Jan. 1 to Dec. 31, 2025	RTIP RAER	RTIP RAER	RTIP RAER	
Benefits Comparison 2025	RTIP Plus 4000	RTIP Gold 2500	RTIP Gold 750	RTOERO Entente
Plan Administrator	<u>OTIP</u> (Ontario Teachers Insurance	e 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	Includes \$750 for sexual dysfunction	Includes \$750 for sexual dysfunction	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 www.otip.com/forms . 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	\$150 per person/two years	\$150 per person/two years	\$150 per person/two years
Paramedical Services	80% reimbursement \$0% reimbursement \$1,350 per person/year (all practitioners combined) 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): Acupuncture Chiropodist Chiropractor Dietician Homeopath Naturopath Occupational Therapist Osteopath Physiotherapist Podiatrist Reflexology Massage Therapist* Shiatsu Therapist* Speech Pathologist 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 *Only Massage Therapist and Shiatsu Therapist require written authorization by an attending physician.			\$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 Psychotherapist Registered Massage Therapist Social Worker Speech Therapist Physician authorization not required

	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 https://www.otip.com/visit-max for more information	
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 Cancellation / Interruption	\$6,000 per person/trip	\$6,000 per person/trip
Additional Expenses	\$250 per day to a maximum of \$5,000	\$150 per day to a maximum of \$1,500
Repatriation of Remains/ Burial at Place of Death	\$15,000 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	\$10,000 per trip	\$10,000 per trip
Supplemental Travel	Optional - Access to a competitive top-up travel insurance program, with per-day rates, for trips over 100 days . Not administered by OTIP	Optional - Coverage for trips longer than 93 days
Custom-Made Orthopaedic Shoes/Boots	80% reimbursement of eligible charges to a maximum of 2 pairs per year	80% reimbursement \$500 per person/two years combined
Custom-Made Orthotics	80% reimbursement of eligible charges up to a maximum of \$500 in any two years	
Home Care	Home Care Automatically included as part of your health care plan. 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.	
Private Duty Nursing	te Duty Nursing \$2,000 per person/year, 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 eligible charges			80% reimbursement
Ambulance	80% reimbursement of eligi	80% reimbursement		
Additional Valued Extra Programs	 Carepath Digital Health Cancer Care & Elder Care Programs — Assistance in navigating through the multitude of cancer and elder care support services and programs available in Canada. Edvantage — Edvantage Rewards Program offers access to savings, contests, and special events. Express Scripts Canada Pharmacy — Home Delivery program (reimbursement increases to 100% for generic prescription drugs) OTIP Bursary Program — We award twelve bursaries of \$1,500 each, annually to post-secondary school students! 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. 			Medically related educational program - \$200 per person/year- 80% reimbursement Express Scripts Canada Pharmacy MemberPerks® CloudMD Medical Experts
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 & Restorative Services	Unlimited per person/year 80% reimbursement 12 units of scaling			Unlimited per person/year 85% reimbursement 8 units of scaling
Endodontic & Periodontic Services	\$850 per person/year 80% reimbursement			\$800 per person/year 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, 2025
Rate Comparison







Nate Companson				
	RTIP Plus 4000	RTIP Gold 2500	RTIP Gold 750	RTOERO Entente
Health Care Coverage	\$4,000	\$2,500	\$750	\$3,400
Ooverage	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family	Single/Couple/Family
2025 monthly rates	\$151.12 \$297.17 \$352.77	\$124.84 \$238.67 \$289.32	\$91.37 \$174.12 \$209.42	\$125.13 \$250.29 \$300.36
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	\$18.38 \$36.71 \$43.15
Dental Care	Single/Couple/Family			Single/Couple/Family
All ages	\$77.66 \$153.71 \$187.83			\$80.72 \$159.17 \$198.47