

**Comparison of RTO-ERO Insurance Plans and RWTO/OERO's Hospital & Home Care Plan
May 2017**

Benefit/Feature	RWTO/OERO Hospital & Home Care Plan	RTO-ERO's Insurance Plans
Convalescent Benefit	\$350/month for up to 6 months following hospital confinement of 3 days or more due to injury or illness; \$72.50 per week for up to four weeks following out-patient surgery due to injury or illness.	Not included in the Extended Health Care Plan.
Home Nursing Benefit	80% of incurred expenses for services of a registered nurse, practical nurse or a personal support worker. Subject to a \$1,500 maximum for any one injury or illness.	Included in the <i>Extended Health Care Plan</i> , the plan reimburses 80% of incurred expenses of a registered nurse or practical nurse. Subject to a \$2,000 maximum in every 2 consecutive calendar years. See monthly premium costs for <i>Extended Health Care Plan</i> below.
Semi-private Hospital Accommodation	Not included	Included in the <i>Semi-private Hospital Plan</i> . The plan reimburses 95% of the daily semi-private room rate. Under the Semi-private Hospital Plan, the plan also pays 80% of charges for home care provided to the insured by a licensed home care or home health care agency. Reimbursement will be made at 80% of eligible expenses up to a maximum of \$75 per day for up to 30 days following a minimum hospital stay of 24 hours.

		<p>Reimbursement will be made at 80% of eligible expenses up to a maximum of \$75 per day for up to 3 days following non-elective day surgery.</p> <p>Temporary stay in a long-term care facility following a 24-hour hospitalization is subject to a maximum of \$75 per day, 30 days per calendar year.</p> <p>See monthly premium costs for <i>Semi-private Hospital Plan</i> below.</p>
Fracture Benefit	<p>Pays a scheduled amount depending on bone fractured. If more than 1 bone is fractured in a single injury, the amount payable is for the most severe fracture.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Ankle - \$200 • Pelvis - \$350 • Lower leg (Fibula & Tibia) - \$275 • Hip - \$200 • Any other fracture not defined in the contract - \$125 	Not included in any of the plans.
Comfort Care Benefit	<p>\$25 per day, subject to a \$600 maximum of any one injury or illness, while confined in a hospital. There are no age restrictions and benefits start from the 1st day in hospital.</p>	<p>Under the <i>Hospital Money Plan</i> (see <i>Individual Insurance Plans on the RTO website</i>), there are 2 plans available that pay a daily benefit (amount decreases by age). Cash benefits start from the 4th day in hospital and are payable for up to 365 days of hospitalization for any one injury or</p>

		<p>illness. At age 75, the maximum benefit period changes to 60 days.</p> <p>Plan 1 pays \$20/day up to age 64; \$15/day up to age 74; and \$10/day up to age 85.</p> <p>Plan 2 pays \$40/day up to age 64; \$30/day up to age 74; and \$20/day up to age 85.</p> <p>See monthly premium costs for <i>Hospital Money Plan</i> below.</p>
Ambulance/Taxi Benefits	<p>For treatment of an injury or illness requiring hospital confinement or outpatient treatment, when transportation to and/or from the hospital by ambulance or taxi, insured person will be reimbursed for the expense, not to exceed \$45 for any one injury or illness and subject to a maximum of \$135 per benefit year.</p>	<p>Included as part of the <i>Extended Health Care Plan</i>, the plan provides 80% reimbursement for licensed ground ambulance to and from a local hospital, when medically necessary for emergency treatment.</p>
Transportation Benefit	<p>Following hospital confinement or outpatient surgery, if transportation of the insured person (other than by ambulance) to and/or from a hospital or doctor's office is necessary for treatment, the insured person may do so by taxi, scheduled air, bus or rail service, or by private automobile and will be eligible for reimbursement up to \$350 for any one injury or illness. Private vehicle mileage will be reimbursed at \$.35/km. If the insured person is hospitalized more than</p>	<p>Not included in any of the plans.</p>

	150 kms. from home, and such hospital confinement continues for at least seven consecutive days, the insured will be eligible for reimbursement for the cost of scheduled air, bus or rail service, or in the case of travel by private automobile, at the rate of \$.35/km for an immediate family member to visit the insured while hospitalized, subject to a maximum of \$350 for any one injury or illness. Parking costs are now included up to the current maximum of \$350 per injury or illness (combined with other transportation benefits). Effective May 1, 2017 , reimbursement of up to \$100 for Cancer Society Volunteer Driver is now included to the same overall maximum.	
Patient Transfer Benefit	Pays for transport by private ambulance to and/or from a hospital or doctor's office, to a maximum of \$135 following a period of hospital confinement or outpatient surgery.	Not included in any of the plans.
Physician Validation Expense Benefit	Reimbursement of up to \$50 for charges imposed by a physician for completing a claim form.	Not included in any of the plans.
Special Equipment Benefit	Pays for the rental or purchase of lift chairs, hospital beds or adjustable beds when required and recommended by a physician – subject to a \$200 maximum benefit for any one injury or illness.	As part of the <i>Extended Health Care Plan</i> , the plan provides 80% reimbursement for the rental or purchase of bath aids and lifts.
Mobility Assistance Benefit	Pays for the purchase or rental of walkers, crutches or wheelchairs when	As part of the <i>Extended Health Care Plan</i> , the plan provides 80% reimbursement for

	recommended by a physician and subject to a \$150 maximum for any one injury or illness. Effective May 1, 2017: Prescribed Ergonomic Walking Poles are now included to the same overall maximum.	the rental or purchase of a walker, wheelchair, canes and crutches. Note: maximum not stated. Any eligible medical aid/equipment acquired on a rental basis will be limited to a 3-month period.
Assistive Devices Benefit	Pays for the purchase or rental of grab bars, bath seats, commodes , raised toilet seats and reachers, if required, and when recommended by a physician. Subject to a \$100 maximum for any one injury or illness.	As part of the <i>Extended Health Care Plan</i> , the plan provides 80% reimbursement of post-surgical comfort and convenience items (eg. Reachers and Shoe Lacers) directly related to the surgery performed, to a limit of \$200 in any 2 consecutive calendar years.
Physiotherapy Benefit	Pays for the services of a licensed, professional physiotherapist following a period of hospital confinement and when recommended by a physician. Subject to a \$200 maximum per year.	As part of the <i>Extended Health Care Plan</i> , the plan provides 80% reimbursement of physiotherapist services under the Paramedical Practitioners benefit. Overall calendar year maximum is \$1,300 for all practitioners combined.
Cataract Surgery Benefit	Pays for the cost of prescribed pre- and post-operative medical supplies, including medications, sunglasses, lenses, frames and eye patches. Now includes cataract testing not covered by OHIP. Subject to a \$100 maximum per eye.	Not included in any of the plans.
Hearing Aid Benefit	Pays for the purchase of or repairs to hearing aids, including the initial cost of batteries, prescribed by a physician, speech or hearing specialist, subject to a maximum of \$200 every 4 benefit years.	As part of the <i>Extended Health Care Plan</i> , the plan provides 80% reimbursement for the purchase or repairs of hearing aids, excluding batteries, to a limit of \$1,100 per insured person in any 5 consecutive

	Effective May 1, 2017 , included in the same overall maximum are Cochlear Implants.	calendar years. One hearing test to an annual limit of \$75 per insured person.
Oxygen Benefit	Purchase, lease or rental of oxygen and necessary equipment for the administration of oxygen, subject to a maximum of \$300 per benefit year. Now includes CPAP machines and accessories, up to the current maximum of \$300 per benefit year.	As part of the <i>Extended Health Care Plan</i> , the plan provides 80% reimbursement of oxygen. Also, pays for purchase or rental of CPAP unit and eligible supplies at 80% of cost.
Prescription Drugs	Not included.	As part of the <i>Extended Health Care Plan</i> , the plan provides 85% reimbursement. Included in the annual drug maximum (\$3,200 per insured person) is coverage for the \$100 Ontario Drug Benefit Program deductible (reimbursed based upon 85% of ingredient costs for eligible drugs); coverage for the treatment of erectile dysfunction, reimbursed at 85% and subject to the overall prescription drug maximum of \$3,200.
Vision Care	Not included	As part of the <i>Extended Health Care Plan</i> , the plan provides 80% reimbursement for prescription eyewear (eyeglasses, sunglasses, and contact lenses including fitting fees and laser eye surgery) to a combined limit of \$400 every 2 years. One eye examination, to a maximum of \$150 every 2 consecutive years. Corneal incision to a combined maximum of \$300/2 years.

Other Aids and Appliances	Not included	As part of the <i>Extended Health Care Plan</i> , 80% reimbursement for: <ul style="list-style-type: none"> • purchase of braces, crutches, canes, casts; • artificial limbs, eyes or breast prosthesis; • purchase of surgical stockings (to an annual limit of \$400 per person) • Custom-made orthopaedic shoes – limit of \$500 per year. • Purchase or rental of a Continuous Positive Air Pressure Unit (to treat sleep apnea).
Diagnostic and Other Procedures	Not included	As part of the <i>Extended Health Care Plan</i> , 80% reimbursement of diagnostic procedures and radiology for tests not covered by OHIP. Diagnostic procedures include PSA testing for cancer and radiology.
Accidental Dental	Not included.	As part of the <i>Extended Health Care Plan</i> , 80% reimbursement up to \$1,000 for necessary dental treatment required as a direct result of accidental damage for an external blow to natural or artificial teeth.
Educational Program	Not included	As part of the <i>Extended Health Care Plan</i> , 80% reimbursement of medically related programs recommended by a physician, to an annual maximum of \$200 per insured

		person.
Referral Treatment Outside Canada	Not included	As part of the <i>Extended Health Care Plan</i> , 80% reimbursement for hospital charges for room and board (for the difference between the benefit payable by OHIP and the actual cost of ward accommodation), limited to 31 days per period of disability, and physician charges where permitted by law, for medically necessary treatment received outside Canada when such treatment is not available in Canada. Must be referred by a physician in Canada.
Out-of-province/Canada Travel Benefit	<p>Not included in the Hospital & Home Care Plan, but available through the RWTO Travel Insurance Plan. Coverage is arranged by CanAm Travel Insurance and “shopped” for best available rates based upon age and health conditions.</p> <p>Additional travel benefits available are:</p> <ul style="list-style-type: none"> • Trip Cancellation or Interruption • Baggage and Personal Effects • Air Flight, Common Carrier, 24-hour Accident • Visitors to Canada Emergency Hospital Medical coverage • Single Trip or Annual Emergency Medical plans available • Top-up coverage to provide additional coverage when other 	<p>As part of the <i>Extended Health Care Plan</i>, 100% reimbursement of eligible travel emergency medical expenses incurred due to a sudden and unforeseen accident or medical emergency while travelling outside your province of residence, including outside Canada. Maximum of \$2,000,000 per person, per trip. For trips of no more than 93 days duration.</p> <p>Trip Cancellation, Interruption/Delay benefits cover up to \$6,000 per insured person for the pre-paid non-refundable portion of travel arrangement costs for trips booked prior to departure from province of residence.</p>

	travel plans expire.	
Co-ordination of Benefits	<p>If insured person has similar benefits under any other individual or group contract, benefits will be co-ordinated with those of other contracts or plans. If any other plan does not contain a provision for co-ordination with or reduction of benefits payable under this plan, the benefit payable under such other plan will be determined first. If the other plan contains a provision for co-ordination, the benefits will be prorated between or among the plans in proportion to the amounts that would have been paid under each plan had there been coverage by only that plan. Benefits will be coordinated so claims paid do not exceed 100% of allowable expenses paid.</p>	<p>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 to the RTO plan first, then to other plans. 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 prorated between the plans.</p>
Monthly Premiums	<p>\$14.49 Member; \$15.57 Spouse. <i>(Note: rates have remained unchanged for over 16 years.)</i></p>	<p><i>Extended Health Care Plan</i> \$90.37 Member; \$180.76 Couple; \$216.93 Family (+ 3% increase over last year's rates) <i>Semi-private Hospital Plan</i> \$14.60 Member; \$29.16 Couple; \$34.28 (no change from last year) Family <i>Hospital Money Plan:</i> Plan 1- up to age 74: \$9.95 Member; \$17.95 Member & Spouse Plan 1 – age 75 to 84:</p>

		<p>\$13.95 Member; \$25.50 Member & Spouse Plan 2 – up to age 74: \$19.90 Member; \$35.90 Member & Spouse Plan 2 – age 75 to 84: \$27.90 Member; \$51.00 Member & Spouse (no change from last year)</p>
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