



Plan Design Summary for Retirees

The following provides a high-level overview of the P/VP benefits plan for retirees. More plan details will soon be provided in your plan booklet and benefits at a glance.

OVERALL BENEFITS PLAN	COVERAGE DETAILS
Lifetime Maximum	<ul style="list-style-type: none"> Unlimited, unless otherwise stated
Reimbursement	<ul style="list-style-type: none"> 100%, unless otherwise stated

BENEFIT	COVERAGE DETAILS
Life Insurance	
Basic Life <i>(member only)</i>	<ul style="list-style-type: none"> Grandparented based on coverage as at April 1, 2018
Optional Life <i>(member and spouse)</i>	<ul style="list-style-type: none"> Grandparented based on coverage as at April 1, 2018
Prescription Drugs	
Prescription Formulary (including life-sustaining drugs, diabetic supplies and preventive vaccines)	<ul style="list-style-type: none"> 100% coverage No deductible Pay-direct drug card available Mandatory generic substitution \$12 maximum dispensing fee 12/year maintenance fee maximum \$18,000 lifetime maximum for fertility drugs \$500 annual maximum for erectile dysfunction drugs Active employees past age 65: ODB becomes first payer for drugs on the ODB list



Vision Care	
Glasses and Contacts	<ul style="list-style-type: none"> • \$500/2 benefit years
Eye Exam	<ul style="list-style-type: none"> • \$100/2 benefit years
Laser Eye Surgery	<ul style="list-style-type: none"> • \$2,000 lifetime maximum
Paramedical Services	
Chiropractor/Podiatrist	<ul style="list-style-type: none"> • Combined maximum of \$1,500/benefit year
Dietitian	
Naturopath	
Chiropractor	
Osteopath	
Psychologist	
Social Worker	
Registered Massage Therapist	
Speech Therapist/Speech Language Pathologist	
Communicative Disorders Assistant	
Marriage & Family Therapist	<ul style="list-style-type: none"> • Separate maximum of \$1,500/benefit year
Physiotherapist	
Dental	
Fee Guide	<ul style="list-style-type: none"> • Current fee guide for province of residence
Basic Services	<ul style="list-style-type: none"> • 100% of checkups, x-rays, fillings, etc. • No annual maximum • Recall exam once every 9 months • Full exams and x-rays once every 24 months
Major Restorative Services	<ul style="list-style-type: none"> • 60% coverage of crowns, bridges, inlays, onlays, dentures, implants (subject to Alternate Treatment clause) • \$2,000 maximum/benefit year
Periodontics/Endodontics	<ul style="list-style-type: none"> • 100% coverage of root canals and related services • 100% coverage of scaling, root planing, gum treatments, etc. • 10 units of scaling, root planing/rolling 12 months
Orthodontics	<ul style="list-style-type: none"> • 50% coverage for adults and children • \$3,600 lifetime maximum

Medical Services and Supplies	
Orthopaedic Shoes (stock)	<ul style="list-style-type: none"> • 1 per benefit year, \$500/pair (including modifications and adjustments)
Orthopaedic Shoes (custom)	<ul style="list-style-type: none"> • 1 per benefit year, \$500/pair
Orthotics	<ul style="list-style-type: none"> • \$500/year
Hearing Aids	<ul style="list-style-type: none"> • \$5,000/5 benefit years
Ambulance	<ul style="list-style-type: none"> • Transport to nearest facility • Includes air ambulance
Surgical Stockings	<ul style="list-style-type: none"> • 6 pairs/benefit year
Wigs	<ul style="list-style-type: none"> • \$1,000 lifetime maximum
Emergency Travel Medical	<ul style="list-style-type: none"> • 100% coverage • Up to 60 days/trip • \$5 million lifetime maximum
Private Duty Nursing	<ul style="list-style-type: none"> • \$50,000/benefit year
Semi-private Hospital	<ul style="list-style-type: none"> • Includes semi-private room in private OHIP-funded facilities

A FINAL WORD

This document has been prepared exclusively for P/VP education workers in the province of Ontario. It is not intended to be comprehensive or to provide advice. If there are any differences between the information provided in this bulletin and any legal documents that govern the delivery of benefits, the legal documents will apply.

