







Jan. 1 to Dec. 31, 2017				
Benefits Comparison 2017	ARM Original 4000	ARM Prestige 2500	ARM Prestige 750	RTO Group Insurance Plan
Plan Administrator	OTIP (Ontario Teachers Insurance Plan)			Johnson Inc.
Age Restriction	No age restriction.	No age restriction.	No age restriction.	No age restriction.
Member Fee	\$50	\$50	\$50	\$1.25 / \$1,000 of pension.
Extended Health Care				
Reimbursement (NOTE: Reasonable and customary limits apply.)	80%, unless noted otherwise.	80%, unless noted otherwise.	80%, unless noted otherwise.	80%, unless noted otherwise.
Prescription Drugs	\$4,000 per person/year. Includes \$750 for sexual dysfunction.	\$2,500 per person/year. Includes \$750 for sexual dysfunction.	\$750 per person/year. Includes \$750 for sexual dysfunction.	\$3,300 per person/year. Sexual dysfunction included in prescription drug maximum
Deductible	None.	None.	None.	None.
Dispensing Fee	Not covered.	Not covered.	Not covered.	Not covered.
Reimbursement	85% of ingredient costs.	80% of ingredient costs.	80% of ingredient costs.	85% of ingredient costs.
Generic Reimbursement	<p>If a brand name drug is prescribed instead of a generic brand, because of an adverse reaction or therapeutic failure, your physician will need to complete the Request for Approval of Brand-Name Drug form. Visit www.otip.com/forms to get this form.</p> <p>NOTE: If you are currently taking a brand name drug(s) and your physician has indicated “no substitution” on prior claims, you do not need to complete the form. This will only apply to new prescribed drugs on or after January 1, 2017.</p> <p>Express Scripts Canada Pharmacy home delivery program. You are reimbursed up to 100% for your generic maintenance prescription drug expenses (or 90% of eligible brand name prescription drugs) and you can receive up to a 90-day supply for one low \$9 dispensing fee.</p>			Mandatory generic substitution.
Diabetic Supplies	Included in prescription drug maximum.	Included in prescription drug maximum.	Included in prescription drug maximum.	Included in prescription drug maximum.

Vision Care	\$375 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery. 80% reimbursement.	\$250 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery. 100% reimbursement.	\$250 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery. 100% reimbursement.	\$400 per person/two years for eyeglasses, prescription sunglasses, contact lenses or laser eye surgery. 80% reimbursement.
Vision Tests	\$125 per person/two years. 80% reimbursement.	\$125 per person/two years. 80% reimbursement.	\$125 per person/two years. 80% reimbursement.	\$150 per person/two years.
Paramedical Services	<p>\$1,250 per person/year (all practitioners combined). Coverage for the services of any of the following licensed, certified or registered practitioners (payable only after your provincial health insurance plan maximum has been reached, if applicable):</p> <ul style="list-style-type: none"> • Acupuncture performed by a Chiropractor, Physiotherapist, Naturopath or Acupuncturist • Chiropodist • Chiropractor • Nutritional counseling provided by a Dietician, Homeopath or Naturopath • Osteopath • Physiotherapist • Podiatrist • Psychologist • Reflexology performed by a Reflexologist • Registered Family Therapist • Registered Massage Therapist* • Shiatsu Therapist* • Registered Social Worker • Speech Pathologist <p>*Requires written authorization by an attending physician.</p> <p>NOTE: Reasonable and customary limits apply to the “eligible amount” for paramedical services and/or supplies. You can do some comparison shopping before buying items or services to reduce your out-of-pocket expenses such as costs of treatments and services.</p>			<p>\$1,300 per person/year (all practitioners combined). Covers from first visit.</p> <ul style="list-style-type: none"> • Acupuncturist • Chiropodist • Chiropractor • Dietician • Herbalist • Homeopath • Naturopath • Nutritionist • Osteopath • Physiotherapist • Podiatrist • Registered Clinical Psychologist • Registered Massage Therapist • Shiatsu Therapist • Speech Therapist <p>Physician authorization not required.</p>

Travel	95 days per trip.	93 days per trip.
Maximum	\$2 million per person/trip. 100% reimbursement.	\$2 million per person/trip. 100% reimbursement.
Trip Cancellation / Interruption	\$6,000 per person/trip.	\$6,000 per person/trip.
Additional Expenses	\$150 per day to a maximum of \$1,500.	\$150 per day to a maximum of \$1,500.
Repatriation of Remains/ Burial at Place of Death	\$5,000 per person for repatriation or burial.	\$5,000 per person for repatriation or burial.
Return of Children	Co-ordinate and pay for the return home, including grandchildren.	Covered, including grandchildren.
Vehicle Return	\$2,000 per trip.	\$2,000 per trip.
Supplemental Travel	Optional. Access to a competitive top-up travel insurance program, with per-day rates, for trips over 95 days . Not administered by OTIP.	Optional. Coverage for trips longer than 93 days.
Custom-Made Orthopaedic Shoes/Boots	80% reimbursement of eligible charges to a maximum of 2 pairs per year.	80% reimbursement. \$500 per person/two years combined.
Custom-Made Orthotics	80% reimbursement of eligible charges up to a maximum of \$500 in any two years.	
Home Care	Automatically included as part of your health care plan. 80% reimbursement to a maximum of \$75 per day, for a maximum of 30 days following an active, acute care hospital stay for a minimum of 24 hours, and a maximum of three days following non-elective day surgery. To cover charges for convalescent home care provided in own home, mainly for the purpose of assistance with activities of daily living.	Included with the purchase of Semi-Private Hospital. 80% reimbursement to a maximum of \$75 per person/day to a maximum of 30 days following a 24-hour hospitalization or a maximum of 3 days following day surgery. Also covers a maximum of 30 days per year in a long-term care facility following a 24-hour hospitalization.
Private Duty Nursing	\$2,000 per person/year, 80% reimbursement.	\$2,000 per person/two years.
Hearing Aids	\$1,000 per person/three years, 100% reimbursement.	\$1,100 per person/three years, 80% reimbursement
Medical Aids, Equipment & Supplies	80% reimbursement of eligible charges.	80% reimbursement of eligible charges.
Incontinence Supplies	\$750 per person/year.	\$750 per person/year.
Support Stockings	\$950 per person/year.	\$400 per person/year.

Post-surgical Items	\$200 per person/year.	\$200 per person/two years.
Accidental Dental	80% reimbursement of eligible charges.	Covered.
Ambulance	80% reimbursement of eligible charges.	Covered.
Diagnostic Procedures	80% reimbursement of eligible charges. If a diagnostic test has been requested by your physician who has deemed it “medically necessary,” the test will be covered by the provincial health plan. Only eligible diagnostic tests, not covered by a provincial health plan, can be submitted to the ARM plan for consideration.	Covered.

Additional Valued Extra Programs	<ul style="list-style-type: none"> • CAREpath – The Cancer Assistance Program • Edvantage – Edvantage Rewards Program offers access to savings, contests and special events. • Express Scripts Canada Pharmacy – Home Delivery program (reimbursement increases to 100% for generic prescription drugs). • The Seniors’ Care Assistance Program provided by Bayshore HealthCare – navigation for senior support services and programs. 			<ul style="list-style-type: none"> • Educational Program - \$200 per person/year. • ElderCare • Best Doctors • MemberPerks
Hospital Accommodation	Unlimited semi-private per person/day. 100% reimbursement.	Unlimited semi-private per person/day. 80% reimbursement.	Not covered.	Optional - Unlimited per person/day. 95% reimbursement.
Hospital Cash	\$10 per day to a maximum of \$100 per stay when a semi-private room is not available.			Optional benefit.
Dental Care	Optional.			Optional.
Fee Guide	Current year.			Current year.
Basic & Preventive	Unlimited per person/year. 80% reimbursement. 12 units of scaling.			Unlimited per person/year. 85% reimbursement. 8 units of scaling
Endodontic & Periodontic	\$750 per person/year. 80% reimbursement.			\$850 per person/year. 80% reimbursement.
Major Restorative	\$700 per person/year for crowns, bridges, implants and partial dentures combined. 50% reimbursement.			\$800 per person/year for crowns, plus \$800 per person/year for fixed bridges and partial dentures. 50% reimbursement.

Jan. 1 to Dec. 31, 2017				
Rate Comparison 2017	ARM Original 4000 2017	ARM Prestige 2500 2017	ARM Prestige 750 2017	RTO/ERO Group Insurance Plan 2017 RATES
Health Care Coverage	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family
\$4,000	\$128.39 \$252.58 \$300.63			
\$2,500		\$103.79 \$198.35 \$241.12		
\$750			\$76.29 \$145.34 \$175.58	
\$3,300				\$97.60 \$195.22 \$234.28
Semi-Private Hospital	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family
	Included in health-care plan.	Included in health-care plan.	Not Available	\$15.77 \$31.49 \$37.02
Dental Care	Single/Couple/Family			Single/Couple/Family
All ages	\$67.05 \$132.72 \$162.19			\$61.64 \$121.53 \$151.56

Note: This document highlights selected benefits. For a complete list of benefits and available plans, please visit the websites below. For the purpose of this comparison, a year means calendar year. ARM rates are for non-Quebec residents only. RTO/ERO's rates include 8% sales tax applicable to Ontario residents.