Jan. 1 to Dec. 31, 2024	RTIP RAER	RTIP RAER	RTIP RAER	
Benefits Comparison 2024	RTIP Plus 4000	RTIP Gold 2500	RTIP Gold 750	RTOERO Entente
Plan Administrator	OTIP (C	ntario Teachers Insuran	ce Plan)	Johnson Inc
Age Restriction	No age restriction	No age restriction	No age restriction	No age restriction
		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	\$2,500 per person/year	\$750 per person/year	\$3,400 per person/year
Deductible	Includes \$750 for sexual dysfunction None	Includes \$750 for sexual dysfunction  None	Includes \$750 for sexual dysfunction None	Sexual dysfunction included in prescription drug maximum  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	Mandatory generic substitution  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 <a href="www.otip.com/forms">www.otip.com/forms</a> .  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).			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
Eye Examinations	\$150 per person/two years 80% reimbursement	\$150 per person/two years 80% reimbursement	\$150 per person/two years 80% reimbursement	\$150 per person/two years 80% reimbursement
Paramedical Services	80% reimbursement 80% reimbursement 80% reimbursement \$1,350 per person/year (all practitioners combined)			\$1,300 per person/year (all practitioners combined). Covers from first visit.  Acupuncturist Chiropodist Chiropractor Dietician Herbalist Homeopath Naturopath Nutritionist Occupational Therapist Osteopath Physiotherapist Podiatrist Registered Clinical Psychologist Psychologist Psychotherapist Registered Massage Therapist Shiatsu Therapist Social Worker Speech Therapist

	<b>Please note:</b> 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 <a href="https://www.otip.com/visit-max">www.otip.com/visit-max</a> for more information	Physician authorization not required	
Travel	100 days per trip	93 days per trip	
Maximum	\$10 million per person/lifetime 100% reimbursement	\$10 million per person/trip 100% reimbursement	
Trip Consollation / Intermedian			
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	Covered, 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			
Custom-Made Orthotics	80% reimbursement of eligible charges up to a maximum of \$500 in any two years	combined	
Home Care	Automatically included as part of your health care plan.	Included with the purchase of Semi-Private Hospital.	
	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.	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	\$1,500 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
Surgical Stockings	\$950 per person/year			\$400 per person/year
Post-surgical, Comfort and Convenience Items	\$200 per person/year			\$200 per person/two years
Accidental Dental	80% reimbursement of el	igible charges		80% reimbursement
Ambulance	80% reimbursement of eligible charges			80% reimbursement
Additional Valued Extra Programs	<ul> <li>ALAVIDA — Offers confidential, evidence-based substance use support from the privacy of your smartphone.</li> <li>Carepath Digital Health Cancer Care &amp; Elder Care Programs — Assistance in navigating through the multitude of cancer and elder care support services and programs available in Canada.</li> <li>Edvantage — Edvantage Rewards Program offers access to savings, contests, and special events.</li> <li>Express Scripts Canada Pharmacy — Home Delivery program (reimbursement increases to 100% for generic prescription drugs)</li> <li>OTIP Bursary Program — We award twelve bursaries of \$1,500 each, annually to post-secondary school students!</li> <li>Starling Minds — Access tools to help better manage your mental health with a self-guided digital program that is available 24/7, private, and tailored to you.</li> <li>FeelingBetterNow® - Mental health management program, available 24/7 online and on mobile.</li> </ul>			<ul> <li>Medically related educational program - \$200 per person/year-80% reimbursement</li> <li>Express Scripts Canada Pharmacy</li> <li>MemberPerks®</li> <li>CloudMD Medical Experts</li> </ul>
Hospital Accommodation	Unlimited semi-private per person/day 100% reimbursement	Unlimited semi-private per person/day 80% reimbursement	Not covered	Optional - Unlimited semi-private 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			Not covered
Dental Care	Optional			Optional
Fee Guide	Current year			Current year

Basic Preventive &	Unlimited per person/year	Unlimited per person/year
Restorative Services	80% reimbursement	85% reimbursement
	12 units of scaling	8 units of scaling
Endodontic & Periodontic	\$850 per person/year	\$800 per person/year
Services	80% reimbursement	80% reimbursement
Major Dental Services	\$750 per person/year for crowns, bridges, implants and dentures combined 50% reimbursement	\$800 per person/year for crowns, plus \$800 per person/year for fixed bridges and partial dentures 50% reimbursement

January 1 to December 31, 2024 Rate Comparison	RTIP RAER	RTIP RAER	RTIP RAER	
	RTIP Plus 4000	RTIP Gold 2500	RTIP Gold 750	RTOERO Entente
Health Care Coverage	\$4,000 Single/Couple/Family	\$2,500 Single/Couple/Family	\$750 Single/Couple/Family	\$3,400 Single/Couple/Family
2024 monthly rates	\$139.93 \$275.16 \$326.64	\$115.59 \$220.99 \$267.89	\$84.60 \$161.22 \$193.91	\$119.17 \$238.37 \$286.06
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	\$17.51 \$34.96 \$41.09
Dental Care	Single/Couple/Family			Single/Couple/Family
All ages	\$71.91 \$142.32 \$173.92			\$76.87 \$151.59 \$189.02