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| <b>Jan. 1 to Dec. 31, 2024</b>   | <br>RTIP RAER  | <br>RTIP RAER | <br>RTIP RAER |  |
| <b>Benefits Comparison 2024</b>  | <b>RTIP Plus 4000</b>  | <b>RTIP Gold 2500</b>  | <b>RTIP Gold 750</b>  | <b>RTOERO Entente</b>                                    |
| <b>Plan Administrator</b>  | <b>OTIP (Ontario Teachers Insurance Plan)</b>  |  |   | <b>Johnson Inc</b>                                       |
| <b>Age Restriction</b>   | No age restriction   | No age restriction   | No age restriction  | No age restriction                                       |
| <b>Extended Health Care</b>  |  |  |   |  |
| <b>Reimbursement</b><br>(NOTE: Reasonable and customary limits apply.) | 80%, unless noted otherwise  | 80%, unless noted otherwise  | 80%, unless noted otherwise   | 80%, unless noted otherwise                              |
| <b>Prescription Drugs</b>  | <b>\$4,000</b> per person/year   | <b>\$2,500</b> per person/year   | <b>\$750</b> per person/year  | <b>\$3,400</b> per person/year                           |
|  | Includes \$750 for sexual dysfunction  | Includes \$750 for sexual dysfunction  | Includes \$750 for sexual dysfunction   | Sexual dysfunction included in prescription drug maximum |
| <b>Deductible</b>  | None   | None   | None  | None   |
| <b>Dispensing Fee</b>  | Not covered  | Not covered  | Not covered   | Not covered  |
| <b>Reimbursement</b>   | 85% of ingredient costs  | 80% of ingredient costs  | 80% of ingredient costs   | 85% of ingredient costs                                  |
| <b>Generic Reimbursement</b>   | Mandatory generic substitution<br><br>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 <b>Request for Approval of Brand-Name Drug form</b> . Visit <a href="http://www.otip.com/forms">www.otip.com/forms</a> .<br><br><b>Express Scripts Canada Pharmacy home delivery program.</b> You are reimbursed up to 100% for your generic maintenance prescription drug expenses (or 90% of eligible brand name prescription drugs). |  |   | Mandatory generic substitution                           |
| <b>Diabetic Supplies</b>   | Included in prescription drug maximum  | Included in prescription drug maximum  | Included in prescription drug maximum   | Included in prescription drug maximum                    |




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| <b>Vision Care</b>          | \$375 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery<br>80% reimbursement  | \$300 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery<br>100% reimbursement | \$300 per person/two years for purchase and repair of prescription lenses and frames, prescription sunglasses, contact lenses or laser eye surgery<br>100% reimbursement | \$400 per person/two years for eyeglasses, prescription sunglasses, contact lenses or laser eye surgery<br>80% reimbursement   |
| Eye Examinations            | \$150 per person/two years<br>80% reimbursement  | \$150 per person/two years<br>80% reimbursement  | \$150 per person/two years<br>80% reimbursement  | \$150 per person/two years<br>80% reimbursement  |
| <b>Paramedical Services</b> | <p>\$1,350 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"> <li>• Acupuncture</li> <li>• Chiropodist</li> <li>• Chiropractor</li> <li>• Dietician</li> <li>• Homeopath</li> <li>• Naturopath</li> <li>• Occupational Therapist</li> <li>• Osteopath</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Reflexology</li> <li>• Massage Therapist*</li> <li>• Shiatsu Therapist*</li> <li>• Speech Pathologist</li> <li>• Eligible Mental Health practitioners (Psychologist, Psychological Associate, Psychotherapist, Social Worker, Clinical Counsellor, Master of Social Work (MSW), and Psychoanalyst); individual and family therapy is eligible</li> </ul> <p>*Only Massage Therapist and Shiatsu Therapist require written authorization by an attending physician.</p> |  |  | <p>\$1,300 per person/year (all practitioners combined). Covers from first visit.</p> <ul style="list-style-type: none"> <li>• Acupuncturist</li> <li>• Chiropodist</li> <li>• Chiropractor</li> <li>• Dietician</li> <li>• Herbalist</li> <li>• Homeopath</li> <li>• Naturopath</li> <li>• Nutritionist</li> <li>• Occupational Therapist</li> <li>• Osteopath</li> <li>• Physiotherapist</li> <li>• Podiatrist</li> <li>• Registered Clinical Psychologist</li> <li>• Psychotherapist</li> <li>• Registered Massage Therapist</li> <li>• Shiatsu Therapist</li> <li>• Social Worker</li> <li>• Speech Therapist</li> </ul> |

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|  | <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="http://www.otip.com/visit-max">www.otip.com/visit-max</a> for more information  | Physician authorization not required   |
| <b>Travel</b>  | 100 days per trip   | 93 days per trip   |
| Maximum  | \$10 million per person/lifetime<br>100% reimbursement  | \$10 million per person/trip<br>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/<br>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  | \$10,000 per trip  |
| <b>Supplemental Travel</b>                           | Optional - Access to a competitive top-up travel insurance program, with per-day rates, <b>for trips over 100 days</b> . Not administered by OTIP   | Optional - Coverage for trips longer than 93 days  |
| <b>Custom-Made Orthopaedic Shoes/Boots</b>           | 80% reimbursement of eligible charges to a maximum of 2 pairs per year  | 80% reimbursement<br><br>\$500 per person/two years combined   |
| <b>Custom-Made Orthotics</b>                         | 80% reimbursement of eligible charges up to a maximum of \$500 in any two years   |  |
| <b>Home Care</b>                                     | <b>Automatically included as part of your health care plan.</b><br><br>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.<br><br>To cover charges for convalescent home care provided in own home, mainly for the purpose of assistance with activities of daily living. | <b>Included with the purchase of Semi-Private Hospital.</b><br><br>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. |
| <b>Private Duty Nursing</b>                          | \$2,000 per person/year, 80% reimbursement  | \$2,000 per person/two years, 80% reimbursement  |
| <b>Hearing Aids</b>                                  | \$1,500 per person/three years, 100% reimbursement  | \$1,100 per person/three years, 80% reimbursement  |

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| <b>Medical Aids, Equipment &amp; Supplies</b>       | 80% reimbursement of eligible charges | 80% reimbursement of eligible charges |
| <b>Incontinence Supplies</b>                        | \$750 per person/year                 | \$750 per person/year                 |
| <b>Surgical Stockings</b>                           | \$950 per person/year                 | \$400 per person/year                 |
| <b>Post-surgical, Comfort and Convenience Items</b> | \$200 per person/year                 | \$200 per person/two years            |
| <b>Accidental Dental</b>                            | 80% reimbursement of eligible charges | 80% reimbursement                     |
| <b>Ambulance</b>                                    | 80% reimbursement of eligible charges | 80% reimbursement                     |

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| <b>Additional Valued Extra Programs</b> | <ul style="list-style-type: none"> <li>• <a href="#">ALAVIDA</a> — Offers confidential, evidence-based substance use support from the privacy of your smartphone.</li> <li>• <a href="#">Carepath Digital Health Cancer Care &amp; Elder Care Programs</a> — Assistance in navigating through the multitude of cancer and elder care support services and programs available in Canada.</li> <li>• <a href="#">Edvantage</a> – Edvantage Rewards Program offers access to savings, contests, and special events.</li> <li>• <a href="#">Express Scripts Canada Pharmacy</a> – Home Delivery program (reimbursement increases to 100% for generic prescription drugs)</li> <li>• <a href="#">OTIP Bursary Program</a> – We award twelve bursaries of \$1,500 each, annually to post-secondary school students!</li> <li>• <a href="#">Starling Minds</a> — 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>• <a href="#">FeelingBetterNow®</a> - Mental health management program, available 24/7 online and on mobile.</li> </ul> |  |             | <ul style="list-style-type: none"> <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> |
| <b>Hospital Accommodation</b>           | Unlimited semi-private per person/day<br>100% reimbursement   | Unlimited semi-private per person/day<br>80% reimbursement | Not covered | Optional - Unlimited semi-private per person/day<br>95% reimbursement  |
| <b>Hospital Cash</b>                    | \$10 per day to a maximum of \$100 per stay when a semi-private room is not available   |  |             | Not covered  |
| <b>Dental Care</b>                      | Optional  |  |             | Optional   |
| <b>Fee Guide</b>                        | Current year  |  |             | Current year   |

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

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