

Comparison – RTO/ERO with Simcoe County Retirees

Benefits Comparison	RTO/ERO Group Benefits Plan (January – December 2010)	Simcoe County Retirees Group Plan (Effective April 1, 2010)
Plan Administrator	Johnson Inc.	OTIP
Member Termination	None	Age 65
Extended Health Care		
Prescription Drugs	\$2,400 per person/year.	Unlimited maximum per person/year.
Deductible	None	None
Dispensing Fee	Not covered.	Not covered.
Reimbursement	Prescription by law, brand or generic, drug card. 85% to a maximum of \$2,400. Erectile Dysfunction medications limited to \$350 per calendar year.	Prescription by law, generic substitution, drug card. 75% of the cost of prescriptions for the first \$3,500 paid per certificate/family, after \$3,500 reimbursement increases to 80%. Erectile Dysfunction medications limited to \$1,000 per calendar year.
Accidental Dental	80% reimbursement.	80% reimbursement.
Diabetic Supplies	Insulin preparations, needles, syringes and chemical diagnostic aids reimbursed under prescription drugs. \$50 at 80% once every 5 years for blood glucose monitors. 80% reimbursement for automatic insulin injectors.	Insulin preparations, needles, syringes and chemical diagnostic aids reimbursed under prescription drugs. 80% reimbursement to \$150 every 5 years for blood glucose monitors. Automatic insulin injectors limited to \$300 every 5 years.
Diagnostic Services	80% reimbursement.	80% reimbursement.
Durable Medical Equipment	80% reimbursement.	80% reimbursement.
Ground Ambulance	80% reimbursement.	80% reimbursement.
Hearing Aids	80% reimbursement, \$1,000 every 3 calendar years.	100% reimbursement, \$1,000 every 5 calendar years (12 months for dependant children).
Medical Aids & Supplies	80% reimbursement.	80% reimbursement.
Paramedical Services	80% reimbursement, \$700 combined maximum. Covers paramedicals already noted under Simcoe, plus Acupuncturist, Dietician, Herbalist, Homeopath, Nutritionist, Shiatsu Therapist. Doctor's note not required for any paramedical service.	50% reimbursement (after provincial maximum). Physiotherapist \$1,000 per calendar year (except for degenerative diseases), Registered Massage Therapist \$500 per calendar year, Psychologist and Speech Pathologist to \$300 per calendar year each. Above requires doctor's note. Chiropractor, Osteopath, Naturopath, Podiatrist and Chiropodist each limited to \$300 per calendar year. These do not require a doctor's note.
Services	N/A	Carepath Cancer Assistance
Private Duty Nursing	80% reimbursement, \$1,500 every 2 calendar years, RN, LPN, RPN.	100% reimbursement, \$10,000 per calendar year, RN only.
Prosthetic Appliances	80% reimbursement.	80% reimbursement.
Travel	100% reimbursement, \$1,000,000 per trip maximum, 62 day duration, \$6,000 per person trip cancellation and interruption/delay benefit.	100% reimbursement, \$1,000,000 lifetime maximum, 90 day duration
Vision Care	\$300 per person/two years. Reimburses 80% of eyeglasses, contacts, or laser surgery.	\$150 per person/24 months. Reimburses 100% of eyeglasses, contacts or laser eye surgery.
Eye Exams	80% reimbursement, one exam every 2 calendar years to \$85 (1 calendar year for dependent children).	100% reimbursement, one exam per 24 months (12 months for dependent children).

Revised: April 2009

Note: As these are group insurance plans, rates include 8% sales tax applicable to Ontario residents. This document highlights selected benefits. For a complete list of benefits, please visit the websites. For the purpose of this comparison, year means calendar year.

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Semi Private Hospital						
General Notes	Optional.			Included in Extended Health Care.		
Hospital Room	Unlimited per person/day maximum. Reimburses 95%.			\$165 per person/day maximum. Reimburses 100%.		
Convalescent Care	\$75 per person/day, post-hospitalization. Reimburses 80% to a maximum of 30 days. Also covers maximum of 3 days after day surgery.			Not covered.		
Dental Care						
General Notes	Optional.			Must have Extended Health Care.		
Fee Guide	2010 – Current.			2008 – Current, minus two years.		
Maximums	Separate per benefit, unless otherwise noted.			Overall combined, unless otherwise noted.		
Recall Examinations	9 months.			9 months.		
Basic & Preventive	Unlimited per person/year. Reimburses at 85%.			\$1,200 per person/year. Reimburses at 100%.		
Crowns	\$700 per person/year. Reimburses at 50%.			\$1,200 per person/year. Reimburses at 50%.		
Dentures	Partial dentures included under Major Restorative.			Separate maximum of \$700 per person/5 years. Reimburses at 50%.		
Endodontic & Periodontic	\$850 per person/year. Reimburses at 80%.			\$1,200 per person/year. Reimburses at 80%.		
Major Restorative	\$700 per person/year for fixed bridges and partial dentures. Reimburses at 50%.			\$1,200 per person/year. Reimburses at 50%.		
Minor Restorative	Included under Endodontic & Periodontic.			\$1,200 per person/year. Reimburses at 100%.		
Monthly Rates	Single	Couple	Family	Single	Couple	Family
Extended Health Care	\$78.70	\$157.40	\$188.89	\$134.00	\$263.64	\$325.98
Semi-Private Hospital	\$18.44	\$36.84	\$43.30	Included in Extended Health Care		
Dental Care	\$57.22	\$112.84	\$140.70	\$67.44	\$133.84	\$167.53

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