

# RTO/ERO Semi-Private Hospital and Convalescent Care Plan

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## When Does Coverage Begin

If you are enrolling from a school board group insurance plan, your spouse's group insurance plan, any other group insurance plan or the RTIP Plus 4000 plan, medical evidence of insurability is not required. Johnson Inc. Plan Benefits Service must receive your application prior to or within the 60 day period following the termination date of your group plan. Your coverage must be continuous and will be in effect the day following the termination date of your previous group insurance regardless of when your application is received within the 60 day period.

If you apply after the 60 day period or are transferring from an individual insurance plan (other than the RTIP Plus 4000 plan), or were not previously insured under a group insurance plan, you will be considered a "late applicant".

### Applying as a "late applicant"

You will be required to submit medical evidence of insurability. Coverage, if approved, will begin on the date the insurer approves your application.

### Changes to your Status

**It is your responsibility to notify Johnson Inc. [Plan Benefits Service](#), in writing, when there is a change in your coverage status** (e.g., from family to couple or from single to couple).

**Adding Dependents:** If, after your effective date of coverage, you acquire a spouse (through marriage or a common-law relationship for 12 consecutive months) and/or any dependent children, you must enroll your dependent(s) within 60 days of the life event; otherwise, the late applicant conditions outlined above will apply. If a dependent is hospitalized on the date coverage would normally become effective, your dependent's coverage will be postponed until the day following discharge from the hospital. If you

already have family coverage, new dependents are automatically covered regardless of hospital confinement.

## What is Covered

The RTO/ERO Semi-Private Hospital and Convalescent Care Plan provides coverage for semi-private hospital accommodation in Canada and convalescent care in a facility or your home upon your discharge from hospital.

### 1. Semi-Private Hospital

Reimbursement: 95% of the daily semi-private room rate

The plan assists with the cost of semi-private hospital accommodation in a licensed hospital in Canada, including active, acute rehabilitative hospitals (not homes). You must be receiving active, acute care. Claims for a private room charge are reimbursed based on the regular semi-private room rate.

#### **Exclusions and Limitations:**

The plan does not cover any expenses incurred directly or indirectly as a result of or for the following:

- Accommodation and care charges in a chronic care facility ALC (Alternate Level Care), convalescent care facility, rehabilitative hospital (not homes) or chronic care facility within a hospital;
- Accommodation charges in a rest home, nursing home, health spa, a home for the aged, an establishment providing custodial care or an institution for the care and treatment of alcoholism or drug addiction or mental illness; and
- Any other accommodation providing care other than active, acute care (e.g., chronic care, respite care, complex care, alternate level of care, long term rehabilitation).

#### **Submitting a Claim:**

- At the time of hospital admission, present your Benefits Card to the admitting clerk.
- The hospital should send its bill directly to Johnson Inc. Plan Benefits Claims on your behalf. If the hospital requires that you pay the bill, send the paid in full hospital claim form along with a completed Extended Health Care claim form to Johnson Inc. [Plan Benefits Claims](#).
- Please do not submit a claim for the unpaid portion of your semi-private claim when the claim is reimbursed directly to the hospital.

### 2. Convalescent Care Benefit

Upon your discharge from hospital, the RTO/ERO Convalescent Care Benefit provides coverage for convalescent care in a facility **OR** in your home.

#### **Convalescent Facility Care**

Reimbursement: 80% to a maximum of \$75 per day, up to 30 days per calendar year immediately following an active acute care hospital stay for a minimum of 24 hours.

The plan covers an approved temporary stay in a convalescent care facility for the continued care of the same condition for which you were hospitalized.

**OR**

### **Convalescent Home Care**

Reimbursement: 80% to a maximum of \$75 per day, for a maximum of 30 days following any active, acute care hospital stay for a minimum of 24 hours, and a maximum of three days following non-elective day surgery.

The plan covers charges for convalescent home care provided to you in your own home. Convalescent home care may be rendered by persons without professional skills or training provided they are working under the supervision of a licensed home care agency or a home health care agency. Written recommendation of a physician and completion of a Johnson Inc. authorization form is required.

Home health care agencies include those licensed primarily to provide personal care and home support. The level of care includes assisting with or in:

- Activities of daily living (eating, toileting, transferring positions, bathing and dressing);
- Ambulation and exercise;
- Homemaker services or home health aide services;
- Self-administered medications; and
- Services needed to maintain or improve your functional ability.

The agency's employee must not be related by blood or marriage and must not ordinarily reside in your home or the home of an extended family member.

To be eligible for reimbursement, the days of home care need not be consecutive but must be provided within 90 days of discharge from the hospital.

### **Submitting a Claim for Convalescent Facility Care or Home Care**

- Contact Johnson Inc. [Plan Benefits Claims](#) for an authorization form prior to incurring any expenses.
- Attach the original invoices/receipts from the home care agency, the home health care agency, or convalescent facility to the authorization form and send it to Johnson Inc. [Plan Benefits Claims](#).
- Receipts must list each type of service, including the name of the service provider, the date of service and charge per service.

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## **Exclusions**

This insurance does not cover any expenses for the following:

1. Expenses covered under a government plan (e.g., Provincial/Territorial Government Health Insurance Plans, Workers Compensation), or which a government plan prohibits from being paid;

2. Tests, procedures or treatment methods not recognized by Health Canada, the Provincial Health Ministry, the Canadian Medical Association, the Canadian Dental Association or the appropriate specialty society which are considered experimental or cosmetic in nature;
3. Drugs, sera, injectables and supplies not approved by Health Canada (Food and Drug), or that are experimental or limited in use whether or not so approved;
4. Charges for medical services that are not medically necessary;
5. Insurance premiums;
6. Charges in excess of the RTO/ERO Group Insurance Plans maximums;
7. Charges in excess of the reasonable and customary charge for the area in which the expense was incurred;
8. Charges by a physician for services rendered (except those pre-approved by Allianz Global Assistance while travelling outside your province of residence);
9. Charges by a physician, dentist, denturist, or health provider for travel time, missed or cancelled appointments, transportation costs, completion of insurance forms or physician's notes, room rental charges or charges for consultation or prescription renewals;
10. Expenses for which there would be no charge except for the existence of coverage;
11. Expenses for services performed by a family member who is insured under this policy;
12. Charges for transport or travel, other than as specifically provided under eligible expenses;
13. Gratuities and tips;
14. Point program redemptions of any type, (e.g., AIR MILES<sup>®</sup> reward miles, Aeroplan<sup>®</sup>, timeshare points/weeks) used to purchase items or services and any charges to reinstate the points;
15. Charges for maintenance, exchange or timeshare fees;
16. Charges for replacement of drugs or existing appliances previously reimbursed under the RTO/ERO Group Insurance Benefits that have been lost, mislaid or stolen;
17. Examinations and physician notes/forms required for third-party use;
18. Accommodation charges in a rest home, nursing home, health spa, a place for custodial care, a home for the aged, or a facility that is primarily operated as a place for the care and treatment of alcoholism, drug addiction or mental illness; and
19. Any expenses incurred directly or indirectly as a result of the following:
  - a) Service or supplies for the treatment of injuries, illness or attempted suicide that are intentionally self-inflicted while sane or insane;
  - b) Cosmetic surgery or treatment unless it is due to an accidental injury and it began within 90 days of the accident;
  - c) Insurrection or riot, war or act of war (whether declared or not), service in the armed forces of any country, or hostilities of any kind;
  - d) Your participation as a professional athlete in a sporting event and/or participation in hazardous or risky activities such as motorized race or speed

contest, bungee jumping, parachuting, parasailing, rock climbing, mountain climbing, hang-gliding, skydiving, or scuba diving without appropriate certification;

- e) An accident or injury while impaired by alcohol with an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood; or
- f) Committing or attempting an assault or criminal offence.

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### Coordination of Benefits with Other Plans

If you are covered under more than one group plan simultaneously, benefit payments from all plans will be coordinated. The total reimbursement cannot exceed the actual expense incurred. Your claims should be submitted first to this plan, your spouse's claims should be submitted first to his/her plan, and your dependent children's claims should be submitted first to the plan of the parent whose birthday (i.e., month and day) occurs earlier in the calendar year.

Please contact Johnson Inc. [Plan Benefits Service](#) to verify which plan pays first. If the other plan under which you are covered does not have a coordination of benefits provision, claims should be submitted first to that plan. If priority cannot be established by those means, benefits will be pro-rated between the plans.

A copy of the explanation of benefits from the other insurance carrier, a completed Group Benefits Program claim form and photocopies of all receipts are required for consideration of the claim balance.

All coordination of benefits follows the Canadian Life and Health Insurance Association coordination of benefits guidelines.

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## Monthly Premium Rates – Effective January 1, 2019

Plan	Single	Couple	Family
Semi-Private Hospital and Convalescent Care	\$14.60	\$29.16	\$34.28

Where required by law, Retail Sales Tax will be added to these premium rates.

## Contact Information

If you have any questions concerning the RTO/ERO Group Benefits Program please call:

<p><b>Johnson Inc.</b> <b>PLAN BENEFITS SERVICE</b></p> <p>100 - 18 Spadina Road Toronto ON M5R 2S7</p> <p>416-920-7248 (Toronto area) 1-877-406-9007 (toll free) 1-866-554-4350 (fax)</p> <p>healthbenefits@johnson.ca (email) rto-ero.johnson.ca</p>	<p><b>Johnson Inc.</b> <b>PLAN BENEFITS CLAIMS</b></p> <p>100 - 1595 16th Avenue Richmond Hill ON L4B 3S5</p> <p>905-764-4888 (Toronto area) 1-800-638-4753 (toll free) 1-888-895-2209 (fax)</p> <p>pbclaimsonario@johnson.ca (email) rto-ero.johnson.ca</p>
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Extended Health Care, Dental, Semi-Private Hospital and Convalescent Care are insured by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, under a group insurance policy bearing contract numbers 141000, 141001, 141002, 141003. Trip Cancellation, Interruption/Delay Benefits are underwritten by CUMIS General Insurance Company and administered by Allianz Global Assistance, under a group policy bearing contract number FC310039. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.