

PRESTIGE TRAVEL INSURANCE

Travel insurance coverage with no evidence of good health required. Highlights of Prestige Travel Insurance coverage:

- An unlimited number of 62-day or 93-day (or less) trips outside of Canada, depending on your plan selection.
- An unlimited number of trips within Canada of any duration¹.
- A Supplemental Plan is available for a longer trip of up to 212 consecutive days outside of Canada (depending on province of residence). **A 93-day Base Plan is required in order to purchase a Supplemental Plan.** Contact Johnson Inc. for Supplemental Plan rates.
- Emergency medical travel insurance up to \$10 million per insured person, per trip, including direct billing for eligible emergency medical care².
- Trip cancellation, trip interruption and trip delay coverage³ up to \$8,000 per insured person, per trip, including coverage both inside and outside of your province or territory of residence.
- Baggage coverage up to \$1,500 per insured person, per trip (to a maximum of \$3,000 for all insured persons combined).

BASE PLAN DISCOUNT OPTIONS – only one discount option can be selected:

1. Opt out of Trip Cancellation, Interruption and Delay benefits (20% discount)
2. \$1,000 Deductible per Claim (20% discount)
3. \$5,000 Deductible per Claim (45% discount)

If you chose to opt out of trip cancellation, interruption and delay benefits, or select a deductible, these options also apply to your Supplemental Plan. Discounts only apply to your Base Annual Plan premium.

Prestige Travel Insurance Rates:

Age	0 – 54		55 – 64		65 – 75		76 – 80		81+	
Base Plan options Annual Rates	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
62-day Base Plan	\$441	\$881	\$548	\$1,098	\$853	\$1,705	\$1,594	\$3,187	\$1,676	\$3,352
93-day Base Plan	\$554	\$1,109	\$690	\$1,384	\$1,073	\$2,148	\$2,008	\$4,017	\$2,112	\$4,222

NOTE: Rates shown do not include sales tax. For more information on applicable sales taxes, please contact Johnson Inc.

DENTAL CARE PLAN

- \$1,500 annual maximum per insured per calendar year, combined for all coverages
- 85% Basic / Preventative Services, including:
 - Oral examinations, recall oral examinations, 1 unit of polishing, oral hygiene instruction, and topical fluoride application (twice per year)
- 80% Minor Restorative, including:
 - Endodontics / Periodontics
 - 10 units of scaling and / or root planing per year
- 65% Major Restorative procedures – Must be preauthorized by mail, and includes:
 - Crowns / Posts / Inlays / Onlays
- 50% Dentures / Implants (implants are eligible subject to an Alternate Treatment Clause maximum)

First time applicants will have the annual maximum of \$1,500 pro-rated for the first calendar year of coverage.

DENTAL CARE MONTHLY RATES	
SINGLE	FAMILY
\$70.00	\$139.00

CONTACT A REPRESENTATIVE TODAY:

Toll Free: 1.877.989.2600 (Option #2)
Fax: 1.780.420.6082
Toll Free Fax: 1.866.226.1430
Email: pbservicewest@johnson.ca

JOHNSON INC.
Group Benefits Administration
Box 4005 STN A
Toronto, ON M5W 0M7

rtam.johnson.ca

Effective April 2025

©2025 Johnson Inc. A member of Intact Financial Corporation, Johnson Inc. is a licensed insurance intermediary. Johnson Inc. administers the EHC Plan and the options for Prestige Travel and Dental Care ("Options"). The EHC Plan and Dental Care Option are underwritten by Desjardins Financial Security ("DFS"). Coverage under the EHC Plan is subject to proof of enrolment in the applicable Provincial Pharmacare program. Prestige, MEDOC® and Trip Cancellation & Interruption Travel Insurances are underwritten by Royal & Sun Alliance Insurance Company of Canada ("RSA") and administered by Johnson Inc. Valid provincial/territorial health plan coverage required. Travel assistance is provided by Global Excel Management Inc. Eligibility requirements, limitations and exclusions may apply and/or may vary by province/territory. The information provided in this summary is for informational purposes only and should not be considered legal or insurance advice. Policy wordings prevail. For more information, refer to www.johnson.ca/rtam, Johnson Inc. and RSA share common ownership.

¹Certain benefits do not apply in your province or territory of residence.

²When and where possible, includes direct billing of eligible emergency medical care expenses, when you report the claim by telephone to the Johnson Claims Assistance Centre, and the medical service provider agrees to bill the Johnson Claims Assistance Centre directly. Please refer to your policy for additional information with regard to payment assistance.

³Coverage for Trip Cancellation begins the day of booking your trip provided your insurance is in effect. If a trip is booked prior to Trip Cancellation insurance being in effect, coverage for that trip will begin the day that the insurance premium is paid and the policy is issued. Trip Cancellation, Interruption & Delay Insurance benefits apply only to travel arrangements booked prior to departure.

Desjardins Financial Security Life Assurance Company
www.desjardinslifeinsurance.com
1.877.838.7516

Royal & Sun Alliance Insurance Company of Canada
www.rsagroup.ca
1.888.877.1710

RTAM MEMBER PLAN SUMMARY



VOLUNTARY HEALTH / DENTAL / TRAVEL COVERAGE FOR RTAM MEMBERS

- EXTENDED HEALTH CARE
- DENTAL CARE
- PRESTIGE TRAVEL INSURANCE

Effective April 2025



Comprehensive Insurance Benefits

RTAM sponsors a wide selection of voluntary insurance plans on an individual selection basis. This enables RTAM members to select the insurance coverage options that suit their needs. Attached are the plan highlights for the policy year April 1, 2025 to March 31, 2026. For more information, visit the RTAM benefits website at rtam.johnson.ca or contact Johnson Inc. at 1.877. 989.2600 (option 2).

A variety of other specialty insurance products are also available to RTAM Members, including:

- MEDOC® Travel Insurance
- Guaranteed Life
- Term Life Insurance
- Stand Alone Trip Cancellation / Interruption

For more information on these products, please contact the Plan Administrator, Johnson Inc.

Premium Payment

EXTENDED HEALTH CARE (EHC) and **DENTAL** plan premiums are paid monthly as an authorized deduction from your bank account. There are no extra service charges. Bank deductions are withdrawn one month in advance (a deduction in May is payment for coverage in June). Monthly payment amounts remain consistent throughout the plan year, regardless of when you join.

Annual **TRAVEL** premiums are payable in equal monthly installments. Base Plan premiums are pro-rated on initial enrollment – no additional cost is incurred for joining late in the plan year.

Cancelling **EHC**, and rejoining at a later date, will require evidence of insurability and you may be declined coverage. For more details on premium payment guidelines, please contact RTAM's Plan Administrator, Johnson Inc.

For complete plan details, refer to the Certificate of Insurance/Policy at rtam.johnson.ca

EHC PLAN OPTIONS

There are 2 EHC plans available to RTAM Members: **CORE** and **ENHANCED**.

CORE Extended Health Care Plan

80% coverage for the following eligible expenses, with a combined annual maximum of \$10,000 for both drug and non-drug claims per insured (individual limits apply):

Prescription Drug Coverage:

- Pay direct drug card to reimburse 80% of drugs on the Manitoba Drug Formulary List to a maximum of \$1,050 per insured per policy year
 - **Subject to mandatory generic substitution pricing;**
 - \$6 dispensing fee cap and 8% mark-up limit
 - \$100 for vaccinations per insured per policy year included in annual drug maximum of \$1,050
- Prescription drug coverage includes:
 - Drugs, sera and injectables, and compounds / mixtures requiring a prescription and dispensed by a licensed pharmacist;
 - Both non-prescription drugs (which have a Drug Identification Number) and supplies required for treatment of cystic fibrosis, diabetes (e.g. lancets, test strips, syringes), heart disease or Parkinson's.

Note: Policy year runs from April 1 – March 31, and calendar year runs from January 1 – December 31.

Non-Drug **Core** Coverage:

- Accidental Dental (\$1,000 / policy year)
- Ambulance Service (100% coverage, no maximum)
- Hearing Aids (\$2,000 / 5 consecutive calendar years)
- Home Care (\$50 / day, up to 10 days after minimum of 24-hour hospital stay)
- Medical Aids and Appliances (\$1,000 / 2 consecutive calendar years)
- Foot Orthotics (\$500 / year) and Orthopedic Shoes (\$500 / year), when medically required
- 11 Paramedical Services (\$300 maximum per practitioner / policy year). Includes:
 - Acupuncturist
 - Athletic Therapist
 - Speech Therapist
 - Massage / Shiatsu Therapist
 - Chiropractor
 - Naturopath
 - Osteopath
 - Physiotherapist
 - Podiatrist / Chiropodist
 - Dietician / Nutritionist
 - Psychologist / Registered Social Worker
- Prescribed Health Education Programs (\$300 lifetime maximum per individual)
- Glucose Monitoring System(Flash or Continuous Monitoring) – 1 device every 36 months up to a maximum of \$300. Must be insulin dependent
- Private Duty Nursing (\$3,000 / 3 consecutive calendar years)
- Hospital (\$100 / day for private or semi-private)
- Vision Care (\$250 / 2 calendar years)
- One eye exam (every 2 calendar years)

ENHANCED Extended Health Care Plan

All the benefits of the **CORE** Extended Health Care Plan with benefit enhancements.

80% coverage for eligible expenses (individual limits apply), with a combined \$12,000 annual maximum for both drug and non-drug claims per insured (individual limits apply):

Prescription Drug Coverage:

- Pay direct drug card to reimburse 90% of drugs on the Manitoba Drug Formulary List to a maximum of \$2,400 per insured per policy year
 - **Subject to mandatory generic substitution pricing;**
 - \$6 dispensing fee cap and 8% mark-up limit
 - \$100 for vaccinations per insured per policy year included in annual drug maximum of \$2,400

Non-Drug **Enhanced** Coverage:

The same benefits as under the **CORE** plan, with the following increases in coverage:

- Foot Orthotics (\$650 / year) and Orthopedic Shoes (\$650 / year), when medically required
- Private Duty Nursing (\$6,000 / 3 consecutive calendar years)
- Paramedical Services (\$500 maximum per practitioner / policy year)
- Vision Care (\$350 / 2 calendar years)
- One eye exam (every 2 calendar years)



DON'T FORGET!
Most EHC/Dental claims can be submitted electronically.

If applying for EHC within 60 days of losing group benefits, no medical evidence of insurability is required.

EHC MONTHLY RATES		
	SINGLE	FAMILY
CORE	\$83.00	\$152.00
ENHANCED	\$130.00	\$239.00

