



# Extended Health Care Benefit Comparison Chart

	<b>ARM Prestige Elite</b> (January 1 to December 31, 2011)	<b>ARM Original</b> (January 1 to December 31, 2011)	<b>ARM Prestige</b> (January 1 to December 31, 2011)	<b>ARM Economy</b> (January 1 to December 31, 2011)	<b>RTO</b> (January 1 to December 31, 2011)
<b>Plan administrator</b>	OTIP	OTIP	OTIP	OTIP	Johnson Incorporated
<b>OSSTF union fee</b>	\$50 per year	\$50 per year	\$50 per year	\$50 per year	\$1.25/\$1,000 pension
<b>EXTENDED HEALTH</b>					
<b>CAREpath Cancer Assistance Program</b>	<p><b>CAREpath – Available to all ARM health plan members.</b> If cancer is affecting you, your spouse or your eligible dependant children, CAREpath will provide you with a personal CAREpath Oncology Nurse, backed by leading Oncologists, to guide you through every step of your cancer experience. Your CAREpath Oncology 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. When you have questions, your CAREpath Oncology Nurse is just a phone call away. Includes cancer information line and survivor support program.</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>\$2,500</b> per person, per calendar year	<b>\$500</b> or <b>\$850</b> per person, per calendar year	<b>\$750</b> per person, per calendar year	<b>\$2,500</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
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 every 2 calendar years
<b>Dental Accident Coverage</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 per person every 3 calendar years. Coverage for the services of a Registered Nurse (RN) or a Registered Practical Nurse (RPN)	80% reimbursement of eligible charges, up to \$2,000 in coverage every 3 calendar years. Coverage for the services of a Registered Nurse (RN) or a Registered Practical Nurse (RPN)	80% reimbursement of eligible charges, up to \$2,000 in coverage every 3 calendar years. Coverage for the services of a Registered Nurse (RN) or a Registered Practical Nurse (RPN)	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 more than 24 consecutive hours. 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 more than 24 consecutive hours	80% reimbursement of eligible charges, \$20 per visit to a maximum of 30 visits following each hospital stay of more than 24 consecutive hours	80% reimbursement of eligible charges, \$20 per visit to a maximum of 30 visits following each hospital stay of more than 24 consecutive hours	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 person, per calendar year for post-surgical supports recommended by your physician following surgery (includes out-patient treatment, e.g., day surgery). Includes Obus Forme, bath aids, etc. Incontinence supplies are covered up to a maximum of \$200 per calendar year with written authorization of attending physician	80% reimbursement of eligible charges, up to \$200 per person, per calendar year for post-surgical supports recommended by your physician following surgery (includes out-patient treatment, e.g., day surgery). Includes Obus Forme, bath aids, etc. Incontinence supplies are covered up to a maximum of \$200 per calendar year with written authorization of attending physician	80% reimbursement of eligible charges, up to \$200 per person, per calendar year for post-surgical supports recommended by your physician following surgery (includes out-patient treatment, e.g., day surgery). Includes Obus Forme, bath aids, etc. Incontinence supplies are covered up to a maximum of \$200 per calendar year with written authorization of attending physician	80% reimbursement of eligible charges, up to \$200 per person, per calendar year for post-surgical supports recommended by your physician following surgery (includes out-patient treatment, e.g., day surgery). Includes Obus Forme, bath aids, etc. Incontinence supplies are covered up to a maximum of \$200 per calendar year with written authorization of attending physician	80% reimbursement of eligible charges, up to \$100 every 2 calendar 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 calendar year. Grab bars and commodes are covered under medical aids, equipment and supplies

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



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<b>Custom-moulded orthotics/Orthopaedic shoes</b>	80% reimbursement of eligible charges, custom-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-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-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-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
<b>Medical aids, equipment and supplies</b>	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  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	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	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	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	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, dressings, grab bars, commodes, etc., with written authorization of attending physician
<b>Diagnostic services</b>	80% reimbursement of eligible charges. Coverage for tests not performed in a hospital but under the direction of a physician (e.g. CEA cancer level, CA 125 for women and PSA for men)	80% reimbursement of eligible charges. Coverage for tests not performed in a hospital but under the direction of a physician (e.g. CEA cancer level, CA 125 for women and PSA for men)	80% reimbursement of eligible charges. Coverage for tests not performed in a hospital but under the direction of a physician (e.g. CEA cancer level, CA 125 for women and PSA for men)	80% reimbursement of eligible charges. Coverage for tests not performed in a hospital but under the direction of a physician (e.g. CEA cancer level, CA 125 for women and PSA for men)	80% reimbursement. Includes coverage for tests not performed in a hospital, but under the direction of a physician

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



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	ARM Prestige Elite (January 1 to December 31, 2011)	ARM Original (January 1 to December 31, 2011)	ARM Prestige (January 1 to December 31, 2011)	ARM Economy (January 1 to December 31, 2011)	RTO (January 1 to December 31, 2011)
<b>Paramedical services</b>	<p>80% reimbursement of eligible charges. Coverage for the services of any of the following licensed, certified or registered practitioners up to a combined maximum of \$750 per person, per calendar year (payable only after your provincial health insurance plan maximum has been reached, if applicable):</p> <ul style="list-style-type: none"> <li>• Professional services of a chiropractor, podiatrist, chiropodist or osteopath</li> <li>• Professional services of a massage therapist*</li> <li>• Professional services of a psychologist, registered family therapist, social worker (MSW), physiotherapist, or speech pathologist</li> <li>• Nutritional counselling provided by a dietician</li> <li>• Acupuncture performed by a chiropractor, physiotherapist, naturopath or acupuncturist</li> <li>• Homeopath, naturopath or shiatsu therapist</li> <li>• Reflexology performed by a reflexologist</li> </ul> <p>* <i>massage therapy services require written authorization by an attending physician</i></p> <p>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 of eligible charges. Coverage for the services of any of the following licensed, certified or registered practitioners up to a combined maximum of \$750 per person, per calendar year (payable only after your provincial health insurance plan maximum has been reached, if applicable):</p> <ul style="list-style-type: none"> <li>• Professional services of a chiropractor, podiatrist, chiropodist or osteopath</li> <li>• Professional services of a massage therapist*</li> <li>• Professional services of a psychologist, registered family therapist, social worker (MSW), physiotherapist, or speech pathologist</li> <li>• Nutritional counselling provided by a dietician</li> <li>• Acupuncture performed by a chiropractor, physiotherapist, naturopath or acupuncturist</li> <li>• Homeopath, naturopath or shiatsu therapist</li> <li>• Reflexology performed by a reflexologist</li> </ul> <p>* <i>massage therapy services require written authorization by an attending physician</i></p>	<p>80% reimbursement of eligible charges. Coverage for the services of any of the following licensed, certified or registered practitioners up to a combined maximum of \$750 per person, per calendar year (payable only after your provincial health insurance plan maximum has been reached, if applicable):</p> <ul style="list-style-type: none"> <li>• Professional services of a chiropractor, podiatrist, chiropodist or osteopath</li> <li>• Professional services of a massage therapist*</li> <li>• Professional services of a psychologist, registered family therapist, social worker (MSW), physiotherapist, or speech pathologist</li> <li>• Nutritional counselling provided by a dietician</li> <li>• Acupuncture performed by a chiropractor, physiotherapist, naturopath or acupuncturist</li> <li>• Homeopath, naturopath or shiatsu therapist</li> <li>• Reflexology performed by a reflexologist</li> </ul> <p>* <i>massage therapy services require written authorization by an attending physician</i></p>	<p>80% reimbursement of eligible charges. Coverage for the services of any of the following licensed, certified or registered practitioners up to a combined maximum of \$750 per person, per calendar year (payable only after your provincial health insurance plan maximum has been reached, if applicable):</p> <ul style="list-style-type: none"> <li>• Professional services of a chiropractor, podiatrist, chiropodist or osteopath</li> <li>• Professional services of a massage therapist*</li> <li>• Professional services of a psychologist, registered family therapist, social worker (MSW), physiotherapist, or speech pathologist</li> <li>• Nutritional counselling provided by a dietician</li> <li>• Acupuncture performed by a chiropractor, physiotherapist, naturopath or acupuncturist</li> <li>• Homeopath, naturopath or shiatsu therapist</li> <li>• Reflexology performed by a reflexologist</li> </ul> <p>* <i>massage therapy services require written authorization by an attending physician</i></p>	<p>80% reimbursement to a combined annual maximum of \$800. 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>



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<b>Prosthetic appliances</b>	80% reimbursement of eligible charges, coverage includes artificial limbs and eye replacements, splints, torso casts, cervical collars, braces, wigs*, prescribed lenses following cataract surgery, etc. *Wigs are covered to a lifetime maximum of \$750	80% reimbursement of eligible charges, coverage includes artificial limbs and eye replacements, splints, torso casts, cervical collars, braces, wigs*, prescribed lenses following cataract surgery, etc. *Wigs are covered to a lifetime maximum of \$750	80% reimbursement of eligible charges, coverage includes artificial limbs and eye replacements, splints, torso casts, cervical collars, braces, wigs*, prescribed lenses following cataract surgery, etc. *Wigs are covered to a lifetime maximum of \$750	80% reimbursement of eligible charges, coverage includes artificial limbs and eye replacements, splints, torso casts, cervical collars, braces, wigs*, prescribed lenses following cataract surgery, etc. *Wigs are covered to a lifetime maximum of \$750	80% reimbursement of eligible charges
<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 calendar 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 2 calendar years 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
<b>Eye exam</b>	80% reimbursement of one eye exam every 2 calendar years	80% reimbursement of one eye exam every 2 calendar years	80% reimbursement of one eye exam every 2 calendar years	80% reimbursement of one eye exam every 2 calendar years	80% reimbursement for all types of eye examinations to an overall maximum of \$90 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 2 calendar years	80% reimbursement for HRT exams under extended health coverage once every 2 calendar years	80% reimbursement for HRT exams under extended health coverage once every 2 calendar years	80% reimbursement for HRT exams under extended health coverage once every 2 calendar years	80% reimbursement, under eye exam, maximum of \$90 every 2 calendar years



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<b>HOSPITAL ACCOMMODATION</b>	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.	Included with Extended Health 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.	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.	Included with Extended Health 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.	Optional  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>SLEEPING AIDS</b>	80% reimbursement of eligible charges, coverage for the remaining 25% of the cost of a Continuous Positive Air Pressure unit (CPAP) following application to the Assistive Devices Program. Supplies for the CPAP unit are covered as follows: <ul style="list-style-type: none"> <li>• Mask, headgear, hose, cannula and pillow - once every 12 months</li> <li>• Filters - maximum of 3 packages of 5 every 12 months</li> <li>• Humidifier - once every 24 months</li> </ul>	80% reimbursement of eligible charges, coverage for the remaining 25% of the cost of a Continuous Positive Air Pressure unit (CPAP) following application to the Assistive Devices Program. Supplies for the CPAP unit are covered as follows: <ul style="list-style-type: none"> <li>• Mask, headgear, hose, cannula and pillow - once every 12 months</li> <li>• Filters - maximum of 3 packages of 5 every 12 months</li> <li>• Humidifier - once every 24 months</li> </ul>	80% reimbursement of eligible charges, coverage for the remaining 25% of the cost of a Continuous Positive Air Pressure unit (CPAP) following application to the Assistive Devices Program. Supplies for the CPAP unit are covered as follows: <ul style="list-style-type: none"> <li>• Mask, headgear, hose, cannula and pillow - once every 12 months</li> <li>• Filters - maximum of 3 packages of 5 every 12 months</li> <li>• Humidifier - once every 24 months</li> </ul>	80% reimbursement of eligible charges, coverage for the remaining 25% of the cost of a Continuous Positive Air Pressure unit (CPAP) following application to the Assistive Devices Program. Supplies for the CPAP unit are covered as follows: <ul style="list-style-type: none"> <li>• Mask, headgear, hose, cannula and pillow - once every 12 months</li> <li>• Filters - maximum of 3 packages of 5 every 12 months</li> <li>• Humidifier - once every 24 months</li> </ul>	80% reimbursement of eligible charges, coverage for the remaining 25% of the cost of a Continuous Positive Air Pressure unit (CPAP) following application to the Assistive Devices Program (ADP). Supplies for the CPAP are covered as follows: <ul style="list-style-type: none"> <li>• Mask and headgear once every 2 calendar years</li> <li>• Filters, unlimited maximum</li> </ul>
<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	\$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



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<b>DENTAL</b>	Optional	Optional	Optional	Optional	Optional
	Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Reimbursement is based on the prior year's Ontario Dental Association fee guide for general practitioners.	Reimbursement is based on the 2011 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. Must maintain benefits for a minimum of 12 months once enrolled	Yes. Must maintain benefits for a minimum of 12 months once enrolled	Yes. Must maintain benefits for a minimum of 12 months once enrolled	Yes. Must maintain benefits for a minimum of 12 months once enrolled	Yes, with a \$100 benefit restriction in first 12 months
<b>Basic and preventive care</b> exams, extractions, x-rays, scaling and preventive maintenance	The plan provides 80% coverage for dental examinations, extractions, fillings, x-rays, scaling (16 units of time), cleaning and preventive procedures with no overall maximum. Coverage for recall examinations is limited to nine months from last appointment	The plan provides 80% coverage for dental examinations, extractions, fillings, x-rays, scaling (16 units of time), cleaning and preventive procedures with no overall maximum. Coverage for recall examinations is limited to nine months from last appointment	The plan provides 80% coverage for dental examinations, extractions, fillings, x-rays, scaling (16 units of time), cleaning and preventive procedures with no overall maximum. Coverage for recall examinations is limited to nine months from last appointment	The plan provides 80% coverage for dental examinations, extractions, fillings, x-rays, scaling (16 units of time), cleaning and preventive procedures with no overall maximum. Coverage for recall examinations is limited to nine months from last appointment	85% reimbursement - 9-month recall for general examinations. Unlimited maximum
<b>Denture care</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>Basic restorative care</b> endodontics and periodontics	80% coverage for root canals (endodontics) and gum disease treatments (periodontics), up to a combined annual maximum of \$750	80% coverage for root canals (endodontics) and gum disease treatments (periodontics), up to a combined annual maximum of \$750	80% coverage for root canals (endodontics) and gum disease treatments (periodontics), up to a combined annual maximum of \$750	80% coverage for root canals (endodontics) and gum disease treatments (periodontics), up to a combined annual maximum of \$750	80% reimbursement to an annual maximum of \$850
<b>Major restorative care</b> crowns and bridges	50% coverage for crowns, bridges, implants and dentures, up to a combined annual maximum of \$700	50% coverage for crowns, bridges, implants and dentures, up to a combined annual maximum of \$700	50% coverage for crowns, bridges, implants and dentures, up to a combined annual maximum of \$700	50% coverage for crowns, bridges, implants and dentures, up to a combined annual maximum of \$700	50% reimbursement to separate annual maximums of \$700 for crowns and \$700 for fixed bridges and partial dentures (including on implants)



# Extended Health Care Rate Comparison Chart

	ARM Prestige Elite (January 1 to December 31, 2011)			ARM Original (January 1 to December 31, 2011)			ARM Prestige (January 1 to December 31, 2011)			ARM Economy (January 1 to December 31, 2011)			RTO (January 1 to December 31, 2011)		
MONTHLY RATES	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			\$ 45.11	\$ 84.61	\$102.62	Not Available			Not Available		
\$750 Drug Maximum	Not Available			Not Available			Not Available			\$ 39.25	\$ 71.88	\$ 88.52	Not Available		
\$850 Drug Maximum	Not Available			Not Available			\$ 56.86	\$ 106.90	\$130.75	Not Available			Not Available		
\$2,500 Drug Maximum	Not Available			\$ 101.45	\$203.54	\$244.86	Not Available			Not Available			\$ 82.63	\$165.27	\$198.34
\$500/Unlimited Drug Maximum	\$ 71.34	\$132.98	\$152.06	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	\$ 43.40
<b>Unlimited Coverage</b>															
Under age 65	\$ 21.06	\$ 40.32	\$ 51.00	Included in Extended Health Care			\$ 21.06	\$ 40.32	\$ 51.00	Not Available			Not Available		
65 and over	Not Available			Included in Extended Health Care			\$ 40.88	\$ 77.91	\$ 98.50						
<b>DENTAL</b>															
Dental Care	\$ 59.75	\$112.25	\$133.81	\$ 59.75	\$112.25	\$133.81	\$ 59.75	\$112.25	\$133.81	\$ 59.75	\$112.25	\$133.81	\$ 58.36	\$115.10	\$143.52

Rates shown include 8% sales tax where applicable.

**Are you, your spouse or a colleague turning 65?**

Let ARM show you the only extended health care plan for retired education employees that offers choice, flexibility and savings. After age 65, many of your prescription medications may be covered under the Ontario Drug Benefit (ODB) Program. With ARM, you have the ability to decrease your coverage at each renewal - January 1- allowing you to coordinate with the ODB program while maintaining full extended health care benefits at a reduced premium!

	<b>ARM Prestige \$500</b>	<b>ARM Prestige \$850</b>	<b>RTO</b>
Single EHC	\$45.11	\$56.86	\$82.63
Single Hospital	\$21.06	\$21.06	\$18.44
Single Dental	\$59.75	\$59.75	\$58.63
Monthly Premium	\$125.92	\$137.67	\$159.70
<b>Savings per month with ARM</b>	<b>\$33.78</b>	<b>\$22.03</b>	
<b>Savings per year with ARM</b>	<b>\$405.36</b>	<b>\$264.36</b>	

	<b>ARM Prestige \$500</b>	<b>ARM Prestige \$850</b>	<b>RTO</b>
Couple EHC	\$84.61	\$106.90	\$165.27
Couple Hospital	\$40.32	\$40.32	\$36.84
Couple Dental	\$112.25	\$112.25	\$115.10
Monthly Premium	\$237.18	\$259.47	\$317.21
<b>Savings per month with ARM</b>	<b>\$80.03</b>	<b>\$57.74</b>	
<b>Savings per year with ARM</b>	<b>\$960.36</b>	<b>\$692.88</b>	

**On January 1, you also have the ability to increase one level of extended health care coverage without providing medical evidence of insurability.**