

SEMI-PRIVATE HOSPITAL PLAN

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When does coverage begin?

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.

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.

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

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.

Coverage, if approved, will begin on the date the insurer approves your application. 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.

If you have family coverage, new dependents are automatically covered regardless of hospital confinement.

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What's covered under the Semi-Private Hospital Plan?

The RTO/ERO Semi-Private Hospital Plan includes coverage for semi-private hospital accommodation in Canada and convalescent home care upon your discharge from hospital.

Eligible Benefits

1. Semi-Private Hospital Benefit (95% reimbursement):

The plan assists with the cost of semi-private hospital accommodation in a licensed hospital in Canada, including convalescent and rehabilitative hospitals (not homes). The plan reimburses 95% of the daily semi-private room rate. There is no limit to the number of days. You must be receiving active, acute care. Claims for a private room charge are reimbursed based on the regular semi-private room rate.

2. Convalescent Home Care Benefit (80% reimbursement):

The plan covers charges for convalescent home care provided to you in your own home, mainly for the purpose of assistance with activities of daily living, upon discharge from a hospital stay of 24 hours or more, or following non-elective day surgery. Convalescent home care may be rendered by persons without professional skills or training provided they are working under the supervision of a licensed home care agency or a home health care agency.

Home health care agencies include those licensed primarily to provide nursing, personal care and home support. The level of care includes assisting with or in:

- a) Activities of daily living (eating, toileting, transferring positions, bathing and dressing);
- b) Ambulation and exercise;
- c) Self-administered medications;
- d) Homemaker services or home health aide services; and
- e) Services needed to maintain or improve your functional ability.

Reimbursement of convalescent home care will be made at 80% of eligible expenses up to a maximum payment of \$75 per day for up to 30 days following a minimum hospital admission of 24 hours, upon written recommendation of a physician and completion of a Johnson Inc. authorization form.

The plan also provides for convalescent home care following non-elective day surgery. Reimbursement will be made at 80% of eligible expenses up to a three-day maximum payment of \$75 per person per day.

The home caretaker must not ordinarily reside in your home or the home of an extended family member (spouse, parent, step-parent, parent-in-law, child, step-child, daughter-in-law, son-in-law, guardian, grandparent, brother, step-brother, brother-in-law, sister, step-sister, sister-in-law, grandchild, aunt, uncle, nephew or niece) and must not be related to you by blood or marriage.

To be eligible for reimbursement, the days of home care need not be consecutive but must be provided within 90 days of discharge from the hospital.

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What's not covered under the Semi-Private Hospital Plan?

General exclusions and limitations

This insurance does not cover any expenses for the following:

1. Expenses covered under a government plan (e.g., Provincial/Territorial Health Plans, Workers Compensation), or which a government plan prohibits from being paid;
2. Drugs, sera, injectibles and supplies not approved by Health Canada (Food and Drug), or that are experimental or limited in use whether or not so approved;
3. Experimental medical procedures or treatment methods not approved by the Canadian Medical Association or the appropriate medical specialty society;
4. Charges for medical services that are not medically necessary;
5. Insurance premiums;
6. Charges in excess of the RTO/ERO Plan maximums;
7. Charges in excess of the reasonable and customary charge for the area in which the expense was incurred;
8. Charges by a physician for services rendered (except those pre-approved by Mondial Assistance while travelling outside your province of residence);
9. Charges by a physician, dentist, or health provider for travel time, missed or cancelled appointments, transportation costs, completion of insurance forms or physician's notes, room rental charges or charges for consultation or prescription renewals over the telephone;
10. Expenses for which there would be no charge except for the existence of coverage;
11. Charges for transport or travel, other than as specifically provided under eligible expenses;
12. Examinations and physician notes/forms required for third-party use; and
13. Any expenses incurred directly or indirectly as a result of the following:
 - a) Injuries, illness or attempted suicide that are intentionally self-inflicted while sane or insane;
 - b) Cosmetic surgery or treatment unless it is due to an accidental injury and it began within 90 days of the accident;

- c) Insurrection, war, service in the armed forces of any country, or participation in a riot, or hostilities of any kind;
- d) Your participation as a professional athlete in a sporting event and/or participation in scuba-diving as an amateur (unless licensed), bungee jumping, parachuting, parasailing, rock climbing, mountain climbing, hang-gliding, or skydiving; or
- e) Committing or attempting an assault or criminal offence.

Applicable to the Semi-Private Hospital Plan

In addition to the general exclusions and limitations applicable to all of the Health Plans, the Semi-Private Hospital Plan does not cover any expenses incurred directly or indirectly as a result of or for the following:

1. Accommodation charges in a rest home, nursing home, convalescent home, health spa, a place for custodial care, a home for the aged, or a chronic care facility; and
2. Any other accommodation providing care other than active, acute care (e.g., chronic care, respite care, complex care, alternate level of care, long term rehabilitation, etc.).

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How to Claim Eligible Semi-Private Hospital Plan Expenses:

All claims must be submitted no later than the end of the calendar year following the year in which the expenses were incurred. For example, all claims incurred in 2010 must be submitted by December 31, 2011.

When coverage terminates or your status changes, all claims must be submitted to Johnson Inc. Plan Benefits Claims within 90 days of termination or status change.

Semi-Private Hospital Benefit: At the time of hospital admission, present your Group Benefits ID card to the admitting clerk, indicating that eligible semi-private room expenses are considered under RTO/ERO Plan Number 983429. The hospital should send its bill directly to Johnson Inc. Plan Benefits Claims on your behalf.

If the hospital requires that you pay the bill, send your receipt along with a completed Group Benefits Program claim form to Johnson Inc. Plan Benefits Claims at the address provided below.

Please do not submit a claim for the unpaid portion of your semi-private claim when the claim is reimbursed directly to the hospital.

Convalescent Home Care Benefit: Please contact Johnson Inc. Plan Benefits Claims for an authorization form at the number provided below. Attach the original invoices/receipts from the home care agency or the home health care agency to the authorization form and send it to the Johnson Inc. Plan Benefits Claims address provided below. It is recommended that the authorization form be completed prior to incurring any expenses. Receipts must list each type of service, including the name of the service provider, along with the date of service and charge per service.

Coordination of benefits with other plans: If you are covered under more than one group plan simultaneously, benefit payments from all plans will be coordinated so that the total does not exceed the actual expense incurred. Your claims should be submitted first to this plan, your spouse's claims should be submitted first to his/her plan, and your dependent children's claims should be submitted first to the plan of the parent whose birthday (i.e., month and day) occurs earlier in the calendar year.

A copy of the explanation of benefits from the other insurance carrier, photocopies of all receipts and a completed Group Benefits Program claim form, are required for consideration of the claim balance.

If the other plan under which you are covered does not have a coordination of benefits provision, claims should be submitted first to that plan. If priority cannot be established by those means, benefits will be pro-rated between the plans.

All coordination of benefits follows the Canadian Life and Health Insurance Association coordination of benefits guidelines.

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When does coverage terminate?

Your coverage ceases on the earliest of the following dates:

- The date you request in writing to terminate coverage;
- The date you no longer contribute to the cost of coverage;
- The date you or your dependents are no longer eligible; or
- The date the plan is terminated.

When coverage terminates or your status changes, all claims incurred prior to the termination or status change date must be submitted within 90 days to Johnson Inc. Plan Benefits Claims.

You may be eligible for a refund of pre-paid premium based on your date of cancellation or status change.

Continuation of coverage after your death:

Following notification of your death, Johnson Inc. Plan Benefits Service will send a RTO/ERO Membership and Continuation of Benefits Form for completion. Once received, coverage for your spouse and/or dependent children may be continued for as long as premiums are paid and they continue to qualify for coverage. The form should be mailed to RTO/ERO in the postage paid envelope provided.

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Monthly Premium Rates (Effective February 1, 2010)

Plan	Single	Couple	Family
Semi-Private Hospital	\$17.07	\$34.11	\$40.09

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

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Contact Information

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

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	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
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