

# Plan comparison chart: post-retirement benefits for members of the OPTrust pension plan

November 16, 2016

The chart below compares the post-retirement benefits available to OPTrust members under the current plan – “Plan A” – and under the alternative plan – “Plan B” – negotiated between OPSEU and the Ontario government.

Service/Supply	PRB Plan A – Legacy (Current) Plan	PRB Plan B
<b>Drugs</b>	<ul style="list-style-type: none"> <li>●90% coverage</li> <li>●Drug card</li> <li>●Generic pricing – purchased product cost</li> <li>●Deductible: \$3.00/DIN</li> <li>●Unlimited coverage – no annual maximum</li> </ul>	<ul style="list-style-type: none"> <li>●Drug – 90% coverage, reduced to 75% coverage at the age of ODB eligibility for eligible submitted drug costs to maximum \$10,000/yr (out of pocket cap annual cap - \$1,000/yr up to the age of ODB eligibility, and \$2,500/yr after the age of ODB eligibility) per covered person</li> <li>●Drug card</li> <li>●Mandatory lowest-cost, immediately available generic product pricing</li> <li>●Maximum of six (6) dispensing fees per year per maintenance prescription drug claim unless a physician specifically prescribes otherwise</li> <li>●Exclusion of coverage for ODB deductibles</li> <li>●Any drugs that are currently being covered are grandparented</li> <li>●Catastrophic Drug Coverage (CDC) – This plan will pay 100% of eligible drugs costs above the annual cap.</li> </ul>
<b>Hospital</b>	●\$120/day – Semi-Private/Private room	●\$120/day – Semi-Private/Private room

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<b>Paramedical</b>	<ul style="list-style-type: none"> <li>●Massage therapist, Physiotherapist, naturopath, osteopath, chiropractor and podiatrist: \$25 per visit to max \$1200/yr. per patient, provider</li> <li>●Psychologists &amp; Speech Therapists: \$25 per half hour visit, with a \$1400 calendar year maximum applicable</li> </ul>	<ul style="list-style-type: none"> <li>●Combined Maximum: 100% of eligible claim cost to maximum \$500/year per person – all providers – no per visit max</li> </ul>
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>●Max \$340, + cost of one routine eye exam/24 months</li> <li>●Deductible: \$10/Single, \$20/Family – combined with Hearing Aids</li> </ul>	<ul style="list-style-type: none"> <li>●Max \$340, + cost of one routine eye exam/36 months. With exam coverage ending at age of ODB eligibility</li> <li>●Deductible \$10/single, \$20/family – combined with Hearing Aids</li> </ul>
<b>Hearing Aids</b>	<ul style="list-style-type: none"> <li>●Max \$1200/4 years, \$10 deductible per person, family coverage \$20 deductible maximum</li> </ul>	<ul style="list-style-type: none"> <li>●Max \$900/4 years. Deductible: \$10/single, \$20 family – combined with vision care</li> </ul>
<b>Orthotic Appliances and Orthopaedic Shoes</b>	<ul style="list-style-type: none"> <li>●Orthopaedic Shoes: 75% of the cost of 1 pair/repair to max \$500/yr.</li> <li>●Orthotic Appliances: 100% of cost to a max \$500/yr.</li> </ul>	<ul style="list-style-type: none"> <li>●80% of the cost of 1 pair/repair – of each product – to a maximum of \$500/yr., per product</li> </ul>
<b>Diabetic Appliances &amp; Supplies</b>	<ul style="list-style-type: none"> <li>●Blood Glucose Monitor - \$400/4yrs</li> <li>●Insulin Infusion Pump: \$2000/5 yrs.</li> <li>●Jet Injectors: \$1000/life</li> <li>●Appliances related supplies: \$2000/year</li> </ul>	<ul style="list-style-type: none"> <li>●Blood Glucose Monitor - \$400/4 yrs.</li> <li>●Insulin Infusion Pump: \$2,000/5 yrs.</li> <li>●Jet injectors: \$1,000/life</li> <li>●Appliances related supplies: \$2,000/year</li> </ul>
<b>Private Duty Nursing</b>	<ul style="list-style-type: none"> <li>●Covered at 100% - subject to reasonable and customary charge</li> </ul>	<ul style="list-style-type: none"> <li>●75% to \$20,000 annual maximum</li> </ul>
<b>Other Health Services/Supplies</b>	<ul style="list-style-type: none"> <li>●Covered at 100% - subject to reasonable and customary charges – unless otherwise specified. Items include: ambulance services, wheelchair rentals, hospital bed rental/purchase, casts, braces, prosthetics, etc.</li> </ul>	<ul style="list-style-type: none"> <li>●75% reimbursement – unless otherwise specified. Standard coverage services/supplies – subject to reasonable and customary charges</li> </ul>

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<b>Dental deductible</b>	●\$50/Yr. - Single or Family	None
<b>Basic Dental</b>	●85% coverage - Unlimited	●75% to max \$1,500/year per insured
<b>Dentures/Major Restorative/</b>	●Dentures: 50% to \$3000 lifetime/person ●Major Restorative: 50% to \$2000/Yr./Person	Not Covered
<b>Orthodontic</b>	●50% to max \$3000/lifetime per child age 6-18	Not Covered
<b>Dental claims</b>	●Claims paid on ODA Fee Guide, Subject to a one (1) year lag	●Claims paid on ODA Fee Guide, Subject to a one (1) year lag
<b>Emergency Out of Province/Out of Country Coverage</b>	● Coverage for eligible medical expenses incurred due to emergency during temporary absences out-of-province – within Canada - Unlimited	●No additional coverage beyond OHIP.
<b>Optional Upgrade Package (100% Retiree Paid) – Plan A – available as of April 1, 2017</b>		
<b>Emergency Out of Province/Out of Country Coverage</b>	●Coverage at 100% to a lifetime maximum of \$1M for eligible medical expenses incurred due to emergency or unexpected sudden illness during temporary absence outside Canada, over and above OHIP out-of-country and standard health plan terms. 90-day trip maximum.	
<b>Global Medical Assistance (GMA) – Travel Assistance Plan</b>	●A complement to the Out of Province/Out of Country coverage that provides 24 hour access to medical assistance via a worldwide communications network that locates providers, obtains carrier approval of covered services including hospital payment, evacuation, transport/lodging for family member, return to home. Caps and conditions apply.	
<b>Catastrophic Drug Coverage (CDC)</b>	●100% coverage for eligible drug expenses in excess of an annual plan threshold or \$10,000 in eligible submitted drug expenses per year, per patient.	
<b>Optional Upgrade Package (100% Retiree Paid) – Plan B – available as of April 1, 2017</b>		
<b>Emergency Out of Province/Out of Country Coverage</b>	●Coverage at 100% to a lifetime maximum of \$1M for eligible medical expenses incurred due to emergency or unexpected sudden illness during temporary absence outside Canada, over and above OHIP out-of-country and standard health plan terms. 90-day trip maximum.	
<b>Global Medical Assistance (GMA) – Travel Assistance Plan</b>	●A complement to the Out of Province/Out of Country coverage that provides 24 hour access to medical assistance via a worldwide communications network that locates providers, obtains carrier approval of covered services including hospital payment, evacuation, transport/lodging for family member, return to home. Caps and conditions apply.	

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