

RTO/ERO Group Benefits Plan

Plan Administrator	Johnson Inc.
Type of Plan	Group Insurance
Maximum Age to Enroll	None.
Member Fee	\$1.25 / \$1,000 of annual pension.
Extended Health Care	
General Notes	Optional.
Reimbursement Level	80%, unless noted otherwise.
Prescription Drugs	\$2,400 per person/year, including \$350 for erectile dysfunction.
Deductible	None.
Dispensing Fee	Not covered.
Reimbursement	85% of ingredient cost. Reimbursement for brand or generic drugs.
Accidental Dental	Covered.
Ambulance	Covered.
Diagnostic Procedures	Covered.
Educational Program	\$200 per person/year for physician-authorized programs.
Medical Aids & Appliances	
Diabetic Supplies	85% reimbursement. Included in prescription drug maximum.
Hearing Aids	\$1,000 per person/three years.
Incontinence Supplies	\$400 per person/year.
Medical Equipment	Covered.
Orthopaedic Shoes	\$500 per person/two years.
Post-surgical Items	\$100 per person/two years.

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Nursing Services	\$1,500 per person/two years.
Paramedical Services	\$700 per person/year (all practitioners combined). Covers from first visit. Physician authorization not required. Acupuncturist Homeopath Podiatrist Chiropracist Naturopath Registered Clinical Psychologist Chiropractor Nutritionist Registered Massage Homeopath Dietician Osteopath Shiatsu Therapist Herbalist Physiotherapist Speech Therapist
Travel	62 days per trip.
Maximum	\$1,000,000 per person/trip. 100% reimbursement.
Trip Cancellation/Interruption	\$6,000 per person/trip.
Additional Expenses	\$150 per day to a maximum of \$1,500.
Repatriation of Remains/ Burial at Place of Death	\$5,000 per person for repatriation, or \$5,000 per person for burial.
Return of Children	Covered, including grandchildren.
Vehicle Return	\$2,000 per trip.
Vision	\$300 per person/two years for eyeglasses, prescription sunglasses, contact lenses or laser eye surgery.
Eye Exams	\$85 per person/two years.
Supplemental Travel	
General Notes	Optional.
Travel	Coverage for trips longer than 62 days.

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Semi-Private Hospital			
General Notes	Optional.		
Hospital Room	Unlimited per person/day maximum. Reimburses at 95%.		
Hospital Cash	Optional benefit.		
Home Care	\$75 per person/day, post-hospitalization. Reimburses 80% to a maximum of 30 days. Also covers maximum of 3 days after day surgery.		
Dental Care			
General Notes	Optional.		
Fee Guide	2010 – Current year.		
Basic & Preventive	Unlimited per person/year. Reimburses at 85%.		
Endodontic & Periodontic	\$850 per person/year. Reimburses at 80%.		
Major Restorative	\$700 per person/year for crowns, plus \$700 per person/year for fixed bridges and partial dentures. Reimburses at 50%.		
Rates	Single	Couple	Family
Extended Health Care	\$78.70	\$157.40	\$188.89
Semi-Private Hospital	\$18.44	\$36.84	\$43.30
Dental Care	\$57.22	\$112.84	\$140.70

Note: This document provides a summary of the RTO/ERO Health Plans and is not a valid contract. All descriptions of the benefits are governed by master policies issued by the insurance company and held by RTO/ERO. For a complete list of benefits and available plans, please refer to your RTO/ERO booklet or visit www.rto-ero.org.