



Plan Design Summary for Retirees

FOR THOSE WHO RETIRED ON OR AFTER JUNE 1, 2018

| OVERALL BENEFITS PLAN | COVERAGE DETAILS |
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| Reimbursement | <ul style="list-style-type: none"> 100% of eligible claims, unless otherwise stated (subject to reasonable and customary limits) |

| BENEFIT | COVERAGE DETAILS |
|---|---|
| Prescription Drugs | |
| Prescription Formulary (including life-sustaining drugs, diabetic supplies and preventive vaccines) | <ul style="list-style-type: none"> 100% coverage of eligible drugs No deductible Includes life-sustaining drugs, diabetic supplies and preventive vaccines (except for over-the-counter (OTC) vaccines that are non-life sustaining) May be subject to prior authorization Pay-direct drug card available Mandatory generic substitution \$6 maximum dispensing fee Limit of 5 dispensing fees paid by the plan per chronic medication per year \$5,000 lifetime maximum for fertility drugs |
| Dental | |
| Reimbursement Guide | <ul style="list-style-type: none"> Based on current fee guide for province of treatment |
| Basic Services | <ul style="list-style-type: none"> 100% of checkups, x-rays, fillings, etc. No annual maximum Recall exams every 9 months for adults; every 6 months for children under age 19 10 units of basic/periodontal scaling (combined) per rolling 12 months |
| Major Restorative Services | <ul style="list-style-type: none"> 60% \$2,500 maximum per benefit year |
| Periodontics/Endodontics | <ul style="list-style-type: none"> 100% coverage of root canals and related services 100% coverage of scaling, root planing, gum treatments, etc. |
| Orthodontics | <ul style="list-style-type: none"> 50% coverage for adults and children \$3,000 lifetime maximum |

| Paramedical Services | |
|--|--|
| Chiroprapist/Podiatrist | <ul style="list-style-type: none"> • Maximum \$500 per benefit year |
| Naturopath | <ul style="list-style-type: none"> • Maximum \$500 per benefit year |
| Chiropractor | <ul style="list-style-type: none"> • Maximum \$500 per benefit year |
| Osteopath | <ul style="list-style-type: none"> • Maximum \$500 per benefit year |
| Psychologist & Social Worker | <ul style="list-style-type: none"> • Maximum \$750 per benefit year (combined) |
| Registered Massage Therapist | <ul style="list-style-type: none"> • Maximum \$500 per benefit year |
| Speech Therapist/ Speech Language Pathologist | <ul style="list-style-type: none"> • Maximum \$500 per benefit year combined with Audiologist |
| Physiotherapist | <ul style="list-style-type: none"> • Maximum \$1,500 per benefit year combined with Occupational Therapist and Athletic Therapist |
| Vision Care | |
| Glasses and Contacts | <ul style="list-style-type: none"> • Maximum \$450 per 24 months |
| Eye Exam | <ul style="list-style-type: none"> • Maximum \$120 per 24 months |
| Medical Services and Supplies | |
| Orthotics | <ul style="list-style-type: none"> • Orthotics: \$700 maximum per rolling 24 months, 1 pair limit |
| Orthopedic shoes | <ul style="list-style-type: none"> • Combined with orthotics |
| Hearing Aids | <ul style="list-style-type: none"> • \$1,000 per 60 months |
| Ambulance | <ul style="list-style-type: none"> • Transport to nearest facility • Includes air ambulance |
| Emergency Travel Medical | <ul style="list-style-type: none"> • 100% coverage • Up to 60 days per trip • \$1 million per trip |
| Private Duty Nursing | <ul style="list-style-type: none"> • \$25,000 per 36 months |
| Semi-private Hospital | <ul style="list-style-type: none"> • Covered (the trust will pay the difference between semi-private and ward accommodation) |
| Life Insurance | |
| Basic Life (member only) | <ul style="list-style-type: none"> • 2x annual salary • No reduction at age 65 |
| Member Optional Life | <ul style="list-style-type: none"> • Member-paid • Based on gender, age and smoking status • Grandparented based on the amount of Optional Life coverage you had as an active member, subject to applicable insurance company maximums • \$500,000 maximum |
| Spousal Optional Life | <ul style="list-style-type: none"> • Member-paid • Based on gender, age and smoking status • Grandparented based on the amount of Spousal Optional Life coverage you had as an active member, subject to applicable insurance company maximums • \$500,000 maximum |
| Child Optional Life | <ul style="list-style-type: none"> • Member-paid • Grandparented based on the amount of Child Optional Life coverage you had as an active member, subject to applicable insurance company maximums • \$25,000 maximum |
| Critical Illness | |
| Optional Critical Illness | <ul style="list-style-type: none"> • Member-paid • Grandparented based on the amount of Critical Illness coverage you had as an active member, subject to applicable insurance company maximums • \$250,000 maximum |

Notes:

- Since coverage is being grandparented, additional amounts of Optional Life (Member, Spouse or Child) or Critical Illness are not available for purchase
- The benefit year starts September 1 and ends on August 31, except where otherwise indicated.
- Provincial coverage will be first payer where applicable.

A FINAL WORD

This document has been prepared exclusively for non-unionized education workers in the province of Ontario. It is not intended to be comprehensive or to provide advice. If there are any differences between the information provided in this bulletin and any legal documents that govern the delivery of benefits, the legal documents will apply.