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| Jan. 1 to Dec. 31, 2026                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                                                |
| <b>Benefits Comparison 2026</b>                                        | <b>RTIP Plus 4000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>RTIP Gold 2500</b>                                                              | <b>RTIP Gold 750</b>                                                                | <b>Entente Education Canada</b>                                                                |
| <b>Plan Administrator</b>                                              | <b>OTIP (Ontario Teachers Insurance Plan)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                     | <b>Green Shield a/o January 1, 2026</b>                                                        |
| <b>Age Restriction</b>                                                 | No age restriction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No age restriction                                                                 | No age restriction                                                                  | No age restriction                                                                             |
| <b>Extended Health Care</b>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                     |                                                                                                |
| <b>Reimbursement</b><br>(NOTE: Reasonable and customary limits apply.) | 85%, unless noted otherwise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 80%, unless noted otherwise                                                        | 80%, unless noted otherwise                                                         | 80%, unless noted otherwise                                                                    |
| <b>Prescription Drugs</b>                                              | <b>\$4,000</b> per person/year<br><br>Includes \$750 for sexual dysfunction                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>\$2,500</b> per person/year<br><br>Includes \$750 for sexual dysfunction        | <b>\$750</b> per person/year<br><br>Includes \$750 for sexual dysfunction           | <b>\$3,400</b> per person/year<br><br>Sexual dysfunction included in prescription drug maximum |
| Deductible                                                             | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | None                                                                               | None                                                                                | None                                                                                           |
| Dispensing Fee                                                         | Not covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Not covered                                                                        | Not covered                                                                         | Not covered                                                                                    |
| Reimbursement                                                          | 85% of ingredient costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 80% of ingredient costs                                                            | 80% of ingredient costs                                                             | 85% of ingredient costs                                                                        |
| Generic Reimbursement                                                  | Mandatory generic substitution<br><br>If a brand name drug is prescribed instead of a generic brand, because of an adverse reaction or therapeutic failure, your physician will need to complete the <b>Request for Approval of Brand-Name Drug form</b> . Visit <a href="http://www.otip.com/forms">www.otip.com/forms</a> .<br><br><b>Express Scripts Canada Pharmacy home delivery program.</b> You are reimbursed up to 100% for your generic maintenance prescription drug expenses (or 90% of eligible brand name prescription drugs). |                                                                                    |                                                                                     | Mandatory generic substitution                                                                 |
| Diabetic Supplies                                                      | Included in prescription drug maximum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Included in prescription drug maximum                                              | Included in prescription drug maximum                                               | Included in prescription drug maximum                                                          |

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| <b>Vision Care</b>          | \$375 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery<br>80% reimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$300 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery<br>100% reimbursement | Not covered                                        | \$400 per person/two years for eyeglasses, prescription sunglasses, contact lenses or laser eye surgery<br><br>80% reimbursement                                                                                                                                                                                                                                                                                                                                                                                                       |
| Eye Examinations            | \$150 per person/two years<br>80% reimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$150 per person/two years<br>80% reimbursement                                                                                                                          | Not covered                                        | \$150 per person/two years<br>80% reimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Paramedical Services</b> | \$1,350 per person/year (all practitioners combined)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$1,350 per person/year (all practitioners combined)                                                                                                                     | \$750 per person/year (all practitioners combined) | \$1,300 per person/year (all practitioners combined). Covers from first visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                             | Coverage for the services of any of the following licensed, certified, or registered practitioners (payable only after your provincial health insurance plan maximum has been reached, if applicable): <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Chiropodist</li> <li>• Chiropractor</li> <li>• Dietician</li> <li>• Homeopath</li> <li>• Naturopath</li> <li>• Occupational Therapist</li> <li>• Osteopath</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Reflexology</li> <li>• Massage Therapist*</li> <li>• Shiatsu Therapist*</li> <li>• Speech Pathologist</li> <li>• Eligible Mental Health practitioners (Psychologist, Psychological Associate, Psychotherapist, Social Worker, Clinical Counsellor, Master of Social Work (MSW), and Psychoanalyst); individual and family therapy is eligible</li> </ul> |                                                                                                                                                                          |                                                    | <ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Chiropodist</li> <li>• Chiropractor</li> <li>• Dietician</li> <li>• Herbalist</li> <li>• Homeopath</li> <li>• Naturopath</li> <li>• Nutritionist</li> <li>• Occupational Therapist</li> <li>• Osteopath</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Psychotherapist</li> <li>• Registered Clinical Psychologist</li> <li>• Registered Massage Therapist</li> <li>• Shiatsu Therapist</li> <li>• Social Worker</li> <li>• Speech Therapist</li> </ul> |

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|                                                      | <p>*Only Massage Therapist and Shiatsu Therapist require written authorization by an attending physician.</p> <p><b>Please note:</b> There are per visit maximums for paramedical services. You can do some comparison shopping before buying services to reduce your out-of-pocket expenses. Visit <a href="http://www.otip.com/visit-max">www.otip.com/visit-max</a> for more information</p>                                                     |                                             |                                            | Physician authorization not required                                                                                                                                                                                                                                                                                                                  |
| <b>Travel</b>                                        | 100 days per trip, unlimited trips per year                                                                                                                                                                                                                                                                                                                                                                                                         | 100 days per trip, unlimited trips per year | 30 days per trip, unlimited trips per year | 93 days per trip                                                                                                                                                                                                                                                                                                                                      |
| Maximum                                              | \$10 million per person per trip, 100% reimbursement                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                            | \$10 million per person/trip<br>100% reimbursement                                                                                                                                                                                                                                                                                                    |
| Trip Cancellation / Interruption                     | \$6,000 per person/trip                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                                            | \$6,000 per person/trip                                                                                                                                                                                                                                                                                                                               |
| Additional Expenses<br>Meals and Accommodation       | \$250 per day to a maximum of \$5,000                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                            | \$150 per day to a maximum of \$1,500                                                                                                                                                                                                                                                                                                                 |
| Repatriation of Remains/<br>Burial at Place of Death | \$15,000 per person for repatriation, \$5,000 toward the cost of cremation or burial at the place of death.                                                                                                                                                                                                                                                                                                                                         |                                             |                                            | \$5,000 per person for repatriation or burial                                                                                                                                                                                                                                                                                                         |
| Return of Children                                   | Covered, including grandchildren                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                            | Covered, including grandchildren                                                                                                                                                                                                                                                                                                                      |
| Vehicle Return                                       | \$10,000 per trip                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                            | \$10,000 per trip                                                                                                                                                                                                                                                                                                                                     |
| <b>Supplemental Travel</b>                           | Optional - Access to a competitive top-up travel insurance program, with per-day rates, <b>for trips over your eligible day limit.</b> Not administered by OTIP                                                                                                                                                                                                                                                                                     |                                             |                                            | Optional - Coverage for trips longer than 93 days                                                                                                                                                                                                                                                                                                     |
| <b>Custom-Made Orthopaedic Shoes/Boots</b>           | 80% reimbursement of eligible charges to a maximum of 2 pairs per year                                                                                                                                                                                                                                                                                                                                                                              |                                             |                                            | 80% reimbursement<br><br>\$500 per person/two years combined                                                                                                                                                                                                                                                                                          |
| <b>Custom-Made Orthotics</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                            |                                                                                                                                                                                                                                                                                                                                                       |
| <b>Home Care</b>                                     | <p><b>Automatically included as part of your health care plan.</b></p> <p>80% reimbursement to a maximum of \$75 per day, for a maximum of 30 days following an active, acute care hospital stay for a minimum of 24 hours, and a maximum of three days following non-elective day surgery.</p> <p>To cover charges for convalescent home care provided in your own home, mainly for the purpose of assistance with activities of daily living.</p> |                                             |                                            | <p><b>Included with the purchase of Semi-Private Hospital.</b></p> <p>80% reimbursement to a maximum of \$75 per person/day to a maximum of 30 days following a 24-hour hospitalization or a maximum of 3 days following day surgery. Also covers a maximum of 30 days per year in a long-term care facility following a 24-hour hospitalization.</p> |
| <b>Private Duty Nursing</b>                          | \$2,000 per person/year, 80% reimbursement                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                            | \$2,000 per person/two years, 80% reimbursement                                                                                                                                                                                                                                                                                                       |

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| <b>Hearing Aids</b>                                 | \$1,500 per person/three years, 100% reimbursement | \$1,100 per person/three years, 80% reimbursement |
| <b>Medical Aids, Equipment &amp; Supplies</b>       | 80% reimbursement of eligible charges              | 80% reimbursement of eligible charges             |
| <b>Incontinence Supplies</b>                        | \$750 per person/year                              | \$750 per person/year                             |
| <b>Surgical Stockings</b>                           | \$950 per person/year                              | \$400 per person/year                             |
| <b>Post-surgical, Comfort and Convenience Items</b> | \$200 per person/year                              | \$200 per person/two years                        |
| <b>Accidental Dental</b>                            | 80% reimbursement of eligible charges              | 80% reimbursement                                 |
| <b>Ambulance</b>                                    | 80% reimbursement of eligible charges              | 80% reimbursement                                 |

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| <b>Additional Valued Extra Programs</b>            | <ul style="list-style-type: none"> <li>• <b>Carepath Digital Health™</b> — assistance in navigating through the multitude of cancer and elder care support services available in Canada.</li> <li>• <b>EdvantagePerks</b> — exclusive discounts from a variety of retail and service providers.</li> <li>• <b>Express Scripts Canada Pharmacy™</b> — a home delivery drug program that covers 100% of your generic maintenance prescription drug expenses (or 90% of eligible brand-name prescriptions).</li> <li>• <b>OTIP Bursary Program</b> — we award bursaries of \$1,500 annually to post-secondary school students.</li> <li>• <b>Starling Minds</b> — access tools to help better manage your mental health and get substance use support with a self-guided digital program that is available 24/7, confidential, and tailored to you.</li> </ul> |                                                  |             | <ul style="list-style-type: none"> <li>• Medically related educational program - \$200 per person/year- 80% reimbursement</li> <li>• Express Scripts Canada Pharmacy</li> <li>• MemberPerks®</li> <li>• CloudMD Medical Experts</li> </ul> |
| <b>Hospital Accommodation</b>                      | Semi-private per person/day<br>100% reimbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Semi-private per person/day<br>80% reimbursement | Not covered | Optional - Unlimited semi-private per person/day<br>95% reimbursement                                                                                                                                                                      |
| <b>Hospital Cash</b>                               | \$10 per day to a maximum of \$100 per stay when a semi-private room is not available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |             | Not covered                                                                                                                                                                                                                                |
| <b>Dental Care</b>                                 | Optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |             | Optional                                                                                                                                                                                                                                   |
| <b>Fee Guide</b>                                   | Current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |             | Current year                                                                                                                                                                                                                               |
| <b>Basic Preventive &amp; Restorative Services</b> | Unlimited per person/year<br>80% reimbursement<br>12 units of scaling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |             | Unlimited per person/year<br>85% reimbursement<br>8 units of scaling                                                                                                                                                                       |

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| Endodontic & Periodontic Services | \$850 per person/year<br>80% reimbursement                                                     | \$800 per person/year<br>80% reimbursement                                                                               |
| Major Dental Services             | \$750 per person/year for crowns, bridges, implants and dentures combined<br>50% reimbursement | \$800 per person/year for crowns, plus \$800 per person/year for fixed bridges and partial dentures<br>50% reimbursement |

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| <b>January 1 to<br/>December 31, 2026</b> |  |  |  |                                                                      |
| <b>Rate Comparison</b>                    |                                                                                   |                                                                                    |                                                                                     |                                                                      |
|                                           | <b>RTIP Plus 4000</b>                                                             | <b>RTIP Gold 2500</b>                                                              | <b>RTIP Gold 750</b>                                                                | <b>Entente Education Canada</b>                                      |
| <b>Health Care Coverage</b>               | <b>\$4,000</b><br>Single/Couple/Family                                            | <b>\$2,500</b><br>Single/Couple/Family                                             | <b>\$750</b><br>Single/Couple/Family                                                | <b>\$3,400</b><br>Single/Couple/Family                               |
| <b>2026 monthly rates</b>                 | <b>\$159 / \$316 / \$370</b>                                                      | <b>\$125 / \$248 / \$295</b>                                                       | <b>\$98 / \$195 / \$225</b>                                                         | <b>\$127.63 / \$255.30 / \$306.37</b>                                |
| <b>Semi-Private Hospital</b>              | Single/Couple/Family                                                              | Single/Couple/Family                                                               | Single/Couple/Family                                                                | Single/Couple/Family                                                 |
|                                           | Included                                                                          | Included                                                                           | Not Available                                                                       | Available for an extra premium<br><b>\$18.75 / \$37.44 / \$44.01</b> |
| <b>Dental Care</b>                        | Available for an extra premium<br>Single/Couple/Family                            |                                                                                    |                                                                                     | Available for an extra premium<br>Single/Couple/Family               |
| <b>All ages</b>                           | <b>\$84 / \$166 / \$203</b>                                                       |                                                                                    |                                                                                     | <b>\$82.33 / \$162.35 / \$202.44</b>                                 |