

Comprehensive Insurance Benefits

RTAM sponsors a wide selection of voluntary insurance plans on an individual selection basis. This enables RTAM members to select the insurance coverage options that suit their needs. Attached are the plan highlights for the policy year **April 1, 2015 to March 31, 2016**. For more information, contact Johnson Inc. at 1-877-989-2600 or visit the RTAM benefits website at www.johnson.ca/rtam.

A variety of other speciality insurance products are also available to RTAM Members including:

- Home Insurance
- Elder Care
- MEDOC Travel
- Long Term Care
- Guaranteed Life
- Term Life Insurance
- Stand Alone Trip Cancellation / Interruption

For more information on these products, please contact the plan administrator, Johnson Inc.

Premium Payment

EHC and **DENTAL** plan premiums are paid monthly as an authorized deduction from your TRAF pension or bank account. There are no extra service charges. Bank deductions are withdrawn one month in advance (a deduction in May is payment for coverage in June). Monthly payment amounts remain consistent throughout the plan year, regardless of when you join.

Annual **TRAVEL** premiums are payable in equal monthly installments and are pro-rated on first enrollment – no additional cost is incurred for joining late in the plan year.

Cancelling the **PREMIER** Travel plan, or **EHC**, and rejoining at a later date, will require evidence of insurability and you may be declined coverage. For more details on premium payment guidelines, please consult the Frequently Asked Questions (FAQ) document on the website www.johnson.ca/rtam, or contact RTAM's Plan Administrator, Johnson Inc.

For complete plan details, refer to the Certificates of Insurance at www.johnson.ca/rtam

Extended Health Care Plan Options

There are two (2) Extended Health Care (EHC) plans available to RTAM members:

CORE and **ENHANCED**.

CORE Extended Health Care Plan

80% coverage for the following eligible expenses, with a combined annual maximum of \$10,000 for both drug and non-drug claims per insured (individual limits apply):

Prescription Drug Coverage:

- Pay direct drug card to reimburse 80% of drugs on the Manitoba Drug Formulary List to a maximum of \$500 per insured per policy year.
 - Subject to mandatory generic substitution pricing;
 - \$6 dispensing fee cap and 8% mark-up limit.
- Prescription drug coverage includes:
 - Drugs, sera and injectables, and compounds / mixtures requiring a prescription and dispensed by a licensed pharmacist;
 - Both non-prescription drugs (with a Drug Identification Number) and supplies required as a result of colostomy or ileostomy and/or treatment of cystic fibrosis, diabetes (e.g., test strips), heart disease or Parkinson's.

Note: Policy year runs from April 1 – March 31, and calendar year runs from January 1 – December 31.

DON'T FORGET! *Most claims can be submitted electronically.*



Non-Drug Core Coverage:

- Accidental Dental (\$1,000 / policy year);
- Ambulance Service (\$350 / occurrence);
- **IMPROVED** Hearing Aids (\$2,000 / 5 consecutive calendar years);
- Home Care (\$50 / day, up to 10 days after minimum of 24 hour hospital stay);
- Medical Aids and Appliances (\$1,000 / 2 consecutive calendar years);
- **IMPROVED** Foot Orthotics (\$500 / policy year) and Orthopedic Shoes (\$500 / policy year), when medically required.
- 11 Paramedical Services (\$300 maximum per practitioner / policy year). Includes:
 - Acupuncturist
 - Chiropractor
 - Athletic Therapist
 - Naturopath
 - Speech Therapist
 - Osteopath
 - Massage Therapist
 - Physiotherapist
 - Podiatrist / Chiropodist
 - Psychologist
 - Dietitian / Nutritionist
- Prescribed Health Education Programs (\$300 lifetime maximum per individual).
- **IMPROVED** Private Duty Nursing (\$3,000 / 3 consecutive calendar years).
- Hospital (\$100 / day for private or semi-private).
- **IMPROVED** Vision care (\$200 / 2 consecutive calendar years – includes eye exam).

EHC MONTHLY RATES

	SINGLE	FAMILY
CORE	\$53	\$99
ENHANCED	Call for pricing	

Retail Sales Tax is added to the premiums where required by law.



ENHANCED Extended Health Care Plan

All the benefits of the **CORE** Extended Health Care Plan with benefit enhancements.

100% coverage for eligible expenses (individual limits apply), with a \$10,000 annual maximum for non-drug benefits. The annual maximum for prescription drugs is dependent on your Manitoba Pharmacare deductible.

Note: Pharmacare deductible limits are required by Johnson Inc. every April 1st.

Prescription Drug Coverage:

- 100% reimburse for drugs on the Manitoba Drug Formulary List. The annual drug maximum and premiums vary based on your Manitoba Pharmacare deductible. For rates, please contact Johnson Inc., or view the Certificate of Insurance available at www.johnson.ca/rtam.

Non-Drug Enhanced Coverage:

The same benefits as under the **CORE** plan, with the following increases in coverage:

- **IMPROVED** Private Duty Nursing (\$6,000 / 3 consecutive calendar years);
- Paramedical Services (\$500 maximum per practitioner / policy year)

Sample Enhanced Plan Rate:

With an annual Pharmacare Deductible of \$3,000, the monthly Family **ENHANCED** EHC Plan rate would be \$346.89, with an annual family drug maximum of \$3,100.

Premier Travel Plan

Out-of-Province / Country Coverage

100% Emergency Travel Coverage with no evidence of good health required on the FIRST application. Includes the following per insured individual:

- Lifetime maximum of \$2,000,000 for **SUDDEN AND UNFORESEEN** eligible emergency medical travel expenses.
- Multiple annual trips up to 62 days duration per trip.
- Trip cancellation / interruption (\$7,000 per trip).
- Lost / delayed baggage benefit of \$350.
- 24 Hour Emergency Help Line – contact **SIGMA ASSISTEL** toll free at: 1-877-775-3695.
- Supplemental coverage is available for purchase in 15 day units up to 212 total days (depending on province of residence).

Choose one of 3 Base Plan discounts:

1. 20% discount (opt-out of trip cancellation).
2. 20% discount (elect \$1,000 deductible per claim).
3. 45% discount (elect \$5,000 deductible per claim).

Premier Travel Plan Rates:

Base Plan-Multiple 62 Day Trips	Under Age 55		Age 55 - 64		Age 65 - 75		Age 76 - 80		Age 81 & Over	
Regular Annual Rates	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Supplemental Plan Single Trip:	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
15 Days (Total 77)	\$48	\$97	\$55	\$109	\$87	\$174	\$176	\$353	\$184	\$368
30 Days (Total 92)	\$121	\$242	\$144	\$288	\$221	\$441	\$444	\$888	\$464	\$928
45 Days (Total 107)	\$277	\$554	\$327	\$653	\$531	\$1,063	\$941	\$1,882	\$1,126	\$2,251
60 Days (Total 122)	\$432	\$863	\$508	\$1,016	\$842	\$1,684	\$1,436	\$2,873	\$1,787	\$3,574
75 Days (Total 137)	\$587	\$1,174	\$690	\$1,380	\$1,153	\$2,306	\$1,933	\$3,866	\$2,449	\$4,897
90 Days (Total 152)	\$742	\$1,485	\$873	\$1,745	\$1,464	\$2,927	\$2,429	\$4,857	\$3,110	\$6,220
105 Days (Total 167)	\$898	\$1,796	\$1,053	\$2,106	\$1,776	\$3,551	\$2,925	\$5,851	\$3,772	\$7,543
120 Days (Total 182)	\$1,052	\$2,104	\$1,235	\$2,470	\$2,087	\$4,175	\$3,421	\$6,842	\$4,433	\$8,866
*135 Days (Total 197)	\$1,206	\$2,413	\$1,416	\$2,833	\$2,399	\$4,799	\$3,918	\$7,835	\$5,095	\$10,189
*150 Days (Total 212)	\$1,361	\$2,722	\$1,599	\$3,198	\$2,711	\$5,422	\$4,413	\$8,826	\$5,756	\$11,512

*Some provinces confine the allowable out-of-province travel to 182 days. Contact your provincial health care provider for details.

DENTAL CARE MONTHLY RATES

SINGLE	FAMILY
\$50.50	\$103.00

Retail Sales Tax is added to the premiums where required by law.

Dental Care Plan

- \$1,000 annual maximum per insured, combined for all coverages.
- 85% Basic / Preventative Services, includes:
 - Denture repairs, fillings, 2 oral exam, 2 units of scaling and/or root planning, and 4 units of dental facility fees for surgical removal of teeth per year.
- 80% Minor Restorative, includes:
 - Endodontics / Periodontics
 - 6 units of scaling and/or root planning per year
- 65% Major Restorative procedures – Must be pre-authorized by mail, and includes:
 - Crowns / Posts / Inlays / Onlays.
- 50% Dentures / Implants
 - Implants are eligible subject to an Alternate Treatment Clause maximum.



PLAN SUMMARY APRIL 2015

CONTACT A REPRESENTATIVE TODAY:

Toll free: 1.877.989.2600 (Administration)
Fax: 1.780.420.6082
Email: pbserVICewest@johnson.ca

JOHNSON INC.

11120-178 Street NW
Edmonton, AB
T5S 1P2

www.johnson.ca/rtam

Travel Plan Administrator
24-hour Centre Emergency Information:

SIGMA ASSISTEL, PREMIER TRAVEL PLAN

Canada/USA (Toll free): 1.877.775.3695
Other Countries (Call collect) 1.514.875.3695

VOLUNTARY COVERAGE FOR RTAM MEMBERS

- EXTENDED HEALTH CARE
- DENTAL CARE
- PREMIER TRAVEL PLAN

Effective April 1, 2015

