







Jan. 1 to Dec. 31, 2019				
Benefits Comparison 2019	ARM Original 4000	ARM Prestige 2500	ARM Prestige 750	Competitor Insurance Plan
Plan Administrator	OTIP (Ontario Teachers Insurance Plan)			
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	\$3,400 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	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 . 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.			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	\$300 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery 100% reimbursement	\$300 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)</p> <p>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 • Naturopath • Nutritional counseling provided by a Dietician, Homeopath or Naturopath • Osteopath • Physiotherapist • Podiatrist • Psychologist • Psychotherapist • Reflexology performed by a Reflexologist • Registered Family Therapist • Registered Massage Therapist* • Shiatsu Therapist* • Registered Social Worker • Speech Pathologist <p>*Only Registered Massage Therapist and Shiatsu Therapist require written authorization by an attending physician.</p> <p>Please note: There are per visit maximums for paramedical services. You can do some comparison shopping before buying services to reduce your out-of-pocket expenses. Visit www.otip.com/visit-max for more information.</p>			<p>\$1,300 per person/year (all practitioners combined)</p> <p>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, 80% reimbursement
Hearing Aids	\$1,100 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	80% reimbursement
Ambulance	80% reimbursement of eligible charges	80% reimbursement

Diagnostic Procedures	<p>80% reimbursement of eligible charges</p> <p>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.</p> <p>Only eligible diagnostic tests, not covered by a provincial health plan, can be submitted to the ARM plan for consideration.</p>	80% reimbursement
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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 • OTIP Bursary program – We award twelve bursaries of \$1,500 each, annually to post-secondary school students! 			<ul style="list-style-type: none"> • Educational Program - \$200 per person/year – 80% reimbursement • 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 Care	Unlimited per person/year 80% reimbursement 12 units of scaling			Unlimited per person/year 85% reimbursement. 8 units of scaling
Endodontic & Periodontic Care	\$750 per person/year. 80% reimbursement			\$850 per person/year 80% reimbursement
Major Restorative Care	\$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

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Rate Comparison	ARM Original 4000	ARM Prestige 2500	ARM Prestige 750	Competitor Insurance Plan
2019 monthly rates	2019	2019	2019	2019
Health Care Coverage	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family
\$4,000	\$133.90 \$263.31 \$312.57			
\$2,500		\$110.61 \$211.47 \$256.35		
\$750			\$80.96 \$154.28 \$185.56	
\$3,400				\$107.34 \$214.72 \$257.68
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	\$68.81 \$136.19 \$166.43			\$64.12 \$126.45 \$157.68