

GROUP BENEFITS

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Welcome to the RTO/ERO Group Benefits Program.

RTO/ERO developed the Group Benefits Program in 1981 to provide Semi-Private Hospital, Extended Health Care and Dental benefits for RTO/ERO members and their families. Since then, the coverage options have been expanded to include the Supplemental Travel Plan, as well as a full spectrum of individual plans – Long Term Care, Guaranteed Life, Term Life, Accidental Death and Dismemberment, Hospital Money and Preferred Service Home-Auto. As an RTO/ERO member, you choose the coverage you need.

RTO/ERO's objective is to provide a most cost effective, high quality and competitive Group Health Insurance Plan that meets the needs of the majority of the membership. You can rest assured that the plans are well established, financially stable, and will continue to evolve to meet the changing health needs of members.

The RTO/ERO Group Benefits Program is owned and managed by RTO/ERO members, administered by Johnson Inc., and underwritten by Manulife Financial.

Our Plan Administrator, Johnson Inc., is committed to serving you as a member of RTO/ERO and their commitment to you is "never less than our very best".

RTO/ERO...

- Uses independent consultants to assist in providing competitive and cost-effective health care benefits tailored to the needs of retired teachers and school board employees;
- Uses the assets of the plan to insure the continuance of the benefits even in the face of unforeseen factors such as government downloading or sudden spikes in health costs;
- Leverages the buying power of over 69,000 participants to obtain enhanced benefits for its members at reduced prices.

With over 69,000 participants (including dependents) insured under RTO/ERO's Group Benefits Program, RTO/ERO understands health care for retirees.

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Who is eligible for coverage?

As a regular or associate member of RTO/ERO permanently residing in Canada, you are eligible to participate in the plans offered. Coverage is also available for your spouse and/or dependent children residing in Canada, including:

- Your legal or common-law spouse, including same sex partner.
- Unmarried children (including adopted, foster, step-children and legal wards) under 21 years of age.
- Unmarried children between ages 21 and 30 provided they are enrolled at an accredited post-secondary institution as a full-time student and dependent upon you for support.

Coverage will be extended to the earlier of August 31st of the school year, age 30, or until coverage is terminated. Confirmation of full-time student status is requested each year by Johnson Inc. Plan Benefits Service.

- Any functionally impaired child who was insured as a dependent shall remain insured beyond any limiting age for dependents. For the purposes of insurance, functionally impaired includes an unmarried person who was insured as a dependent prior to becoming functionally impaired and who is wholly dependent upon the participant for support and maintenance within the terms of the Income Tax Act. (Note: letter of diagnosis/prognosis required from physician.)

Eligible expenses for covered dependents studying outside their normal province of residence will be considered under the Extended Health Care Plan on the same basis as if expenses were incurred in their province of residence.

Eligible expenses incurred due to a medical emergency by students travelling 500 kilometers or more away from their student residence and outside their normal province of residence will be considered under the Out-of-Province/Canada Travel Benefit.

Your Government Health Insurance Plan must be in effect in order for RTO/ERO Health Plans coverage to apply.

You have a choice of three coverage categories:

- Single (RTO/ERO member only);
- Couple (RTO/ERO member + one dependent); or
- Family (RTO/ERO member + two or more dependents).

It is your responsibility to notify Johnson Inc. Plan Benefits Service, in writing, when there is a change in your coverage status (e.g., from family to couple or from single to couple). Please write to Johnson Inc. Plan Benefits Service to update your status.

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When can I enroll?

You may enroll without medical evidence of insurability, provided Johnson Inc. Plan Benefits Service receives your application within 60 days of the termination of your school board plan, your spouse's group plan or any other group plan. Your coverage must be continuous and will be in effect the day following the termination date of your other group plan regardless of when your application is received within the 60 day period.

Coverage for you, your spouse and your dependent children will begin on the date following the termination of your coverage under the following:

- Your school board plan;
- Your spouse's group plan; or
- Any other group plan.

If you apply after the 60 day eligibility period, you will be considered a "late applicant" and will be required to submit medical evidence of insurability. The same requirement applies if you transfer from an individual policy.

For your travel coverage to be in force, you must be insured under the Extended Health Care Plan and be in your province of residence when your trip commences.

What you need to know about applying for the Health Plans as a "late applicant" or when transferring from an individual policy:

Under the Semi-Private Hospital and Extended Health Care Plans – you will be required to submit medical evidence of insurability. Coverage, if approved, will begin on the date the insurer approves your application.

Under the Dental Plan – your coverage will begin on the date Johnson Inc. Plan Benefits Service receives your completed application. The maximum benefit payable during the first twelve months will be limited to \$100 per insured person.

Under the Supplemental Travel Plan – the 60 day eligibility period does not apply. You must be covered under the Extended Health Care Plan to purchase this coverage. If, after your effective date of coverage, you acquire a spouse and/or any dependent children, you must enroll your dependent(s) within 60 days of the life event; otherwise, the late applicant conditions outlined above will apply. If a dependent is hospitalized on the date coverage would normally become effective, your dependent's coverage will be postponed until the day following discharge from the hospital.

Power of Attorney: In the case where you have an assigned Power of Attorney, Johnson Inc. Plan Benefits Service will require an original or notarized copy of the financial/property Power of Attorney.

The basic standard for authenticating documents for legal purposes is a lawyer (barrister/solicitor), commissioner of oaths or notary public.

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How do I enroll?

Contact the RTO/ERO office for an enrollment package. If you are not already a member, complete the RTO/ERO membership application form along with the RTO/ERO Group Benefits Program application. Remember to sign the application. Return it to RTO/ERO. Once your membership status has been confirmed, your RTO/ERO Group Benefits application will be forwarded to the plan administrator, Johnson Inc., who will confirm your coverage. The RTO/ERO office can be contacted at 416.962.9463 (Toronto) or toll free at 1.800.361.9888.

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How are premiums paid?

For the Health Plans and Long Term Care, premiums are deducted monthly from your pension. If your pension is deferred, commuted or you are not in receipt of an Ontario Teacher's pension, premiums are deducted monthly from your bank account. For all other voluntary plans, premiums are deducted monthly from your bank account. All premium payments are deducted one month in advance of coverage.

Monthly Premium Rates (Effective February 1, 2010)

| Plan | Single | Couple | Family |
|-----------------------|---------------|---------------|---------------|
| Semi-Private Hospital | \$17.07 | \$34.11 | \$40.09 |
| Extended Health Care | \$72.87 | \$145.74 | \$174.90 |
| Dental | \$52.98 | \$104.48 | \$130.28 |

Where required by law, Retail Sales Tax will be added to these premium rates.

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Health Plans/Group Benefits Program

Recognizing that government health care plans only provide basic coverage of hospital and medical expenses, RTO/ERO designed three comprehensive plans that fill the gap between what your government health insurance plan may cover, and your actual expenses. You choose which of the three distinct Health Plans you wish to participate in: Semi-Private Hospital, Extended Health Care, or Dental. Whether you are 55 or 105, the rates under the Health Plans do not vary with age. All participants pay the same premium rates and are entitled to the same benefits.

Semi-Private Hospital Plan

The Semi-Private Hospital Plan is designed to cover eligible hospital expenses that are not covered, or not fully covered by your government health insurance plan. Coverage includes the following:

- Semi-Private Hospital – 95% reimbursement with an unlimited maximum. There is no limit to the number of days of hospitalization that the plan will pay so long as you are receiving active, acute care.
- Convalescent Home Care, following a hospital stay of 24 hours or more - 80% reimbursement to a maximum of 30 days at \$75 per day.
- Convalescent Home Care, following non-elective day surgery - 80% reimbursement to a maximum of 3 days at \$75 per day.

For more information on RTO/ERO's [Semi-Private Hospital Plan](#).

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Extended Health Care Plan

The Extended Health Care Plan is designed to cover eligible medical expenses that are not covered, or not fully covered, by your government health insurance plan such as: prescription drugs, vision care, paramedical practitioners, hearing aids as well as other aids, appliances and services. There is no deductible under the Extended Health Care Plan.

Covered under the Extended Health Plan are:

- Prescription Drugs – 85% reimbursement of ingredient costs to an annual maximum of \$2,400 per insured person.
- Out-of-Province/Canada Travel – 100% reimbursement of Medical Expenses per insured person/per trip maximum of \$1,000,000. Trip Cancellation/Interruption covered at 100% reimbursement to a maximum of \$6,000 per insured person/per trip.

- Paramedical Practitioners – 80% reimbursement to a combined annual maximum of \$700 per insured person. Covers 15 different paramedical practitioners, including chiropractor, physiotherapist, massage therapist, nutritionist, naturopath and shiatsu massage therapy.
- Private Duty Nursing – 80% reimbursement to a maximum of \$1,500 per insured person in any two consecutive calendar years.
- Vision Care – 80% reimbursement to a maximum of \$300 per insured person plus one eye examination to a maximum of \$85 in any two consecutive calendar years.
- Educational Program – 80% reimbursement to a maximum of \$200 per insured person/per calendar year.
- Aids & Appliances – 80% reimbursement.
- Diagnostic Procedures – 80% reimbursement.
- Ambulance – 80% reimbursement.
- Accidental Dental – 80% reimbursement.

For more information on RTO/ERO's [Extended Health Care Plan](#).
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Dental Plan

The Dental Plan covers regular examinations, routine procedures, restorative work, as well as emergency treatment. Reimbursement of eligible expenses is based on the suggested fees of the **2010 Dental Association Fee Guide for General Practitioners** for your province of residence for the least expensive treatment that will provide a professionally adequate result.

Covered under the Dental Plan are:

Basic Preventive Services – 85% reimbursement, with no annual maximum. The plan covers examinations and cleanings (once every nine months), x-rays, fillings, extractions, relining, rebasing and repair of existing dentures.

Endodontic and Periodontic – 80% reimbursement, with a combined annual maximum reimbursement of \$850 per insured person. The plan covers root canal therapy (Endodontics) and gum disease treatment (Periodontics).

Major Restorative Services – 50% reimbursement, with separate annual maximum reimbursement of \$700 per insured person for crowns and \$700 per insured person for fixed bridges or partial dentures.

For more information on RTO/ERO's [Dental Plan](#).
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Supplemental Travel Plan

The Supplemental Travel Plan is designed to cover trips longer than the 62 days automatically covered under the Extended Health Care plan's Out-of-Province/Canada coverage.

For more information on RTO/ERO's [Supplemental Travel Plan](#).
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Voluntary Plans:

For a full description of any of the **Voluntary Plans**, please contact Johnson Inc. Plan Benefits Service from the Toronto area at 416.920.7248 or toll free at 1.877.406.9007.

Long Term Care Plan

RTO/ERO members, their spouse, parents and children can apply for the Long Term Care Plan from ages 18 to 89 by completing an application and medical questionnaire. The Long Term Care Plan reimburses up to \$50, \$75 or \$100 per day for the cost of home care or nursing home care in the event that you are unable to perform two of six activities of daily living (eating, bathing, dressing, continence, toileting, transferring positions) or suffer from a cognitive impairment. You choose the plan that will best meet your needs.

| Plan | Daily Benefit | Lifetime Maximum |
|------|---------------|------------------|
| A | \$ 50 | \$ 50,000 |
| B | \$ 75 | \$100,000 |
| C | \$100 | \$200,000 |

Your premium rates are based on your age at the time you apply for coverage.

Guaranteed Life Insurance Plan

RTO/ERO members and their spouses between the ages of 50 to 85 can automatically become insured under the Guaranteed Life Insurance Plan. You do not need to answer any medical questions to become insured. Acceptance is guaranteed regardless of your health. You select the coverage amount that best meets your needs: \$2,500 to \$25,000, in units of \$2,500. Your premium rates and benefit level are guaranteed for life, that is, your rates will not increase nor will your benefit reduce with age. Rates are based on your age at enrollment, gender and smoking status. A Living Benefit is included should you become terminally ill and benefit levels increase in the event of Accidental Death.

Term Life Insurance Plan

RTO/ERO members and their spouses between the ages of 45 to 70 can apply for the Term Life Insurance Plan by answering five simple medical questions. You can choose a coverage amount of \$25,000 to \$150,000, in units of \$25,000. Your premium rates are based on your age at application and are guaranteed not to increase for 10 years. Reduced rates are available for non smokers. A Living Benefit is included should you become terminally ill.

Accidental Death & Dismemberment (AD&D) Insurance Plan

The AD&D Insurance Plan provides financial protection in the event of a serious accident. RTO/ERO members and spouses who are under age 85 can enroll in the plan – acceptance is guaranteed. You choose the maximum benefit payable, either \$75,000 or \$150,000.

Hospital Money Plan

The Hospital Money Plan provides cash directly to you while you are in hospital. Even if you have coverage under the Semi-Private Hospital Plan, you may discover there are extra out-of-pocket expenses that can put a drain on your finances, such as television, telephone rental or even visitor parking. The plan is available to RTO/ERO members and spouses who are under age 85. You have a choice of two plans – depending on your age, you can receive up to \$1,200 a month, that is \$40 a day, paid to you when you are hospitalized due to accident or sickness.

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Convenience Services

Direct Payment to Pharmacies: Your pharmacist will, if you present your Group Benefits ID Card at the time of purchase, bill Johnson Inc. electronically for your eligible prescription drug expenses. At the time of filling a prescription, you will be responsible only for the payment of the dispensing fee, the co-insurance (i.e., 15% of the ingredient cost), and any drugs that are not eligible for reimbursement under the RTO/ERO Extended Health Care Plan. Claims submitted for the 15% co-insurance and dispensing fee are not eligible for reimbursement. If your pharmacist bills Johnson Inc. directly, there is no need to submit paper receipts to Johnson Inc.

Electronic Submission of Dental Claims: Dental offices with electronic submission capabilities can electronically send your dental claim to Johnson Inc. Your claim will be processed and payment will be remitted to you. The settlement of your account with your dentist will remain your responsibility. If your dentist has submitted your dental claim electronically, please do not submit a paper claim. Any major dental work or pre-treatment estimates must be submitted manually.

Direct Deposit of Claim Payments: You have the option of requesting that claim payments be deposited directly into your bank account instead of waiting for a reimbursement cheque. To use this option, please submit a cheque marked “VOID” to Johnson Inc. Plan Benefits Claims at the address provided below and all future claim payments will automatically be deposited directly into your bank account. If your Health

Plans premium is deducted from your bank account, the same bank account must be used for direct deposit.

Electronic Notification of Claim Payments: You have the option to receive notification of the deposit amount, as well as an explanation of benefits either by mail, or by email, once the deposit has been made. To receive notification by email, please provide Johnson Inc. Plan Benefits Service with your email address. Once a claims payment is deposited to your account, you will receive an email confirming your payment and providing you with a link to Johnson Inc.'s secure and password-protected "Members Only" website. Information on your claim can be viewed online, and a pre-filled claim form can be printed for your next Extended Health Care claim.

"Members Only" Website: As an RTO/ERO member, you can use the Internet to access and interact with your Group Benefits Program in a completely secure and private environment. The information is stored in real-time so claims and coverage information is current. To obtain a confidential user name and password go to www.johnson.ca and click on "Members Only".

Walk-In Service: You may bring your claim to the Johnson Inc. Plan Benefits Claims Richmond Hill office and have it paid while you wait. Office hours are from Monday to Friday from 8:30 am to 4:30 pm. The office is located at 1595 16th Avenue, Suite 700, just west of Highway 404 on the south side of 16th Avenue.

Benefit Statements and Income Tax Letters: Annually, plan participants are provided a Group Benefits Program Statement and a Statement of Premiums and Claims for Income Tax Purposes.

The Group Benefits Program Statement provides a summary of the benefits available to you under the RTO/ERO Plan and those in which you are currently enrolled. The statement confirms your coverage and your monthly insurance premium deductions.

The Statement of Premiums and Claims for Income Tax Purposes summarizes the total premiums you paid in the previous calendar year along with the total claims submitted and paid, for you and your eligible dependents, during the same period. Your premiums, as well as the difference between the claim amounts submitted and the amounts reimbursed by the RTO/ERO Health Plans may be eligible to be claimed on your Income Tax as a medical expense.

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Preferred Service Home-Automobile Insurance Plan

Since 1985, RTO/ERO has made available to members a Home and Automobile Insurance Plan through Johnson Inc. The Johnson Inc. Preferred Service Plan has been widely accepted – to date, over 18,000 policies have been taken out by RTO/ERO members. To take advantage of many discounts available to RTO/ERO members, **call for a quote at 1.800.563.0677** or visit <http://www.johnson.ca/rto-ero>.

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Contact Information

If you have any questions concerning the RTO/ERO Group Benefits Program, or claims inquiries, please call:

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| <p>Johnson Inc. Plan Benefits Service 18 Spadina Road, Suite 100A Toronto ON M5R 2S7 416.920.7248 Toronto area 1.877.406.9007 toll free in North America 416.920.0939 fax www.johnson.ca</p> | <p>Johnson Inc. Plan Benefits Claims 1595 16th Avenue, Suite 700 Richmond Hill ON L4B 3S5 905.764.4888 Toronto area 1.800.638.4753 toll free in North America 905.764.4041 fax www.johnson.ca</p> |
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