



Health, dental and travel insurance for all retired education employees Apply online today – visit otip.com/rtip-apply

When you pursue a career in education, you choose more than a career. You choose a life, a life dedicated to putting others first.

# **OUR STORY**

## Our name is OTIP.

Our initials stand for Ontario Teachers Insurance Plan. We stand for putting Ontario's educators first. Members of the education community are our reason for being helping them protect the things they care about is what gets us out of bed in the morning, and it's what makes us look forward to tomorrow.

## It's been like that since day one.

Over 40 years ago, a group of like-minded individuals came together to create OTIP. They strongly believed the insurance needs of Ontario's education community would be better served by a not-for-profit insurance advocate. With determination, skill and vision, OTIP works with the best insurance companies to shape and innovate products and services specially built for the education community.

Today, we proudly offer a full range of group and individual insurance products that all share one thing in common. They were created to specifically address and satisfy the unique needs of our members.

## Why? Because we believe that insurance built around members of the education community is the best insurance of all, and that doesn't stop at retirement.

At OTIP, we don't have a profit motive. We have something more inspiring: a "putting our members" first" motive. The proceeds we generate by meeting the needs of our members and going beyond expectations enable us to continually develop new and better ways to protect what matters to them most.

OTIP is proudly governed, led and inspired by the four education affiliates and their local leaders who daily champion the employees of Ontario's education communities. Being affiliate-led means we understand the needs and hopes of our members. Every product and service we offer has been shaped and improved by this deep understanding.

And that will always be true.

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## WHY CHOOSE RTIP

- No age restrictions and no membership fees. Open to all retired Ontario education employees.
- Three health-care plans to choose from, with different prescription drug maximums and the freedom to increase or decrease your coverage at your next renewal.\*
- Deluxe travel insurance is included in every RTIP plan and provides coverage for up to 95 consecutive days per trip, with unlimited trips per year.
- You have the option to add dental coverage at any time, without penalty.
- Online claims are easy! Submit your claims online and your reimbursement will be deposited directly into your bank account.
- Complementary access to these important service/programs:
  - **Express Scripts Canada Pharmacy**<sup>™</sup>− a drug home delivery program that covers 100% of your generic maintenance prescription drug expenses (or 90% of eligible brand-name prescriptions).
  - Edvantage exclusive discounts from a variety of retail and service providers.
  - The Seniors' Care Assistance Program<sup>™</sup> assistance in navigating through the multitude of senior support services and programs available in Canada.
  - **OTIP Bursary Program** we award bursaries of \$1,500 annually to post-secondary school students.
  - FeelingBetterNow<sup>®</sup> mental health management program, available 24/7 online and on mobile.
  - CAREpath Cancer Assistance Program<sup>™</sup> assistance in navigating through the multitude of cancer support services and programs available in Canada.

See pages 20-21 for more information about these programs.

## Flexibility is important

Your needs will change throughout your retirement, so having the freedom to increase or decrease your coverage is very important. It is especially important once you turn 65 because the Ontario Drug Benefit (ODB) Program may cover the majority of your prescription costs. RTIP gives you the flexibility to decrease your prescription drug coverage at your next renewal (January 1)\*, therefore reducing your monthly premiums. Don't pay for more prescription drug coverage than you need! For more information about the ODB Program, visit health.gov.on.ca and search "ODB Program."

| ison 14             | For more information,           |
|---------------------|---------------------------------|
| ison 16             | contact OTIP:                   |
| tion Form 17        | Phone: 1-800-267-6847           |
| vices/programs      | Online: otip.com/rtip           |
| RTIP plans 20       | Mail:                           |
| anning Checklist 22 | PO Box 218, Waterloo ON N2J 3Z9 |
|                     |                                 |

# **DECIDING ON A PLAN**

## How old are you? What are your current annual prescription drug costs?

**Under age 65** ► If you haven't kept track of the cost of your prescription drugs, don't worry! Call your pharmacist to determine the total annual cost of your prescription drugs.

Age 65 or older ► If you are 65 or older and living in Ontario with a valid Ontario health card, you are eligible for the Ontario Drug Benefit (ODB) Program. This program may cover the majority of your prescription drug costs. Call your pharmacist to determine the annual cost of your prescription drugs that are not covered under the ODB Program. Use that amount to determine the RTIP plan that will meet your coverage needs.

## My current annual prescription drug costs are:

(Not including dispensing fees)

## RTIP offers the following levels of prescription drug coverage to fit your current and potential future needs:

| Plan           | Annual prescription drug max. | What else is included? Go to: |
|----------------|-------------------------------|-------------------------------|
| RTIP Plus 4000 | \$4,000                       | Page 6                        |
| RTIP Gold 2500 | \$2,500                       | Page 8                        |
| RTIP Gold 750  | \$750                         | Page 10                       |

Remember, you're not locked in! We offer multiple plans because we know your needs will change throughout your retirement, and when they do, you'll be able to increase your coverage by one level (e.g. Gold 2500 to Plus 4000) or decrease by any number of levels (e.g. Plus 4000 to Gold 750, Gold 2500 to Gold 750). Once you decrease your plan, you must wait two years before you can increase your coverage again.\*

Find the appropriate plan in this guide and use this checklist to further customize your coverage.

- □ Choose single, couple or family coverage.
- □ Ensure the monthly premiums fit your budget.
- □ Review and understand your prescription drug coverage.

## What else is important to you?

\$

- □ Travel insurance Coverage for up to 95 consecutive days per trip, with unlimited trips per year.
- □ Vision care.
- □ Paramedical services (chiropractic, physiotherapy, acupuncture, etc.)
- □ Semi-private hospital accommodation included in RTIP Plus 4000 and RTIP Gold 2500.
- □ Dental coverage always optional. Add it at any time with no penalty and claims reimbursement effective immediately.

Apply online today at otip.com/rtip-apply or complete and return the application form on page 17.

If at any time you are having trouble understanding something or making the best decision, call us at 1-800-267-6847 and we'll help you find the right coverage.



## Have a dependant?

Members' unmarried, unemployed children under the age No medical evidence is required if you apply for an RTIP of 21 (under 31 if attending school full-time) are eligible for plan within 60 days of your group health plan end date. dependant coverage under an RTIP plan. There is no age limit for unmarried, dependent children who are incapable I'm already retired and want to switch of self-sustaining support due to a mental or physical from a different group benefits plan. disability that ocurred prior to age 21. Keep in mind any If you want to switch to RTIP (even from another retiree group two family members can qualify for couple coverage. health benefits plan), you can apply within 60 days of your If you do not have an eligible spouse, you and your current group health plan end date, without providing dependent child can qualify for couple rates. medical evidence. There is no age restriction to join RTIP.

## I've set my retirement date.

## Best time to apply!

Apply before your current health coverage ends to ensure If you apply for any retiree health plan more than 60 days after your RTIP coverage is ready when you need it. Applying your health coverage ends, medical evidence is required. early also ensures that your benefits card is in your hands when your coverage begins.

If you continue to be covered under another group plan and wish to coordinate benefits with your RTIP plan, medical evidence is not required if you apply within 60 days of your retirement.

Please note: the eligibility requirements apply to everyone covered on the plan. When transitioning from an existing plan, a spouse or dependant must have been covered by the same plan, otherwise medical evidence is required.

All retired Ontario education employees, their families and survivors can apply for a coverage under an RTIP plan. There is no age restriction to join RTIP.

## WHO IS ELIGIBLE

## I've recently retired.

## I have not been covered under a group health benefits plan in the last 60 days.

## I'm still working or I'm semi-retired.

Even if your current health plan is not ending, you can still apply for an RTIP plan to coordinate benefits. Medical evidence is required.

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## **RTIP Plus 4000**

## This plan covers:

## \$4,000 drug maximum

- Eligible prescription drug expenses are reimbursed at 85% to a maximum of \$4,000 per person, per calendar year.
- No deductible.
- Sexual dysfunction drug coverage is included up to \$750 per person.
- You are responsible for dispensing fees.
- Save more money when you use the Express Scripts • Canada Pharmacy<sup>™</sup> home delivery program for your maintenance prescription medications. You receive **100% coverage** for your generic maintenance prescription drug expenses (or 90% of eligible brand-name prescriptions). Details on page 20. Note: Savings are not available in Quebec.

## Also included at no additional cost

- Paramedical services 80% reimbursement of eligible charges up to a combined maximum of \$1,250 per person, per calendar year.
- Vision care 80% reimbursement of eligible charges up to \$375 per person in any two calendar years.
- Hospital coverage unlimited semi-private hospital accommodation with 100% reimbursement.
- Deluxe travel insurance for up to 95 consecutive days per trip, unlimited trips per calendar year! Details on page 12.
- Access to The Seniors' Care Assistance Program<sup>™</sup>, • FeelingBetterNow<sup>®</sup>, OTIP Bursary program, CAREpath Cancer Assistance Program<sup>™</sup> and Edvantage savings program. Details on pages 20 and 21.

## Notes:

(For more details, see the Plan Comparison Chart on pages 14-15.)

This comprehensive plan provides \$4,000 in prescription drug coverage per person, per calendar year. With superior health-care coverage, unlimited semi-private hospital accommodation and deluxe travel insurance built in, it is the choice of many retired education employees.

**Monthly Premiums** 

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| des unlimited semi-private hospital<br>nmodation and deluxe travel insurance)<br><sup>ST do not apply.</sup> |                   |  |
|--|-------------------|--|
| 00 drug maximum<br>ndar year.  | i per person, per |  |
| Jle  | \$133.90          |  |
| ple  | \$263.31          |  |
| nily   | \$312.57          |  |

4000

## **RTIP Gold 2500**

## This plan covers:

## \$2,500 drug maximum

- Eligible prescription drug expenses are reimbursed at 80% to a maximum of \$2,500 per person, per calendar year.
- No deductible.
- Sexual dysfunction drug coverage is included up to \$750 per person.
- You are responsible for dispensing fees.
- Save more money when you use the Express Scripts Canada Pharmacy<sup>™</sup> home delivery program for your maintenance prescription medications. You receive 80% coverage for your generic maintenance prescription drug expenses (or 90% of eligible brand-name prescriptions). Details on page 20. Note: Savings are not available in Quebec.

## Also included at no additional cost

- Paramedical services 80% reimbursement of eligible charges up to a combined maximum of \$1,250 per person, per calendar year.
- Vision care 100% reimbursement of eligible charges up to \$300 per person in any two calendar years.
- Hospital coverage unlimited semi-private hospital accommodation with 80% reimbursement.
- Deluxe travel insurance for up to 95 consecutive days per trip, unlimited trips per calendar year!
   Details on page 12.
- Access to The Seniors' Care Assistance Program<sup>™</sup>, FeelingBetterNow<sup>®</sup>, OTIP Bursary program, CAREpath Cancer Assistance Program<sup>™</sup> and Edvantage savings program. Details on pages 20 and 21.

Notes:

(For more details, see the Plan Comparison Chart on pages 14-15.)

RTIP Gold 2500 is the perfect plan for members who need less prescription drug coverage, but still want all of the other comprehensive health-care services and deluxe travel insurance with the option to add dental coverage.

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| onthly Premiums<br>ludes unlimited semi-pr<br>ommodation and deluxe<br>A HST do not apply. |               |  |
|--|---------------|--|
| 500 drug maximum pe<br>endar year.   | r person, per |  |
| gle  | \$110.61      |  |
| uple   | \$211.47      |  |
| mily   | \$256.35      |  |
| -  | 2             |  |

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## **RTIP Gold 750**

## This plan covers:

## \$750 drug maximum

- Eligible prescription drug expenses are reimbursed at 80% to a maximum of \$750 per person, per calendar year.
- No deductible.
- Sexual dysfunction drug coverage is included up to \$750 per person.
- You are responsible for dispensing fees.
- Save more money when you use the Express Scripts Canada Pharmacy<sup>™</sup> home delivery program for your maintenance prescription medications. You receive 100% coverage for your generic maintenance prescription drug expenses (or 90% of eligible brand-name prescriptions). Details on page 20. Note: Savings are not available in Quebec.

## Also included at no additional cost

- Paramedical services 80% reimbursement of eligible charges up to a combined maximum of \$1,250 per person, per calendar year.
- Vision care 100% reimbursement of eligible charges up to \$300 per person in any two calendar years.
- Deluxe travel insurance for up to 95 consecutive days per trip, unlimited trips per calendar year! Details on page 12.
- Access to The Seniors' Care Assistance Program<sup>™</sup>, FeelingBetterNow<sup>®</sup>, OTIP Bursary program, CAREpath Cancer Assistance Program<sup>™</sup> and Edvantage savings program. Details on pages 20 and 21.

Notes:

(For more details, see the Plan Comparison Chart on pages 14-15.)

RTIP Gold 750 is the right plan for members who may require reduced prescription drug coverage, but still want all of the other comprehensive health-care services and deluxe travel insurance with the option to add dental coverage.

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> > \$750 cale

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| onthly Premiun<br>ludes deluxe travel<br>& HST do not apply. |                 |    |
|--|-----------------|----|
| 0 drug maximum<br>endar year.                                | per person, per |    |
| ngle   | \$80.96         | 1  |
| ouple  | \$154.28        | 1  |
| mily   | \$185.56        | 1º |

For questions on how coverage may be impacted by the COVID-19 pandemic, visit: otip.com/rtip-covid

# TRAVEL INSURANCE

## Included in all RTIP plans at no additional cost local care of dependants. If you are hospitalized and

Our deluxe travel insurance offers comprehensive coverage and is included in all RTIP health-care plans at no additional cost. In most cases, you will not need to purchase travel insurance when traveling outside of the province or country.

### **Emergency medical treatment**

- Coverage for up to **\$2 million per person**, per trip while traveling outside of your province of residence.
- Coverage is effective for trips up to **95 consecutive** days, with an unlimited number of trips per year.

### Trip cancellation and/or trip interruption

- Coverage for up to **\$6,000 per person**, per trip for pre-paid, non-refundable, non-transferable, unused expenses if you are unable to travel or continue to travel due to death, illness, or serious injury to yourself or a member of your immediate or extended family (as defined in the contract).
- Trip cancellation and trip interruption coverage are not available if you depart prior to the effective date of your RTIP policy. In the event of a trip interruption, return airfare is covered if the expense is incurred after the effective date of your RTIP policy.

### 24-hour emergency assistance

While you are away, 24-hour emergency assistance is always available. Services include arranging for: payment to health-care providers, medical referrals, transportation, notification of physician and family, and

your dependent children and/or grandchildren under the age of 16 are left unattended, their return home will be co-ordinated and paid for. If necessary, a qualified escort will accompany the dependent children, and the escort's expenses for a round trip will be paid.

## Before you decide to travel

- If you depart on your trip prior to the effective date of your RTIP policy, your coverage will begin the day your RTIP policy comes into effect. The 95-day limit will begin on the day you depart.
- Claims processing uses a standard administrative practice to determine if you were clinically stable at the time of the incident. Because decisions on the eligibility of a claim are made after the claim has been submitted, OTIP cannot guarantee before you leave that claims related to your pre-existing medical condition will be covered.
- As with any insurance plan, it is important to check the details of your contract to ensure you are protected. Complete details of the coverage and exclusions under the RTIP deluxe travel insurance plan can be found at otip.com/For-Retirees/Travel.

Access competitive top-up insurance for trips over 95 consecutive days through 21st Century Travel **Insurance.** Find out more at **otip.com/rtip** or call 21st Century Travel Insurance at 1-800-567-0021.

## DENTAL COVERAGE

## **Dental coverage is optional**

RTIP's dental plan covers regular examinations, preventative care and many more substantial procedures, as outlined below. Reimbursement is based on the current year's Ontario Dental Association fee guide for general practitioners.

## **Coverage includes:**

### **Basic and preventative care\***

80% coverage for dental examinations, extraction fillings, X-rays, periodontal scaling combined with root planing up to 12 units of time, cleaning and preventative procedures with no overall maximum Coverage for recall examinations is limited to nine months from the last appointment.

### **Basic restorative care\***

80% coverage for root canals (endodontics) and gum disease treatments (periodontics), up to a combined annual maximum of \$800.

### Major restorative care\*

50% coverage for crowns, bridges, implants and dentures, to a combined annual maximum of \$700.

### **Denture care\***

50% coverage for rebasing and relining of upper and lower dentures, up to a maximum of one treatment per year.

## Add dental coverage at any time!

Dental coverage can be added to any of the RTIP health-care plans, or purchased alone, at any time. Claim reimbursements are effective immediately. The only requirement is that you remain enrolled for at least 12 months after adding dental care to your plan. If you decide to cancel your dental coverage after the minimum 12-month requirement, you must wait 24 months before you can repurchase this benefit.

| Monthly Premiums<br>PST & HST do not apply. |          |
|---|----------|
| Single                                      | \$68.81  |
| Couple                                      | \$136.19 |
| Family                                      | \$166.43 |
| Notes:                                      |          |

## PLAN COMPARISON

Note: All coverage is per person, unless stated otherwise.

| Benefit  | Coverage Information   | RTIP Plus 4000   | RTIP Gold 2500  | RTIP Gold 750   |
|--|--|--|---|---|
| Prescription Drugs<br>Annual maximums                          | All prescription drug maximums are<br>per person, per calendar year.<br>You are responsible for dispensing<br>fees. No deductible.   | \$4,000  | \$2,500   | \$750   |
| Reimbursement  | Percentage of reimbursement of<br>prescription drug costs.<br>If a brand-name drug is prescribed<br>instead of a generic drug because of an<br>adverse reaction or therapeutic failure,<br>your physician will need to complete the<br>Request for Approval of Brand-Name<br>Drug form.<br>Visit <b>otip.com/forms</b> to access this<br>form. | 85%  | 80%   | 80%   |
| Sexual Dysfunction   |  | Included in annual<br>drug maximum up<br>to \$750                                    | Included in annual drug<br>maximum up<br>to \$750                                     | Included in annual drug<br>maximum up<br>to \$750                                     |
| Express Scripts<br>Canada Pharmacy<br>home delivery<br>program | Save more money when you use the Express Scripts Canada Pharmacy home delivery program for your maintenance prescription medications. You receive 100% coverage for your generic maintenance prescription drug expenses (or 90% of eligible brand-name prescriptions). Note: Savings are not available in Quebec.                              |  |   |   |
| Vision Care  | Coverage for purchase and repair<br>of prescription lenses and frames,<br>prescription sunglasses, contact<br>lenses or laser eye surgery.   | 80% reimbursement<br>of eligible charges up<br>to \$375 in any two<br>calendar years | 100% reimbursement of<br>eligible charges up to<br>\$300 in any two<br>calendar years | 100% reimbursement<br>of eligible charges up<br>to \$300 in any two<br>calendar years |
| Additional coverage<br>following cataract<br>surgery           | Coverage for intraocular lens<br>implants, contact lenses or<br>eyeglasses following<br>cataract surgery.  | 80% reimbursement<br>to a lifetime maximum<br>of \$375                               | 100% reimbursement to a lifetime maximum of \$300                                     | 100% reimbursement<br>to a lifetime maximum<br>of \$300                               |
| Hospital<br>Accommodation                                      | Included with all hospital<br>accommodation benefits, when a<br>semi-private room is not available, the<br>hospital cash benefit will provide \$10<br>per day to a maximum of \$100 per stay<br>to cover expenses such as parking,   | Unlimited<br>semi-private<br>accommodation<br>with 100%<br>reimbursement             | Unlimited semi-private<br>accommodation with<br>80% reimbursement                     | Not included  |

80% reimbursement of eligible charges up to a combined maximum of \$1,250 per calendar year. Coverage for the services of any of the following licensed, certified or registered practitioners (payable only after your provincial health plan maximum has been reached, if applicable):

- Chiropractor
- Podiatrist
- Chiropodist
- Registered Massage Therapist\*
- Psychologist
- Registered Family Therapist
- Registered Social Worker
- Osteopath
- PhysiotherapistSpeech Pathologist
- Nutritional Counselling
- provided by a Dietician
- Homeopath
- Naturopath

- Shiatsu Therapist\*
- Reflexology performed by a ReflexologistAcupuncture performed by a Chiropractor,
- Physiotherapist, Naturopath or Acupuncturist
- Psychotherapist

\*Massage therapy and Shiatsu services require written authorization by an attending physician. **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 **otip.com/visit-max** for more information.

|                                  | A STATE OF STATE                          |  |
|----------------------------------|---|--|
|                                  | Included in all I                         | RTIP plans (Reasonable and customary limits ma   |
|                                  | Hearing Aids                              | 100% reimbursement of eligible charges up to<br>eligible charges for purchase and repair of hea<br>Devices Program.  |
|                                  | Custom-made<br>Orthotics                  | 80% reimbursement of eligible charges to a m<br>years. Custom-made orthotics must be prescr<br>a biomechanical exam and gait analysis.   |
|                                  | Custom-made<br>Orthopaedic<br>Shoes/Boots | 80% reimbursement of eligible charges to a m<br>adjustments only to stock-item orthopaedic be  |
|                                  | Incontinence<br>Supplies                  | 80% reimbursement of eligible charges up to a authorization by an attending physician.   |
|                                  | Support<br>Stockings                      | 80% reimbursement of eligible charges up to a apply, surgical support stockings must be a m <b>Please note:</b> Reasonable and customary allow   |
|                                  | Deluxe Travel<br>Insurance                | Our deluxe travel insurance offers comprehens<br>plans at no additional cost. <b>Coverage is effect</b><br>emergency coverage up to \$2 million per perse<br>trip interruption or cancellation coverage. See                 |
|                                  | Vision Tests                              | Vision tests are covered at a rate of 80% to a Retina Tomograph (HRT) exams are covered a calendar years.  |
|                                  | Hearing Tests                             | Hearing tests are covered at a rate of 100% to   |
|                                  | Sleeping Aids                             | 80% reimbursement of eligible charges, cover<br>Positive Air Pressure unit (CPAP) following app<br>CPAP unit are covered as follows: mask, head<br>pillow – once every 12 months. Filters – maxim<br>– once every 24 months. |
| ß                                | Comfort &<br>Convenience<br>Items         | 80% reimbursement of eligible charges, up to<br>supports (Obus Forme, bath aids, etc.) recomm<br>out-patient treatment, e.g. day surgery), provid<br>equipment provided through an equipment loa<br>(LHINs), Red Cross, etc. |
| Benefi                           | Diagnostic<br>Services                    | 80% reimbursement of eligible charges. Cover<br>direction of a physician (e.g. CEA cancer level,<br>has been requested by your physician who ha<br>by the provincial health plan.  |
| Care                             | Dental Accident                           | 80% reimbursement of eligible charges. Coverage mouth. This benefit does not apply to injuries carmouth.   |
| alth-                            | Ambulance<br>Services                     | 80% reimbursement for costs that exceed you  |
| d He                             | Private Duty<br>Nursing                   | 80% reimbursement of eligible charges. Cover<br>Registered Practical Nurse (RPN), Registered I<br>up to \$2,000 per person every calendar year.  |
| <b>Extended Health-Care Bene</b> | Home Care                                 | 80% reimbursement to a maximum of \$75 per d<br>hospital stay for a minimum of 24 hours, and a n<br>cover charges for convalescent home care provi<br>activities of daily living.  |
| ш                                | Medical Aids,<br>Equipment &<br>Supplies  | 80% reimbursement of eligible charges, ongoi<br>crutches and canes, oxygen equipment, etc., a<br>bandages, dressings, grab bars, commodes, e   |
|                                  | Prosthetic<br>Appliances                  | 80% reimbursement of eligible charges. Cover<br>torso casts, cervical collars, braces (once ever<br>maximum of \$750   |

maximum of \$750.

Paramedical

Services

### may apply to extended health-care benefits).

to \$1,500 every three calendar years. Reimbursement of earing aids following an application to the Assistive

maximum of \$500 (limited to one pair) in any two calendar cribed by a physician or podiatrist/chiropodist and requires

maximum of two pairs per calendar year. Modifications and boots/shoes are eligible.

a maximum of \$750 per calendar year. Must provide written

o a maximum of \$950 per calendar year. For coverage to minimum of 20-30 mmHg compression factor. wance limits apply.

nsive coverage and is included in all RTIP health-care ctive for trips up to 95 consecutive days, with medical rson, per trip. You may be reimbursed for up to \$6,000 for the page 12 for details.

a maximum of \$125 in any two calendar years. Heidelberg at a rate of 80% to a separate maximum of \$125 in any two

### to a maximum of \$75 per calendar year.

erage for the remaining 25% of the cost of a Continuous oplication to the Assistive Devices Program. Supplies for the adgear, hose cannula, foam cushion seal replacement and imum of three packages of five, every 12 months. Humidifier

o \$200 per person, per calendar year for post-surgical nmended by your physician following surgery (includes vided purchase takes place within 30 days of returning pan program such as Local Health Integration Networks

rerage for tests not performed in a hospital but under the el, CA 125 for women and PSA for men). If a diagnostic test has deemed it "medically necessary," the test will be covered

rage for damage caused by a direct accidental blow to the caused by an object placed wittingly or unwittingly in the

our provincial health plan's limit.

erage for the services of a Registered Nurse (RN), a d Nursing Assistant (RNA) or Licensed Practical Nurse (LPN),

day, for a maximum of 30 days following an active, acute care maximum of three days following non-elective day surgery. To wided in own home, mainly for the purpose of assistance with

oing coverage for medical necessities such as hospital beds, , as well as medical aids and supplies, including surgical , etc., with written authorization by an attending physician.

erage includes artificial limbs and eye replacements, splints, ery 24 months per body part), etc. Wigs covered to a lifetime

# **RATE COMPARISON**

## **Monthly Health-Care Premiums**

|        | RTIP Plus 4000  | RTIP Gold 2500   | RTIP Gold 750                |
|--------|---|--|------------------------------|
|        | \$4,000<br>Annual drug maximum<br>(includes unlimited semi-private hospital<br>accommodation coverage at<br>100% reimbursement) | \$2,500<br>Annual drug maximum<br>(includes unlimited semi-private hospital<br>accommodation coverage at<br>80% reimbursement) | \$750<br>Annual drug maximum |
| Single | \$133.90  | \$110.61   | \$80.96                      |
| Couple | \$263.31  | \$211.47   | \$154.28                     |
| Family | \$312.57  | \$256.35   | \$185.56                     |

Premiums may differ for residents of Quebec. Call OTIP to determine what your monthly premiums will be.

## **Monthly Dental Premiums**

Optional coverage. You can choose to add dental coverage to any RTIP health plan.

| Single  | Couple   | Family   |
|---------|----------|----------|
| \$68.81 | \$136.19 | \$166.43 |

Any two family members can qualify for couple coverage. If you do not have an eligible spouse, you and your dependent child can qualify for couple rates. Limit one policy per member. Provincial Sales Tax (PST) and Harmonized Sales Tax (HST) are NOT applicable to RTIP premiums. The premiums listed in the 2021 RTIP Guide are effective from January 1, 2021 to December 31, 2021. The RTIP Guide is a summary of the important features of each of our plans, and does not constitute a contract. Once you enrol, we will provide you with a contract containing the specific terms and conditions. Only the terms and conditions of the contract are binding.

## **RTIP APPLICATION FORM**

## Please return to: PO Box 218, Waterloo ON N2J 3Z9 | Fax: 1-888-646-3842

Benefits are administered by OTIP and underwritten by Manulife Financial. Please print using a ballpoint pen.

| Section A   General Information  |                           |                                     |   |
|--|---------------------------|-------------------------------------|---|
| Date of Birth<br>mm  dd  yy  | Applicant's Last Name     | First Name                          | Middle Initial                              |
| Address  |                           | Apt.                                | Sex   |
| City/Town  | Province                  | Postal Code                         |   |
| Home Telephone No.   | Alternate Telephone No.   | Email Address                       |   |
| I prefer all correspondence in:  | English     French        |                                     |   |
| First Name & Middle Initial<br>(Provide last name if different from applicant)                               | Date of Birth             | Sex Complete if you dependent stude | have an eligible<br>ent over the age of 21. |
| Spouse/Partner   | mm  dd  yy                |                                     | School Name<br>Year End of School           |
| Dependent Child  | mm  dd  yy                |                                     |   |
| Dependent Child  | mm  dd  yy                |                                     |   |
| Dependent Child  | mm  dd  yy                |                                     |   |
| <b>Coordination of Benefits (COB)</b><br>Are you, your spouse or dependants<br>covered under any other plan? | Yes Name of other insu No | urance company Policy/Group         | No. ID/Certificate No.                      |

### Section B | Eligibility

I wish to be covered under an RTIP plan starting:

Within the last 60 days: If you select any of the three of

- □ I have been insured as an active member under a group health benefits plan.
- □ I have been insured as a retired member under a group health benefits plan.
- D My current health plan is not terminating and I am looking to co-ordinate my benefits.

### Policy/Group No.

**Insurance Company Name** 

□ I have not been covered under a group health benefits plan in the last 60 days.

| me    | First Name    | Middle Initial |
|-------|---------------|----------------|
|       | Apt.          | Sex            |
|       | Postal Code   |                |
| e No. | Email Address |                |

| mm   | 01   | уу         |    |    |    |  |  |  |  |  |  |
|--|--|------------|----|----|----|--|--|--|--|--|--|
| options below, complete the gold Policy/Group No. below. |  |            |    |    |    |  |  |  |  |  |  |
|  | Plan Termin  | ation Date | mm | dd | уу |  |  |  |  |  |  |
|  | Plan Termin  | ation Date | mm | dd | уу |  |  |  |  |  |  |
|  | Please call OTIP or visit otip.com/forms and download<br>the Application for Insurance and Evidence of<br>Insurability for RTIP/ARM members. |            |    |    |    |  |  |  |  |  |  |
|  | Identification/Certificate No.   |            |    |    |    |  |  |  |  |  |  |
|  |  |            |    |    |    |  |  |  |  |  |  |
|  | Please call OTIP or visit otip.com/forms and download<br>the Application for Insurance and Evidence of<br>Insurability for RTIP/ARM members. |            |    |    |    |  |  |  |  |  |  |
|  |  |            |    |    |    |  |  |  |  |  |  |

| Section C   Coverage Selection  | (Select your options below and fill in the appropriate information.) | Monthly Premium |
|---------------------------------|--|-----------------|
| RTIP Plus 4000                  | □ Single □ Couple □ Family   |                 |
| Health Care                     | \$4,000 prescription drug maximum                                    | \$              |
| Dental Coverage (optional)      | □ Single □ Couple □ Family   | \$              |
| Total Premium (add all choices) |  | \$              |
| RTIP Gold 2500                  | □ Single □ Couple □ Family   |                 |
| Health Care                     | \$2,500 prescription drug maximum                                    | \$              |
| Dental Coverage (optional)      | □ Single □ Couple □ Family   | \$              |
| Total Premium (add all choices) |  | \$              |
| RTIP Gold 750                   | □ Single □ Couple □ Family   |                 |
| Health Care                     | \$750 prescription drug maximum                                      | \$              |
| Dental Coverage (optional)      | □ Single □ Couple □ Family   | \$              |
| Total Premium (add all choices) |  | \$              |
| RTIP Dental Coverage Only       | □ Single □ Couple □ Family   | \$              |

### Section D | Authorization & Payment Method (Select <u>ONE</u> payment method only and sign accordingly.)

I hereby apply for benefits coverage ("Coverage") and certify that the information provided is true and complete. I authorize OTIP and its Insurer to collect, use, maintain and disclose my personal information, including personal health information ("Information"), relevant to this application, for the purposes of evaluating my eligibility to the plan, benefits plan administration, providing me with ongoing services, protecting us both from error and fraud and complying with various legal requirements ("Purposes"). I am authorized to consent to the collection, use, maintenance and disclosure of Information pertaining to my dependant(s) (spouse/child), if applicable, for the Purposes. I agree that the Information in this application will be shared with the Insurer and any Coverage shall not become effective until approved by the Insurer. I agree that my Coverage may be denied or terminated at any time as a result of any false, incomplete, or misleading information having been provided in support of this application. This authorization shall remain valid unless cancelled by me in writing.

### METHOD A – Automatic monthly pension deduction for members who have a pension with Ontario Teachers' Pension Plan

I hereby apply for coverage under the Retired Teachers Insurance Plan with OTIP and direct the Ontario Teachers' Pension Plan Board to deduct and remit premiums from my pension for my contribution towards the cost of this benefit contract. I understand and accept that premium amounts are subject to changes I elect and/or upon the renewal of my benefit contract and that OTIP will automatically apply and deduct the new premium amount from my pension and I agree to waive any other notice of premium changes. If my payment is rejected for any reason, I understand I will be notified and any outstanding amounts will be automatically deducted from my pension the following month. I consent to the collection, use and disclosure of any information required to administer the program including personal information such as my social insurance number (SIN).

OR

| SIN |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|
|     |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |

Signature X

Date (mm/dd/yy)

### METHOD B – Monthly pre-authorized payment plan (PAD)

I (the "payor") hereby authorize OTIP to withdraw monthly premium payments from my account on or about the first day of each month as well as any revised payment amounts or any other amounts that may be due and owing by me. If my payment is returned by my financial institution, for any reason, not limited to non-sufficient funds, I understand that an administrative fee for each payment returned may be added to the outstanding balance owed. If my payment is returned or stopped, I understand I will be notified and any outstanding amounts will be automatically withdrawn from my account the following month. OTIP may terminate coverage should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. I understand and accept that premium amounts are subject to changes I elect and/or upon the renewal of my benefit contract and that OTIP will automatically apply and deduct the new premium amount from my account and I agree to waive any other notice of premium changes. This authorization shall remain valid unless canceled by me in writing, subject to providing notice of ten (10) business days prior to the next deduction from my account. I understand that cancellation of this authorization does not relieve me of my obligation to pay all amounts that may be owing to OTIP by a method that is satisfactory to OTIP.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information about my recourse rights, I may contact my financial institution or visit cdnpay.ca. I warrant OTIP on a continuing basis that all persons authorized to sign on this Personal PAD account have authorized this agreement, agreed to all terms therein, and that the information provided with regard to this Personal PAD Account are accurate and complete. I undertake to notify OTIP of any changes to my chequing/savings account information, including change of name, at least ten (10) business days prior to the next Personal PAD from my account.

Type of Account: Chequing Savings

A void cheque MUST be attached to/included with this application.

Is this a joint account requiring only one signature? 🛛 Yes 🗋 No If both signatures are required, both account holders must sign this form.

Signature X

Date (mm/dd/yy)

# What's your LifePlan?

## There is still a need for life insurance coverage in retirement!

## An OTIP LifePlan policy can help:

- cover final expenses
- pay mortgage and/or debt



- maintain financial security for your family
- provide a legacy to your loved ones

Learn more at otip.com/LifePlan

Seniors' Care Assistance









## Seniors' Care Assistance

The Seniors' Care Assistance Program connects you to a registered nurse to help you understand and navigate your senior care options.

The Cancer Assistance Program provides answers, quidance and support. We are with you every step of the way during your cancer

treatment and recovery.

Cancer Assistance

> www.otip.com/RTIPValuedExtras 1.800.290.5106

CAREpath

~Bayshore

## Planning a vacation or need a day at the spa? Renovating your home? Looking for a break on your phone bill?

## Start saving today! Visit edvantage.ca/RTIP21

**OTIP RAEO** ®

OTIP RAEO .

**Express Scripts** Canada Pharmac

## If you or your dependants take maintenance medications ...

## Join the Express Scripts Canada Pharmacy<sup>®</sup> to get access to:

Free delivery in Canada

On-call pharmacists 24/7

- Refill and renewal reminders
  - Worry-free auto refills
    - Up to a 90-day supply

Online transfers and refills

## **Join ONLINE** at express-scripts.ca/otip

Visit www.express-scripts.ca/otip for more information.

Residents of Quebec have access to PharmaGo. Please visit www.pharmago.ca for more information.



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## Do you know a student who could use an extra \$1,500 for tuition?

If you're insured with OTIP and you or one of your relatives (e.g. child, step-child, grandchild, niece, nephew, aunt, uncle, sister, brother, spouse, etc.) will be a full- or part-time post-secondary student in the upcoming academic vear. enter online for the chance to win a bursary from OTIP.

Bursaries of \$1,500 each are awarded annually. The deadline to enter is June 15 each year.

Visit otip.com/bursary to learn more!

## FeelingBetterNow

Connecting Mental Health Problems to Solutions

## Take charge of your mental health! Introducing a completely new approach to emotional and mental health management.

**express-scripts.ca v** @ExpressRxCanada **in** Express Scripts Canada

## Edvantage can help you save on these and so much more.



 Access to Mental Health Support Resources

Get started: www.feelingbetternow.com/otip

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## **RETIREMENT PLANNING CHECKLIST**

## **Retirement planning**

- Contact OTPP (Ontario Teachers' Pension Plan) at otpp.com or OMERS (Ontario Municipal Employees Retirement System) at omers.com. A password is required to log on to your pension account.
   Gather necessary documents such as your birth certificate, marriage license, spouse's birth certificate, etc.
- □ Write a retirement letter to your employer.
- □ Apply for health, dental and travel insurance with RTIP.
- □ Make decisions regarding your life insurance update beneficiaries.
- Update or create your will and power-of-attorney (personal and financial).
- □ Contact your insurance broker to update to retirement status.

## **Financial planning**

- □ Registered Retirement Savings Plan, Tax-Free Savings Account, Tax minimization.
- Consider when you'll apply for Canada Pension Plan and Old Age Security.
- □ Reduce your debt.

## Lifestyle considerations

- $\hfill\square$  Take care of your funeral arrangements, document passwords and deposit box
- Do you have any hobbies/pastimes that you want to re-introduce into your life?
- How are you going to maintain social interaction?
- □ Are you interested in pursuing other work?
- □ What is your plan to keep physically and mentally active?





# Where retired education employees save on car and home insurance.

## An exclusive offer for retired education employees:

- Save up to 25% on car insurance
- Save up to 50% on home insurance when you insure both your car and home with OTIP\*

Continue receiving exclusive group rates and specialized protection throughout your retirement!

## For a car or home insurance quote, visit otip.com/RTIP21 or call 1-866-605-6847

\*The discount of up to 50% is a one-time offer and applies only to the home insurance premiums if the eligible member has both a home and an auto policy underwritten by Traders General Insurance Company, part of the Aviva Insurance Company of Canada. OTIP and Traders/Aviva have the right to withdraw this offer at any time. Must reside in Ontario to be eligible for this discount. NOTE: Please contact OTIP for eligibility as there are other conditions that may apply.