>SEMI-PRIVATE HOSPITAL</b>															
<b>\$75 Daily Maximum</b>															
Under age 65	\$ 11.46	\$ 20.66	\$ 25.61	Not Available			\$ 11.46	\$ 20.66	\$ 25.61	Not Available			Not Available		
65 and over	Not Available						\$ 22.63	\$ 41.84	\$ 52.36						
<b>\$100 Daily Maximum</b>															
Under age 65	\$ 15.06	\$ 27.48	\$ 34.20	Not Available			\$ 15.06	\$ 27.48	\$ 34.20	Included in Extended Health Care			Not Available		
65 and over	Not Available						\$ 28.70	\$ 53.40	\$ 66.95						
<b>95% Unlimited Coverage</b>	Not Available			Not Available			Not Available			Not Available			\$ 18.44	\$ 36.84	\$ 43.30
<b>Unlimited Coverage</b>				Unlimited semi-private coverage included with extended health care premiums						\$100 a day included with extended health care premiums			Not Available		
Under age 65	\$ 21.06	\$ 40.32	\$ 51.00				\$ 21.06	\$ 40.32	\$ 51.00						
65 and over	Not Available						\$ 40.88	\$ 77.91	\$ 98.50						
<b>DENTAL</b>															
Dental Care	\$ 56.89	\$ 106.83	\$ 127.34	\$ 56.89	\$ 106.83	\$ 127.34	\$ 56.89	\$ 106.83	\$ 127.34	\$ 56.89	\$ 106.83	\$ 127.34	\$ 57.22	\$ 112.84	\$ 140.70

Rates shown include 8% sales tax where applicable.