

RTAM BENEFITS SUMMARY COMPARED TO MPSEBP

The content provided herein is for informational purposes only and should not be considered legal or insurance advice. Rates and coverage are subject to change. For the most current and detailed information about the coverage provided in each plan go to:

- <https://rtam.johnson.ca/health-insurance>
 - a. Certificate of Insurance (This has the plan coverage details)
 - b. You can also check Prestige Travel, Medoc Travel, Trip Cancelation, Term Life, Guaranteed Life and the Dental Plan through this web page.
- www.mpsebp.ca under “Retirees” for the Benefits Plan Booklet for MPSEBP

	Retired Teachers Association of Manitoba (RTAM) *** Desjardins Financial Security/RSA (April 2022- April 2023)		Manitoba Teachers’ Society*** MPSEBP / Manitoba Public School Employees Benefit Plan (As of March 2022)
	CORE Extended Health (EHC)	NEW Enhanced Health (EHC) **	
Eligibility	<p>All plans are available on an individual selection basis</p> <ul style="list-style-type: none"> ▪ Prestige Travel is available to <u>Full Members only</u> ▪ MEDOC is available to Full <u>and</u> Associate members ▪ Extended Health Care (EHC): no medical evidence if applied for within 60 days of losing group benefits (after 60 days, medical underwriting is on an accept or decline). Option to upgrade to Enhanced Plan at renewal without medical evidence. ▪ Single Coverage for member is allowed under all plans available 		<ul style="list-style-type: none"> ▪ Apply within 90 days of retirement ▪ Travel coverage is mandatory for those who retire after January 1, 2008 ▪ Must enroll according to true family status listing all eligible dependents ▪ As of January 2021, all communication about health benefits will be provided by email only. <p>NOTE : Current WTA Retirees, please refer to the letter sent to you by the association dated June 23, 2022 for your eligibility and enrollment option.</p>
EHC Benefit Reimbursement	<ul style="list-style-type: none"> ▪ 80% of eligible expenses per insured, unless otherwise specified (Individual limits apply) ▪ Annual maximum \$10,000 combined eligible drug and non-drug expenses <p style="text-align: center;">Page 4</p>	<ul style="list-style-type: none"> ▪ 80% of eligible expenses per insured unless otherwise specified ▪ Annual maximum \$12,000 combined eligible drug and non-drug expenses <p style="text-align: center;">Page 4</p>	<ul style="list-style-type: none"> ▪ 80% unless otherwise specified, Reasonable & Customary (R&C) (Individual limits apply) ▪ Direct deposit reimbursement
Prescription Drug Coverage	<ul style="list-style-type: none"> ▪ 80% of eligible drugs ▪ \$6 dispensing fee cap. ▪ 8% mark-up limit ▪ Based on Manitoba Pharmacare Formulary 	<ul style="list-style-type: none"> ▪ 90% of eligible drug ▪ \$6 dispensing fee cap. ▪ 8% mark-up limit ▪ Based on Manitoba Pharmacare Formulary 	<ul style="list-style-type: none"> ▪ 80% of drug coverage provided if not using preferred pharmacies. ▪ 90% of drug coverage if you use Costco Pharmacy or Express Scripts Canada. ▪ \$2,500 annual max./insured per person per calendar year.

	<ul style="list-style-type: none"> Subject to generic substitution pricing. \$900 max./insured/policy year Direct pay Drug Card \$100 vaccines/ insured/policy year within the \$900 maximum. <p style="text-align: right;">Page 16 / Item 1</p>	<ul style="list-style-type: none"> Subject to generic substitution pricing. \$1800 max./insured/policy year Direct pay Drug Card \$100 vaccines/ insured/policy year within the \$1800 maximum. <p style="text-align: right;">Page 16 / Item 1</p>	<ul style="list-style-type: none"> Within the \$2500 drug maximum vaccines are limited to \$1000 per person per year. \$7 dispensing fee cap Proof of Pharmacare registration will be required after \$1500 per family has been paid out. <p style="text-align: right;">Benefits Booklet pages 4-5</p>
Accidental Dental	<ul style="list-style-type: none"> \$1,000/year / injuries caused by external accidental blow to head or mouth. Treatment must be completed within 6 months of the injury. <p style="text-align: right;">Page 17 / Item 2</p>		<ul style="list-style-type: none"> 80% of eligible expenses of accidental injury to jaw or natural teeth. 90% for prescription drugs at Costco or Express Scripts. Dental implants and orthodontics are not covered. <p style="text-align: right;">Benefits Booklet Page 3</p>
Ambulance	<p>NOTE: Province of residence is defined by the provincial health card you hold.</p> <ul style="list-style-type: none"> Licensed ground ambulance to and from a local hospital when medically necessary for emergency treatment, paid 100%. Emergency transport inside the persons province of residence by licensed ambulance, air-ambulance or by other public transportation vehicle for emergency transport to nearest hospital for medical treatment. <ul style="list-style-type: none"> Non-emergency transport conditions apply . <p>NOTE: If you require ambulance transport outside your province of residence, you may require a Travel insurance plan as your Provincial Health Care plan may not cover all costs.</p> <p style="text-align: right;">Page 17 / Item 3</p>		<ul style="list-style-type: none"> 100% coverage, of R&C eligible expenses in MB. There are no limits on amounts payable within Manitoba or the number of trips for emergencies. Out of province coverage based on R&C up to \$250. Non-emergency stretcher service transport \$500 lifetime maximum . Medical Accommodation for testing and or treatment located outside of 60 km requires prior approval. <p style="text-align: right;">Benefits Booklet Page 2</p>
Hearing Aids	<p>\$2,000 / every 5 consecutive calendar years when prescribed .</p> <p style="text-align: right;">Page 18 / Item 5</p>		<p>\$2,000/per 5 consecutive years when prescribed.</p> <p style="text-align: right;">Benefits Booklet Page 3</p>
Home Care / Assisted Care	<ul style="list-style-type: none"> \$50/day for up to 10 days after Hospital stay of 24 hours . Request for care based on doctor's recommendation. Service may be administered by persons without professional training working under the supervision of a Home Care Agency. Must not be related to you. Seven types of care covered by this benefit are listed. <p style="text-align: right;">Page 18 / Item 6</p>		<p>\$30/day for up to 14 days after Hospital stay within 12 months of a hospital discharge. Service proved by a recognized practitioner who is not family.</p> <ul style="list-style-type: none"> Must be prescribed by physician or nurse practitioner. <p style="text-align: right;">Benefits Booklet Page 3</p>
Medical Aids and Appliances / Medical Appliances	<ul style="list-style-type: none"> \$1000 per 2 consecutive years / note some internal limits apply. Important to check the plan for all coverage / only some of the limits are listed below. <ul style="list-style-type: none"> \$200 per year / Surgical Support Stockings \$200 per year / Incontinence Supplies \$1000 per person life time max / medically necessary geriatric lift \$200 every 2 years / visual enhancement equipment \$2000 per 5 years / wheel chair \$5000 per 5 years / electric wheel chair CPAP / \$2000 per 5 years 		<ul style="list-style-type: none"> \$1000 per item per person during 5 consecutive year period For a wheelchair , hospital bed, oxygen equipment or respirator when prescribed by attending professional. New CPAP equipment <ul style="list-style-type: none"> Separate \$1000 max per person every five years. New Insulin Pumps <ul style="list-style-type: none"> Separate \$1000 max per person every five years <p style="text-align: right;">Benefit Booklet Page 3</p>

	eligible supplies / mask / headgear / tubing / filter / humidifier Page 19 / # 8		
Prosthetic Appliances & Remedial Equipment	<ul style="list-style-type: none"> Artificial limbs, eyes, or breast prosthesis, including 2 mastectomy bra's per year. Internal limits apply. 	Page 19 / Item 8	<ul style="list-style-type: none"> Five categories listed with various maximums which apply.
Hospital	<ul style="list-style-type: none"> 100% semi-private or private room Maximum \$100/day 	Page 19 / Item 7	<ul style="list-style-type: none"> Not covered R&C Hostel during diagnostic testing or treatment
Foot Orthotics/ Orthopedic Shoes	<ul style="list-style-type: none"> Orthotics-\$500 per insured/calendar year Orthopedic shoes-\$500 per insured/calendar year 	Page 19 / Item 8C	<ul style="list-style-type: none"> Orthotics-\$650 per insured/calendar year Orthopedic shoes-\$500 per insured/calendar year
Foot Orthotics/ Orthopedic Shoes		Page 19 / Item 8C	<ul style="list-style-type: none"> Orthotics: \$500/year when prescribed. <ul style="list-style-type: none"> Orthopedic Shoes and Modifications / conditions apply and coverage is limited.
Paramedical Coverage (Annual Limits/person)	<ul style="list-style-type: none"> 80% to max of \$300/ for each eligible practitioner / per policy year Applies to 11 different partitioners on the list. 	Page 20 / Item 9	<ul style="list-style-type: none"> 80% to max of \$500/ for each eligible practitioner / per policy year Applies to 11 different partitioners on the list.
Paramedical Coverage (Annual Limits/person)		Page 20 / Item 9	<ul style="list-style-type: none"> \$850/year for each of 10 different practitioners / check the booklet for details. Per visit maximums apply Mental Health Practitioners .. new max is \$1500 per person per year.
Prescribed Health Educational Programs / Cardiac Rehab	<ul style="list-style-type: none"> Lifetime maximum of \$300/person for any prescribed health education program – cardiac, COPD, diabetes, etc. 	Page 21 / Item 10	<ul style="list-style-type: none"> Cardiac Rehabilitation only to a lifetime maximum of \$500, conditions apply.

Flash & Continuous Glucose Monitoring	<ul style="list-style-type: none"> Coverage not currently available. 		<ul style="list-style-type: none"> Flash Glucose Monitoring <ul style="list-style-type: none"> Reader-one person every 36 months. Sensors – maximum of \$2000 per person per calendar year. Insulin is required . Continuous Monitoring <ul style="list-style-type: none"> Receiver -one per person every 60 months <ul style="list-style-type: none"> Sensor and transmitters-combined max of \$3000 per person per calendar year
Flash & Continuous Glucose Monitoring			<ul style="list-style-type: none"> Access for either requires Special Authorization Form to be completed and approved by Blue Cross.
Flash & Continuous Glucose Monitoring			Benefits Booklet page 3
Compression Garments	<ul style="list-style-type: none"> \$200 per year / Surgical Support Stockings See Medical Aids and Appliances for details 	Pg. 19 / Item 8 (C)	<ul style="list-style-type: none"> 80% when prescribed / minimum compression value must be 20-30 mmHg.
Private Duty Nursing	<ul style="list-style-type: none"> 80% max to \$3,000 every 3 calendar years Service prescribed & provided recognized practitioner 	<ul style="list-style-type: none"> 80% max to \$6,000 every 3 calendar years Service prescribed & provided recognized practitioner 	<ul style="list-style-type: none"> \$3,000 / per year. Within 12 mos. of hospital discharge . service must be provided by recognized practitioner who is not a family member.

	<ul style="list-style-type: none"> Limits apply Page 21 / Item 11 	<ul style="list-style-type: none"> Limits apply Page 21 / Item 11 	Benefits Booklet page 5
Vision Care	<ul style="list-style-type: none"> \$250/2 years glasses, plus 1 eye exam/2 years Page 21 / Item 13 	<ul style="list-style-type: none"> \$350/2 years glasses, plus 1 eye exam/2 years Page 21 / Item 13 	<ul style="list-style-type: none"> \$120/24 consecutive months, eye exam only. Benefits Booklet page 5
Dental Care	<p>RTAM / Johnson Plan / additional fees per month required.</p> <ul style="list-style-type: none"> 85% - Basic & Preventative 80% - Minor Restorative 65% - Major Restorative (crowns & bridges) 50% - Major Restorative (dentures & implants) \$1,200 maximum per insured/year 		Not eligible for plan coverage.
Emergency Medical Travel & Trip Cancellation Insurance	<p>PRESTIGE TRAVEL PLAN – Full members only (Royal Sun Alliance)</p> <ul style="list-style-type: none"> 100% of eligible out-of-country/province expenses that are sudden and unforeseen. Unlimited Travel in Canada Up to 62 or 93 days of Travel outside of Canada Supplemental coverage available up to 212 days \$5,000,000 per insured/per policy year Emergency Medical \$8,000 Trip Cancellation/Interruption per insured/per trip \$1,500 per insured to a max of \$3,000 per family for Baggage & Personal Effect Benefit No stability period or Medical Questionnaire <p>MEDOC Travel: Available to Full <u>and</u> Associate RTAM members</p> <ul style="list-style-type: none"> Multiple trips of 17 or 35 days 90-day stability clause and Health Option Questionnaire <p>EXTRA Stand-Alone Trip Cancellation-Available to All Members, Friends, and Family</p>		<p>Travel Health Benefits</p> <ul style="list-style-type: none"> Travel coverage provided for you and dependents. Coverage is for unexpected emergency treatment only. Benefits payable with no overall maximum. <p>Trip Maximum</p> <ul style="list-style-type: none"> Coverage is limited to the first 90 days of any trip outside of Canada. Coverage for trips in Canada is unlimited. <p>Summary of Benefits covered to 100% / 23 items listed .</p> <p>Travel Health Exclusion and Limitations / 5 items listed.</p> <p>International Travel Assistance / 7 items listed</p> <p>It is important to read the details Benefits Booklet pages 6-8</p> <p>NOTE: Travel coverage is part of the cost of the overall health plan. If you wish to cancel your travel coverage, you will also be cancelling your health plan coverage because the 2 are part of the same package. Once cancelled, you will not be allowed to re-enter the plans.</p>
Life Insurance	<ul style="list-style-type: none"> Term Life: up to \$150,000 / available separately. Guaranteed Life: up to \$25,000 for RTAM members and/or spouses between ages of 50 and 85 		Not included – available separately

Premiums	<p>RTAM / to access any plan you must be an RTAM member. (Membership cost is \$36.00 per year.)</p> <ul style="list-style-type: none"> • Monthly Extended Health Care / Core Plan Single \$71.00 / Family \$131.00 • Monthly Extend Health Care / Enhanced Plan Single \$110 / Family \$203 • Monthly Dental: Single \$60.00 / Family \$121.00 • Monthly Prestige Travel Insurance: 62-day Base Plan Age 65-75: Single \$54.83 / Family \$109.67 • Monthly Prestige Travel Insurance: 93-day Base Plan Age 65-75: Single \$69.08 / Family \$138.17 <p>Note, both RTAM Travel plans can be opted into and out of on a year to year basis without impacting any of your other coverage.</p>	<p>MSEBP / MTS ***</p> <p>Monthly Health /Travel Premiums</p> <ul style="list-style-type: none"> • Participated in active plan before retirement. Single \$112.00 / Family \$224.00 • Applying more than 90 days after retirement but within 90 days of losing coverage of alternate plan. Single 119.50 / Family \$239.00 <p>Monthly Dental Premiums</p> <ul style="list-style-type: none"> • Participated in active plan before retirement. Single \$52.00 / Family \$121.00 • Applying more than 90 days after retirement but within 90 days of losing coverage of alternate plan. Single \$59.50 / Family \$136.00 <p>Travel Insurance was optional for the Retiree Health Plan prior to Jan.01, 2008 and may not be included in your plan.</p>
Contact Information	<p>RTAM Office 204-889-3660 info@rtam.mb.ca Web Page / https://www.rtam.mb.ca/ / Banner WTA Retirees</p>	<p>Blue Cross 204-7750151 (Wpg) 1-888-596-1032 (toll free) Web Page / https://mpsebp.ca Under Retires</p>

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