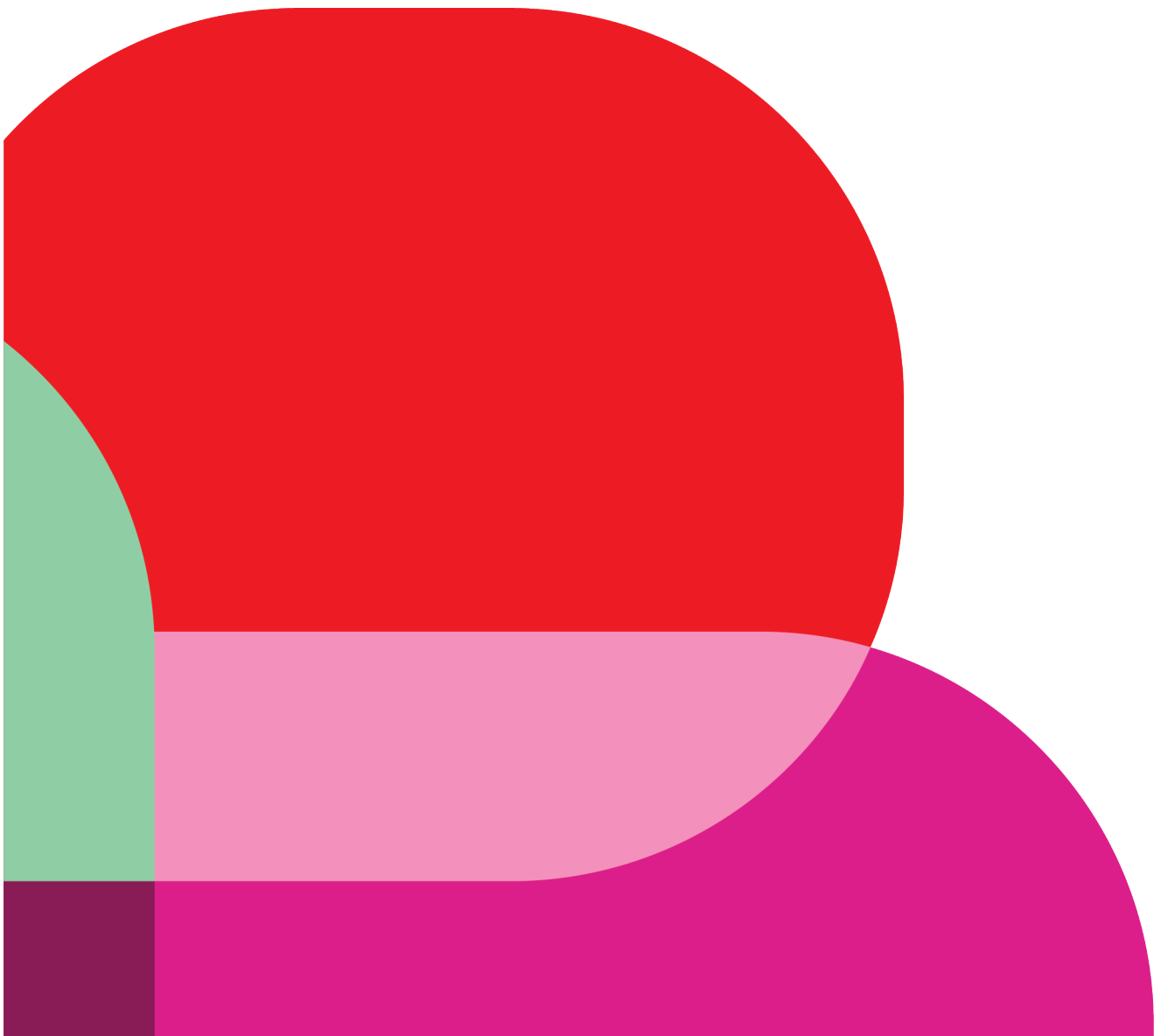


# District/Unit Health Representatives Insurance Plans Manual

June 2023



**RTO  
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This manual has been developed for you, the District or Unit Health Representatives (DHRs) of RTOERO.

## The Importance of Your Role to RTOERO

As a District/Unit Health Representative, you provide answers to some of the questions concerning the RTOERO Group Insurance Program. Other questions are referred to RTOERO and Johnson Inc. [SECTION 2: SOURCES OF INFORMATION](#) has the contact information. Your assistance as the DHR for your District/Unit is vital to the success of the insurance program available to RTOERO members.

## The RTOERO Group Insurance Program

The RTOERO Group Insurance Program is the most comprehensive voluntary benefits program available in Canada to teachers, school and board administrators, educational support staff, and college and university faculty (educators) in retirement. Feedback from DHRs has assisted in the continuing development and expansion of the program to meet the needs of retired educators.

## The RTOERO Plans at a Glance

Over 100,000 retired educators and their dependents are covered under one or more of the Group Insurance Plans (comprised of Hospital and Convalescent Care, Extended Health Care and Dental Plans). The full range of available benefits are:

- Hospital & Convalescent Care
- Extended Health Care (includes Travel Plan)
- Dental
- Supplemental Travel Plan
- Accidental Death & Dismemberment
- Life Insurance (Term and Guaranteed Issue)
- Home and Car Insurance

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Other benefits may be considered by RTOERO from time to time to meet the changing needs of members.

### **As the RTOERO Health Coordinator, your role is important. Here is a description of your responsibilities:**

#### **Position summary:**

The Health Coordinator plans wellness information and events for district members.

#### **Responsibilities**

- Attend the annual Benefits Workshop and share key learnings with the district executive and members.
- Be familiar with the content of the Benefits Manual.
- Be familiar with the sources of information about the RTOERO group insurance program – including [rtoero.ca/insurance](https://rtoero.ca/insurance), [Insurance Plans Booklet](#), [Communiqué](#),
- Benefit Committee meeting highlights – and direct members to these resources as needed.
- Be familiar with contact information for the plan administrator (Johnson Inc.) and direct members to this information as needed.
- Be familiar with contact information for service providers – CloudMD, Global Excel – and direct members to this information as needed.
- Redirect escalations or feedback involving our insurance policy or partner/provider (Johnson, Global Excel or CloudMD) to the RTOERO Health Benefits team.
- Collaborate with newsletter editor, social media coordinator and website coordinator to share health and wellness content with members through district communication channels.
- In collaboration with the district executive, plan benefits and wellness events and activities, such as “Know your health plans” session, wellness fair, etc. For sessions related to the RTOERO Group Insurance Plans, an RTOERO staff member or a Johnson Consultant will deliver the seminar.
- Attend meetings of the district executive.

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### Skills helpful in this role

- Commitment to RTOERO and its mission, vision, values and strategic goals
- Knowledge of RTOERO and the district
- Previous volunteer experience is an asset
- Training and resources provided
- District Executive Guide
- Benefits Manual
- RTOERO policies
- Training and mentorship from other members of the district executive
- Annual benefits workshop in Toronto
- RTOERO website – [rtoero.ca](http://rtoero.ca) - and RTOERO Learning – [rtolearning.rtoero.ca](http://rtolearning.rtoero.ca)

### Benefits of this role

- Sharing leadership skills and making a difference
- Having fun socializing with the district executive

### Time commitment:

An average time commitment of 6-8 hours per month.

## The background of the RTOERO Group Insurance Program includes the following details:

- RTOERO was inaugurated in 1968.
- The Benefits Committee's predecessor, The Health and Welfare Committee, was established in 1969.
- RTOERO serves more than 83,000+ active and retired educators. Membership in RTOERO is a valuable benefit, and is a requirement for enrolment in the Group Insurance Program.
- The well-established and financially-stable Group Insurance Plans are owned by RTOERO
- RTOERO is governed by a Board of Directors which meets on a regular basis during

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the year. The Board reports through the Chair and the Chief Executive Officer at an Annual Meeting held in May. Attending that meeting are two voting representatives also called Corporate Members of each of the 51 Districts, 46 of which are in Ontario and five in other provinces with two Districts in British Columbia, one district in the Prairies, one in the Atlantic and one in Quebec. In addition to the Annual Meeting, twice a year, these members receive reports from Provincial Committees, informally discuss issues related to RTOERO Strategic Plan, and participate in training sessions in a meeting called the Forum.

The RTOERO Benefits Committee's Mission Statement with respect to the Group Insurance Plans is as follows:

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### Mission Statement:

**The RTOERO Benefits Committee will provide a most cost effective, high quality and competitive Group Health Insurance Plan that meets the needs of the majority of the membership.**

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- Participation in the RTOERO Group Insurance Plans is unique in that all participants are members and their dependents (including survivors of members).
- The total cost of the RTOERO Group Insurance Plans is borne by the participants.
- RTOERO is a not-for-profit organization. Surpluses above and beyond reserve requirements are "refunded" to the RTOERO Group Insurance Plans and become part of RTOERO's Health Premium Stabilization Fund.
- RTOERO's course of action and procedures are closely monitored and/or emulated by other groups.
- Members participating in the Group Insurance Plans range in age from the newly retired to over age 100.
- The Group Insurance Plans policy year runs from January 1 to December 31, except for the Supplemental Travel Plan which runs from September 1 to August 31.
- Johnson Inc. is retained as Consultant, Administrator and Claims Payor.
- Each new participant in the RTOERO Group Insurance Plans receives an RTOERO [Insurance Plans Booklet](#) that includes the Travel Plan certificate of insurance. The Master Contracts for the Hospital and Convalescent Care, Extended Health Care, and Dental Plans are kept in the RTOERO main office in Toronto. Participants in the other voluntary Individual Insurance Plans (Life Insurance, Accidental Death & Dismemberment and Home and Car Insurance Plans) are issued individual policies.
- The [online version](#) of the RTOERO Insurance Plans Booklet is updated annually and will always reflect the changes outlined in the [Communiqué](#). A hardcopy version is usually printed once every three years.

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### The Organizations involved in the RTOERO Group Insurance Program are:

- **RTOERO**

RTOERO is the policyholder for the Group Insurance Plans and sponsors other insurance programs available to members. RTOERO provides ongoing service to members through needs analysis, cost effective plan design, and financial management and control.

- **Johnson Inc.**

Established in 1880, Johnson Inc. provides a full range of insurance services to many organizations in the education and health services fields throughout Canada.

**Consulting** – As the appointed Consultant of the RTOERO Group Insurance Plans, Johnson Inc. provides many services, including benefits research, program implementation, customized benefit communication and support, claims analysis, actuarial services, wellness initiatives, and financial recommendations.

Through regular meetings with the RTOERO Benefits Committee, Johnson Inc. provides up-to-date financial and plan design recommendations, and input on the ongoing operations of the program.

**Group Benefits Service** – As the Plan Administrator, Johnson Inc. administers the RTOERO Group Insurance Plans, including enrolment, premium calculation, maintenance of eligibility records, processing of changes in coverage and terminations, changes to name and address, and production and distribution of Benefits Cards.

**Group Benefits Claims** – Johnson Inc. is also the Claims Payor, providing claims payment for the Group Insurance Plans through real time computer access, toll-free numbers, and answers to claim inquiries by Johnson Inc.'s trained, specially assigned Claim Specialists. Johnson Inc. established a Complex Claims Unit in February 2014 to handle claims that are more sensitive in nature or require a more dedicated time commitment.

**The combination of these services provides a fully integrated approach for the provision of information to RTOERO members.**

- **Securian Canada**

Canadian Premier Life Insurance Company, which operates under the brand name Securian Canada, underwrites RTOERO's Group Insurance Plans, which are comprised of Hospital and Convalescent Care, Extended Health Care and Dental.

## SECTION 1: PROGRAM OVERVIEW

- **Manulife Financial (Manulife)**

Manulife underwrites the Guaranteed and Term Life, and Accidental Death & Dismemberment.

- **Royal & Sun Alliance Insurance Company of Canada (RSA) and Global Excel Management Inc. (Global Excel)**

Royal & Sun Alliance Insurance Company of Canada is the underwriter of the RTOERO Travel Plan, and the Supplemental Travel. Global Excel Management Inc. (Global Excel) has been appointed by the Insurer as the assistance and claims service provider of the Travel Plan.

- **Kii by CloudMD**

RTOERO Extended Health Care Plan participants, their children (no age limit), parents and parents-in-law have access to CloudMD services. These services help people take control of their health whether dealing with a medical challenge or needing information to help make the right decisions about their healthcare. CloudMD became the new provider on January 1, 2023, replacing Teladoc who offered similar services.

- **Ontario Teachers' Pension Plan (OTPP)**

OTPP is responsible for the pension deduction of the premiums for RTOERO Hospital and Convalescent Care, Extended Health Care, Dental, Supplemental Travel, and Long Term Care (grandfathered plan) for participants receiving a pension from OTPP. Membership fees are also deducted by OTPP on behalf of RTOERO.

- **Unifund Assurance**

Unifund was founded in 1972 and is a federally incorporated property and casualty insurance company, headquartered in St. John's NL, Canada. It specializes in personal home and automobile insurance and has been a pioneer of many innovations for the benefit of consumers. Unifund Assurance Company and Unifund Claims Inc are wholly owned by The Johnson Corporation, a Canadian holding company controlled by Intact Financial Corporation.



SECTION 2:

# SOURCES OF INFORMATION

Website access to all of the RTOERO Group Insurance Plans information is available on the Johnson Inc. [My Insurance](#) or the RTOERO website at [www.rtoero.ca](http://www.rtoero.ca).

## Johnson Inc.

416-920-7248 / 1-877-406-9007 (toll-free)  
[rtoero.johnson.ca](http://rtoero.johnson.ca)

### Group Benefits Service

[healthbenefits@johnson.ca](mailto:healthbenefits@johnson.ca)

*Mailing Address*

PO Box 4408 STN A  
Toronto, ON M5W 3V7

*Walk-in Address;*

100 – 18 Spadina Rd  
Toronto ON M5R 2S7

### Group Benefits Claims

[pbclaimsontario@johnson.ca](mailto:pbclaimsontario@johnson.ca)

*Mailing Address*

PO Box 4287 STN A  
Toronto, ON M5W 5X1

*Claims Drop-off Address:*

400 – 2255 Sheppard Ave E  
North York ON M2J 4Y1

### Home and Car Insurance

400-2255 Sheppard Ave E  
North York, ON M2J 4Y1  
1-866-307-7751

### Consulting • Group Benefits

Richard Harrison  
Director, Strategic Partnerships  
[rharrison@johnson.ca](mailto:rharrison@johnson.ca)  
416-553-8893

Colleen Knox  
Consultant Group Benefits  
[cknox@johnson.ca](mailto:cknox@johnson.ca)  
289-385-2131

David Brawley  
Senior Consultant Group  
Benefits  
[dbrawley@johnson.ca](mailto:dbrawley@johnson.ca)  
437-328-8808

### Consulting • Home and Car

Yvonne Brady  
Senior Consultant  
[ybrady@johnson.ca](mailto:ybrady@johnson.ca)  
289-385-3065

# RTOERO

300 – 18 Spadina Road Toronto, ON M5R 2S7  
416-962-9463 (local)  
1-800-361-9888 (toll-free)  
416-962-1061 (fax)  
<https://rtoero.ca/>

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## Provincial Office

Jim Grieve  
Chief Executive Officer Ext. 222  
[jgrieve@rtoero.ca](mailto:jgrieve@rtoero.ca)

Stephen Wong  
Director of Health Benefits Ext.240  
[swong@rtoero.ca](mailto:swong@rtoero.ca)

Ashveena Govindaraju  
Manager, Health Benefits Ext. 225  
[agovindaraju@rtoero.ca](mailto:agovindaraju@rtoero.ca)

Anya Rampersad  
Coordinator, Health Benefits Ext. 250  
[arampersad@rtoero.ca](mailto:arampersad@rtoero.ca)

Sonya Walker  
Coordinator, Health Benefits Ext. 202  
[swalker@rtoero.ca](mailto:swalker@rtoero.ca)

## Benefits Committee

### Members:

Doug Bolger  
Stephen Harvey  
Lorraine Knowles  
Ward Levine  
Roger Régimbal  
Mary Valtellini

### Board of Directors:

Pamela Baker  
Martha Foster  
Claudia Mang  
Gayle Manley

## SECTION 2: SOURCES OF INFORMATION

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### Please Note:

All written inquiries or comments relating to the RTOERO Group Insurance Program should be sent to the Benefits Committee c/o RTOERO at [insurance@rtoero.ca](mailto:insurance@rtoero.ca)

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#### Ontario Teachers' Pension Plan (OTPP)

5650 Yonge Street  
Toronto, ON M2M 4H5  
416-228-5900  
+1-877-812-7989  
[www.otpp.com](http://www.otpp.com)

#### Global Excel Management Inc.

1-877-346-1467 (Toll free in Canada/USA)  
800-062-4728 (Toll free in Mexico)  
+819-780-0647 (Worldwide collect call)

#### Kii by CloudMD

1-866-814-0018 (Toll free)  
<https://mso.kiihealth.ca/rtoero/>

#### Ontario Public Drug Programs

Ministry of Health and Long-Term Care  
1-800-268-1153  
TTY 1-800-387-5559  
<https://www.health.gov.on.ca/en/public/programs/drugs/>

## SECTION 2: SOURCES OF INFORMATION

### Ontario Drug Benefit (ODB) Program

Drug benefits for Ontarians aged 65 and older, residents of long-term care homes or homes for special care, and recipients of social assistance through Ontario Works or the Ontario Disability Support Program.

**For more information contact:**  
1-866-532-3161  
TTY 1-800-387-5559

Or visit:  
[www.ontario.ca/page/get-coverage-prescription-drugs](http://www.ontario.ca/page/get-coverage-prescription-drugs)

### Trillium Drug Program

Drug benefits to Ontario residents who spend approximately 4% or more of their after-tax household income on prescription-drug costs. Any Ontario resident that does not qualify under any of the other plans can apply for the Trillium Drug Program. Application forms and guides are available online and at local pharmacies.

**For more information contact:**  
1-800-575-5386 (toll free)  
TTY 1-800-387-5559

Or visit:  
[www.ontario.ca/page/get-help-high-prescription-drug-costs](http://www.ontario.ca/page/get-help-high-prescription-drug-costs)

### Special Drugs Program

Drug benefit for Ontarians with a valid Health Card for certain expensive outpatient drugs used to treat a number of serious conditions.

**For more information contact:**  
1-866-532-3161 (toll free)  
TTY 1-800-387-5559

Or visit:  
[www.ontario.ca/page/get-full-coverage-certain-Drugs](http://www.ontario.ca/page/get-full-coverage-certain-Drugs)

### New Drug Funding Program for Cancer Care

Drug Benefits for certain approved intravenous cancer drugs administered in hospitals. The list of covered drugs, and the indications for which they are covered, are posted in the New Drug Funding Program section of the [Cancer Care Ontario](http://www.cancercareontario.ca) website.

**For more information contact:**  
1-855-460-2647 (toll free)

Or visit:  
[https://www.cancercareontario.ca/en/Funding/New\\_Drug\\_Funding\\_Program](https://www.cancercareontario.ca/en/Funding/New_Drug_Funding_Program)

## SECTION 2: SOURCES OF INFORMATION

Exceptional Access Program (EAP)	
The EAP facilitates patient access to drugs not funded on the Ontario Drug Benefit (ODB) Formulary, or where no listed alternative is available. The patient must be eligible to receive benefits under the ODB program.	
<b>For more information contact:</b> 1-866-532-3161 (toll free) TTY 1-800-387-5559	Or visit: <a href="https://www.ontario.ca/page/applying-exceptional-access-program">https://www.ontario.ca/page/applying-exceptional-access-program</a>

Applications and guides for the above-listed public drugs programs are available online at: <http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf>

Telehealth Ontario	
Telehealth Ontario is a free, confidential telephone service you can call to get health advice or general health information from a Registered Nurse. Accessible 24 hours per day, seven days a week.	
<b>For more information contact:</b> 811 TTY 1-866-797-0007	Or visit: <a href="https://www.ontario.ca/page/get-medical-advice-telehealth-ontario">https://www.ontario.ca/page/get-medical-advice-telehealth-ontario</a>

Service Ontario	
Service Ontario offers single window access to Ontario's Ministry of Health and Long-Term Care services and programs quickly and easily by internet or phone.	
<b>For more information contact:</b> 1-800-267-8097 (toll free) TTY 1-800-268-7095	Or visit: <a href="https://www.ontario.ca/page/serviceontario">https://www.ontario.ca/page/serviceontario</a>

Assistive Devices Program (ADP)	
Provides support and funding to Ontario residents who have long-term physical disabilities and provides access to personalized assistive devices.	
<b>For more information contact:</b> 1-800-268-6021 (toll free) TTY 416-327-4282 or 1-800-387-5559	Or visit: <a href="http://www.ontario.ca/page/assistive-devices-program">www.ontario.ca/page/assistive-devices-program</a>

## SECTION 2: SOURCES OF INFORMATION

### Ministry for Seniors and Accessibility

Improving life for seniors and people with disabilities by changing perceptions and promoting the benefits of an age-diverse, accessible workplace and community.

**For more information contact:**  
1-866-515-2025 (toll free)  
TTY: 1-888-335-6611

Or visit:  
<https://www.ontario.ca/page/ministry-seniors-accessibility>

### Home and Community Care

Help for patients and seniors who need support living at home.

**For more information contact:**  
your local LHIN or call 1-866-532-3161  
TTY: 1-800-387-5559

Or visit:  
[www.ontario.ca/page/homecare-seniors](http://www.ontario.ca/page/homecare-seniors)

### Find Long-term Care Homes in Ontario

Information on the home's name/address, the CCAC and LHIN where the home is located, the number of beds in the home and the number of non-compliances found in the home.

**For more information contact:**  
1-866-532-3161 (toll free)  
TTY: 416-327-4282 or 1-800-387-5559

Or visit:  
<http://www.health.gov.on.ca/en/public/programs/ltc/default.aspx>

### Ministry of Health and Ministry of Long-Term Care

Encourages and promotes the health and well-being of all Ontario residents. Their aim is to provide comprehensive information about the latest health advancements as well as the wide range of healthcare programs and services available throughout the province. They have a section on drugs, which is intended to provide information on Canadian prescription and over-the-counter drugs.

**For more information contact:**  
811 TTY: 1-866-797-0007

Or visit:  
<http://www.health.gov.on.ca/en/>

## SECTION 2: SOURCES OF INFORMATION

### British Columbia

British Columbia Health and Drug Coverage - PharmaCare	
<p>British Columbia residents have access to medically necessary health care services through the Medical Services Plan and to eligible prescription medications, medical supplies, and pharmacy services through the PharmaCare program. The <a href="#">PharmaCare program</a> provides assistance through several drug plans. The largest is the income-based Fair PharmaCare plan.</p>	
<p><b>For more information contact:</b> 604-683-7151 (Lower Mainland) 1-800-663-7100 (toll free rest of B.C.)</p>	<p>Or visit: <a href="http://www.gov.bc.ca/PharmaCare">BC PharmaCare plans - Province of British Columbia (gov.bc.ca)</a></p>

### Quebec

Régie de l'assurance maladie du Québec	
<p>All permanent residents of Québec must have prescription drug insurance coverage at all times. The public plan is administered by the Régie de l'assurance maladie du Québec</p>	
<p><b>For more information contact:</b> 514-864-3411 (Montreal) 418-646-4636 (Québec) 1-800-561-9749 (rest of Québec)</p>	<p>Or visit: <a href="http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/prescription-drug-insurance.aspx">www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/prescription-drug-insurance.aspx</a></p>

### Newfoundland and Labrador

Newfoundland and Labrador Health and Drug Coverage – Medical Care Plan	
<p>The Newfoundland and Labrador Medical Care Plan (MCP) is a comprehensive plan of medical care insurance designed to cover the cost of physician services for residents of the province.</p>	
<p><b>For more information contact:</b> 1-866-449-4459 (Avalon region) 1-800-563-1557 (all other regions)</p>	<p>Or visit: <a href="https://www.gov.nl.ca/hcs/mcp/">https://www.gov.nl.ca/hcs/mcp/</a> <a href="https://www.health.gov.nl.ca/health/index.htm">https://www.health.gov.nl.ca/health/index.htm</a> !</p>

## SECTION 2: SOURCES OF INFORMATION

### Prince Edward Island

Prince Edward Island Health and Drug Coverage – PharmaCare	
PEI Pharmacare helps Islanders with the cost of eligible prescription medications, certain medical supplies, and pharmacy services. You may be eligible to receive either partial or full coverage through one of the drug cost assistance programs.	
<b>For more information contact:</b> 1-877-577-3737 (toll free)	Or visit: <a href="https://www.princeedwardisland.ca/en/information/health-pei/pei-pharmacare">https://www.princeedwardisland.ca/en/information/health-pei/pei-pharmacare</a>

### Nova Scotia

Nova Scotia Health and Drug Coverage	
Nova Scotia's Health Insurance Programs are designed to provide eligible residents with coverage for medically required hospital, medical, dental and optometric services with some restrictions.	
<b>For more information contact:</b> 1-800-563-8880 (toll free)	Or visit: <a href="https://novascotia.ca/dhw/msi/">https://novascotia.ca/dhw/msi/</a>

### New Brunswick

New Brunswick and Drug Coverage	
As a New Brunswicker, you are entitled to basic, universal, government-funded health care. Health care coverage, including most medically required services, is provided by the provincial government. The province is divided into two health care regions <a href="#">Vitalité Health Network</a> and <a href="#">Horizon Health Network</a> . Your region of service will be determined by where you settle.	
<b>For more information contact:</b> 506-453-3981	Or visit: <a href="https://welcomenb.ca/content/wel-bien/en/LivingSettling/content/Healthcare.html">https://welcomenb.ca/content/wel-bien/en/LivingSettling/content/Healthcare.html</a>



## SECTION 2: SOURCES OF INFORMATION

### Manitoba

Manitoba Health Coverage	
Manitoba Health, Seniors and Active Living directly pays physicians' services that are medically required for you or your dependents.	
<b>For more information contact:</b> 1-800-392-1207 (toll free)	Or visit: <a href="https://www.gov.mb.ca/health/mhsip/">https://www.gov.mb.ca/health/mhsip/</a>

### Saskatchewan

Saskatchewan Health Coverage	
Eligible seniors 65 years and older pay a maximum of \$25 for prescription drugs listed on the <a href="#">Saskatchewan Formulary</a> and those approved under <a href="#">Exception Drug Status</a>	
<b>For more information contact:</b> 1-800-787-8996 (toll free)	Or visit: <a href="https://www.saskatchewan.ca/residents/health/accessing-health-care-services/seniors-drug-plan">https://www.saskatchewan.ca/residents/health/accessing-health-care-services/seniors-drug-plan</a>

### Alberta

Alberta Health Coverage	
The Alberta Health Care Insurance Plan (AHCIP) provides eligible Alberta residents with full coverage for medically necessary physician services, and some dental and oral surgical health services.	
<b>For more information contact:</b> 780-427-1432	Or visit: <a href="https://www.alberta.ca/ahcip-what-is-covered.aspx">https://www.alberta.ca/ahcip-what-is-covered.aspx</a>

### Yukon

Yukon Health Coverage	
The Yukon Health Care Insurance plan provides coverage for medically required hospital and medical services, and certain dental-surgical procedures.	
<b>For more information contact:</b> 867-667-5209	Or visit: <a href="http://www.hss.gov.yk.ca/yhcip.php">http://www.hss.gov.yk.ca/yhcip.php</a>

## SECTION 2: SOURCES OF INFORMATION

### Northwest Territories

Northwest Territories Health Coverage	
The NWT Health Care Plan covers <a href="#">basic hospital and medical treatment</a> . This means that anyone with a valid NWT Health Care Card can go to a hospital, health centre or medical clinic for treatment and will not have to pay for medically necessary health services.	
<b>For more information contact:</b> 1-800-661-0830	Or visit: <a href="https://www.hss.gov.nt.ca/en/services/nwt-health-care-plan">https://www.hss.gov.nt.ca/en/services/nwt-health-care-plan</a>

### Nunavut

Nunavut Health Coverage	
The Nunavut Health Care Plan covers the costs of certain doctor and hospital services.	
<b>For more information contact:</b> 1-800-661-0833	Or visit: <a href="https://www.gov.nu.ca/health/information/nunavut-health-care-plan">https://www.gov.nu.ca/health/information/nunavut-health-care-plan</a>

### National

Government of Canada	
Service Canada provides Canadians with a single point of access to a wide range of government services and benefits through the Internet, by telephone, in person or by mail.	
<b>For more information contact:</b> 1-800-OCANADA (toll free) (1-800-622-6232) TTY 1-800-926-9105	Or visit: <a href="https://www.canada.ca/en.html">https://www.canada.ca/en.html</a>

### National Senior Health & Wellness Resources

- 1. Aging, Health and Society Network (McMaster University) -**  
<https://www.aging.mcmaster.ca/>

The Gilbrea Centre for Studies in Aging in the Faculty of Social Sciences at McMaster University serves as a critical hub of research, teaching and outreach.

## SECTION 2: SOURCES OF INFORMATION

### 2. Alzheimer Care (Alzheimer Society of Canada) -

<https://alzheimer.ca/en/Home?c=1>

Alzheimer Societies offer support, information and education in communities right across Canada.

### 3. Canadian Medication Appropriateness and Deprescribing Network -

<https://www.deprescribingnetwork.ca/>

The Canadian Medication Appropriateness and Deprescribing Network is dedicated to raising awareness of medication safety, deprescribing and safer alternatives to risky medications.

### 4. Canadian Home Care Association - <https://cdnhomecare.ca/>

Established in 1990, the Canadian Home Care Association (CHCA) is a national non-profit membership association dedicated to advancing excellence in home and community care. Through our diverse membership base, the CHCA represents public and private organizations that fund, manage and provide services and products in the home and community.

### 5. Canadian Sleep Society - <https://css-scs.ca/>

The Canadian Sleep Society is a national organization committed to improving sleep for all Canadians through: support for research, promotion of high quality clinical care, education of professionals and the public, and advocacy for sleep and sleep disorders medicine.

### 6. Dental Care for Seniors (Canadian Dental Association) - [http://www.cda-adc.ca/en/oral\\_health/cfy/dental\\_care\\_seniors/index.asp](http://www.cda-adc.ca/en/oral_health/cfy/dental_care_seniors/index.asp)

As you age, you may need to make a few changes in the way you care for your teeth and gums. If you need advice on looking after your teeth and gums, or those of a dependent relative or friend, your dentist and the Canadian Dental Association can provide you with valuable information.

### 7. Aging & Seniors – Publications - <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/aging-seniors-publications.html>

The publications of the Division of Aging and Seniors are a great source of reliable information about aging in Canada. Some are written with the general public in mind, others are targeted at professionals.

### 8. Health Canada - <https://www.canada.ca/en/health-canada.html>

Health Canada is responsible for helping Canadians maintain and improve their health. It ensures that high-quality health services are accessible, and works to reduce health risks.

### 9. Heart & Stroke Foundation of Canada - <https://www.heartandstroke.ca/>

Heart & Stroke is a leading funder of life-saving research, which has led to

## SECTION 2: SOURCES OF INFORMATION

breakthroughs such as heart transplant surgery and a revolutionary stroke treatment that cuts the death rate by 50%

### 10. Institute for Life Course and Aging (University of Toronto) -

<http://www.aging.utoronto.ca/>

The Institute for Life Course & Aging has a mandate to carry out research into aging from a life course perspective, including population aging, and the aged in the social, psychological and health sciences.

### 11. Arthritis Society of Canada (includes guidance on joint replacements) -

<https://arthritis.ca/>

Essential tips and guidance for moving through life with arthritis.

### 12. Osteoporosis Canada - <https://osteoporosis.ca/>

The organization works to educate, empower and support individuals and communities in the risk-reduction and treatment of osteoporosis.

### 13. Physical Activity Guide for Older Adults - <https://www.canada.ca/en/public-health/services/being-active/physical-activity-your-health.html>

Physical activity is important for being healthy. Canadians of all ages need to move more and sit less as part of their everyday to help them achieve their optimal health.

### 14. Public Health Agency of Canada - [https://www.canada.ca/en/public-health.html?utm\\_source=VanityURL&utm\\_medium=URL&utm\\_campaign=publichealth.gc.ca](https://www.canada.ca/en/public-health.html?utm_source=VanityURL&utm_medium=URL&utm_campaign=publichealth.gc.ca)

The Public Health Agency of Canada empowers Canadians to improve their health. In partnership with others, its activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision making.

### 15. Victorian Order of Nurses (VON) - <https://www.von.ca/>

VON is a highly-trusted non-profit organization that works with our clients, employees, volunteers and partners to provide innovative clinical, personal and social support to people who want the comfort and peace of mind of living in their own homes and communities.

### 16. Advocacy Centre for the Elderly (ACE – Ontario only) - [acelaw.ca](http://acelaw.ca)

ACE provides direct legal services to low-income seniors, public legal education, and engages in law reform activities. ACE services and activities are in relation to areas of law of special importance to the seniors' population.

### 17. Canadian Association for Retired Persons (CARP) - <https://www.carp.ca/>

CARP is Canada's largest advocacy association for older Canadians.

## SECTION 2: SOURCES OF INFORMATION

### 18. Third Age - <https://thirdage.com/>

Third Age is a premier health and wellness site targeted to women of all ages and their families.

### 19. Government of Canada Travel Information - <https://travel.gc.ca/>

Information on how to have a safe and enjoyable journey whether you are travelling in Canada or abroad.

### 20. Canadian Network for the Prevention of Elder Abuse (CNPEA) - <https://cnpea.ca/en/resources/reports/661-full-national-seniors-strategy-report-by-the-national-institute-on-ageing>

CNPEA connects people and organizations, fosters the exchange of reliable information, and advance program and policy development on issues related to preventing the abuse of older adults. We do this work at the local, regional, provincial/territorial, and national levels.

### Important RTOERO Resources

- [Comparison Chart](#)
- [Insurance Plan Booklet](#)
- [Communiqué](#)
- [Request a mailed retirement information kit](#)

SECTION 3:

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### Eligibility

#### **1. I am an educator and am currently covered under my employer plan. I am a member of RTOERO and plan to join the Group Insurance Plans upon retirement. When should I apply for coverage?**

If you know the date your employer’s group insurance plan terminates, you can apply at any time before your retirement. If you wait until after you retire, you have 60 days from the termination of your employer plan to enroll in the RTOERO Group Insurance Plans without submitting medical evidence.

To ensure there is no gap in your coverage, the RTOERO Group Insurance Plans are effective the day following the termination of your other group plan regardless of when your application is received in the 60-day period.

Note: When applying for the RTOERO Group Insurance Plans, the 60-day eligibility period applies to the same benefits you are presently enrolled for with your employer’s group insurance plan, your spouse’s group insurance plan or any other group insurance plan.



## SECTION 3: FREQUENTLY ASKED QUESTIONS

Therefore, if you choose to apply for a plan for which you are not currently insured, late applicant restrictions will apply, even if you submit your application within the 60-day eligibility period. Also, if you are insured for single coverage under your current group plan and wish to apply for couple coverage under the RTOERO Group Insurance Plans, your spouse/partner will be considered a late applicant unless he/she is covered under another group plan.

### 2. Who is eligible for coverage?

Members of RTOERO permanently residing in Canada, covered by a Government Health Insurance Plan (GHIP), are eligible to participate in the plans offered. Coverage is also available for spouses and/or dependent children.

A spouse is defined as:

- Your legal spouse; or
- A person (including same sex partner) who, although not legally married to you, cohabits with you in a conjugal relationship for 12 consecutive months.

A dependent child is defined as:

- Unmarried children (including adopted, foster, step children and legal wards) under 21 years of age not employed on a regular and full-time basis (proof of legal guardianship is required where dependents are legal wards);
- Unmarried children under age 30 provided they are enrolled at an accredited post-secondary institution as a full-time student and dependent upon you for support. Confirmation of full-time student status is requested each year.
- Any functionally impaired child who was insured as a dependent shall remain insured beyond any limiting age for dependents. For the purpose of insurance, functionally impaired means an unmarried person who was insured as a dependent before becoming functionally impaired and who, as a direct result of the functional impairment, is:
  - incapable of financial self-support because of a disability
  - wholly dependent on you for financial support and maintenance for the purpose of the Income Tax Act (Canada)
  - does not have a spouse
  - A physician's letter of diagnosis and prognosis is required

### 3. If my child takes a year off school, are they still eligible for coverage?

Dependent children ages 21 to 29 inclusive must be enrolled in an accredited post-secondary institution in order to be eligible for coverage under the RTOERO insurance plans. If your child is no longer a full-time student, they are no longer eligible for coverage. However, if they re-enroll in full-time studies and are under age 30, you may add them back on to your coverage with guaranteed acceptance

## SECTION 3: FREQUENTLY ASKED QUESTIONS

by providing proof of their enrollment.

### 4. When does coverage begin?

The RTOERO Group Insurance Plans will start the day after the termination date of your previous group insurance coverage (your previous coverage can also be your spousal plan), provided you apply within 60 days of the termination.

The termination date of your previous coverage must be included on your application at the time of applying for coverage. Note, to ensure there is no gap in your coverage, your RTOERO coverage will be effective the day following the termination of your other group plan regardless of when your application is received in the 60-day period.

### 5. I am covered under a group plan with my spouse's employer. Can I apply for couple coverage under the RTOERO Group Insurance Plans and coordinate the benefits between both insurance plans?

Yes. You can apply for couple coverage under the RTOERO Group Insurance Plans and coordinate your benefits with your spouse's group plan to ensure you receive the maximum reimbursement from your claim.

### 6. My spouse and I are both independently eligible for coverage with RTOERO. Is it possible to coordinate benefits within the RTOERO policy?

Coordination of benefits within the RTOERO plan is not possible however, benefits may be coordinated between RTOERO and another insurance plan.

### 7. I am covered under a group plan with my spouse's employer. Can we join the RTOERO Group Insurance Plans when my spouse retires?

Yes. You have 60 days from the termination of your spouse's employer group plan to enrol in the RTOERO Group Insurance Plans without submitting medical evidence. Coverage will be effective on the day following the termination of your spouse's group plan.

To ensure there is no gap in your coverage, your RTOERO insurance will be effective the day following the termination of your spouse's group plan regardless of when your application is received in the 60-day period.

### 8. My child is disabled and fully dependent on me. Is s/he eligible for coverage as my dependent under the Group Insurance Benefits?

Any functionally impaired child who was insured as a dependent shall remain insured beyond any limiting age for dependents. For the purpose of insurance, functionally impaired means an unmarried person who was insured as a dependent prior to becoming functionally impaired and who, as a direct result of the functional impairment, is:

### **SECTION 3: FREQUENTLY ASKED QUESTIONS**

- Incapable of financial self-support because of a disability
- Wholly dependent on you for financial support and maintenance for the purpose of the Income Tax Act (Canada)
- Does not have a spouse
- A physician's letter of diagnosis and prognosis is required.

#### **9. Will coverage be continued for my spouse and dependent children upon my death?**

Yes. Coverage can be continued for your spouse and dependent children following your death, provided they are already enrolled at that time in the RTOERO Group Insurance Plans, they continue to qualify for coverage and premiums continue to be paid.

#### **10. I am the surviving spouse of an RTOERO member who passed away. I have remarried and would like to know if I can add my new spouse and his/her children to my existing RTOERO Group Insurance Plans?**

Yes. They can be enrolled provided they apply within the 60-day eligibility period. The 60-day eligibility period means the new spouse and dependent children have 60 days from the date the surviving spouse remarries to apply for coverage without needing to provide medical evidence of good health. If the new spouse and dependent children are enrolled after the 60-day eligibility period, they will be required to submit evidence of good health to the insurer for approval/declination under the Hospital and Extended Health Care Plans.

Acceptance to the Dental Plan is guaranteed, however late applicants must remain enrolled for a minimum of 24 months.

#### **11. Can I cover my spouse and dependent(s) only? I have full dentures and do not want dental coverage for myself.**

Provided the RTOERO member, as the primary participant, is enrolled in at least one plan, the spouse/dependent may enroll in another plan independent of the member.

#### **12. Are my premiums tax deductible?**

You may be entitled to a federal tax credit for medical expenses exceeding either 3% of your net income or \$2,635, whichever is lower (2023 taxation year). Private health plan premiums are considered medical expenses, as are expenses not reimbursed by your private plan (such as the deductible and co-insurance). Your RTOERO membership fee is not an eligible medical expense tax credit as defined by the Canada Revenue Agency.

## SECTION 3: FREQUENTLY ASKED QUESTIONS

### Plan Information

#### General

#### 13. Timeline for claims submission

As of January 1, 2023, the RTOERO policy changed to require that you send in your claims within 6 months from the date the expense was incurred. For example, if you had a massage on January 7<sup>th</sup>, Johnson Group Benefit Claims must receive your claim by July 7<sup>th</sup> of the same year. Or, if you had a dentist appointment on March 1<sup>st</sup>, your claim must be received by September 1<sup>st</sup>.

Similarly, expenses incurred on and before December 31, 2022, must be received by June 30, 2023.

However, when coverage terminates or your status changes, all claims must be submitted to the Claims Team within 90 days of the termination or status change.

#### 14. Spouse/dependents calling to obtain member information

If you would like the Claims Team or Service Administrator to communicate with your spouse or child, you must send this request in writing. Due to privacy legislation, Johnson Inc. is unable to discuss insurance matters with anyone other than you, unless you provide written permission.

Similarly, only you are able to make changes to your coverage, unless the Service Administrator has a power of attorney (POA) document on file in which case, your POA is capable of making administrative changes to your plan on your behalf. If you have an assigned Power of Attorney, the Service Administrator will accept an emailed, faxed, photocopied or original general continuing Power of Attorney for property.

If an original or notarized copy is submitted, it will be returned to you. Please note that Power of Attorney documents for medical care are not considered eligible documents for these purposes.

#### 15. Sharing benefit maximums among family members

Each eligible participant with benefit coverage is entitled to separate benefit maximums. Therefore, the claims that you submit to the RTOERO Group Insurance Plans are attributed to your Plan's maximums and the claims for your spouse and dependents are attributed to their Plan's maximums.

## SECTION 3: FREQUENTLY ASKED QUESTIONS

### 16. Plan Change Submission Process

#### Philosophy

The philosophy for changes to the RTOERO insurance plan is this:

***Provide a most cost effective, high quality and competitive Group Health Insurance Plan that meets the needs of the majority of the membership.***

#### Guidelines

The following guidelines will be used when determining whether or not a suggested change will be incorporated into the plan. The factors listed below help to guide the committee, when reviewing changes, to maintain a control on potential escalation in costs.

1. Meeting the needs of the majority of members.
2. Affordability.
3. Services rendered by paramedical practitioners that have an overseeing regulatory body (e.g. College of Massage Therapists of Ontario).
4. Prescription medication, must:
  - be approved by Health Canada;
  - have a valid DIN;
  - legally require a prescription from a physician, dentist or practitioner legally qualified to prescribe; and
  - not be prescribed for “off label” (unapproved use of an approved drug) use (e.g. Victoza, which is approved for diabetic use, not for weight loss).
5. Proceed cautiously when considering changes in the area of new medical technology and services (e.g. mouth guards for sleep apnea)
6. Avoid experimental tests and procedures, until they are proven and recommended by the appropriate medical body (e.g. Reiki treatments: a form of alternative therapy commonly referred to as energy healing which uses hands on healing.)
7. The plan changes adhere to Canada Revenue Agency (CRA) guidelines on qualifying expenses and comply to legislation.

#### Process

1. The Consulting Team and staff will compile a chart with all plan change suggestions submitted by members, JI and RTOERO staff, as well as any cost containment measures or administrative changes for the next year. This will be completed by the end of March.
2. A sub-committee of the Benefits Committee will meet in April to review the chart and remove any items that do not meet our guidelines. Remaining items will be brought to the Spring meeting.

### SECTION 3: FREQUENTLY ASKED QUESTIONS

3. At the Spring Meeting the Benefits Committee will review the remaining items and determine which items to keep on the list for costing for the Summer meeting.
4. At the Summer meeting, the remaining items with costs will be again reviewed at the Benefits Committee will determine what items will go forward.
5. At the Fall Benefits Committee meeting, the committee will determine the renewal of the plan for the following year for approval by the Board.

#### 17. What are the criteria and processes for a Benefit Entitlement Review (BER)?

Please refer to the following description of the criteria and processes, including the flow chart.

#### Criteria

The criteria to adjudicate and review claims will be based solely on the following:

- Ambiguous wording of the RTOERO Group Insurance Plans;
- Incorrect written representation provided by Johnson Inc. and/or Global Excel to the members of RTOERO; or
- A misinterpretation of the RTOERO Group Insurance Plans by Johnson Inc. and/or Global Excel to the members of RTOERO.

#### Process

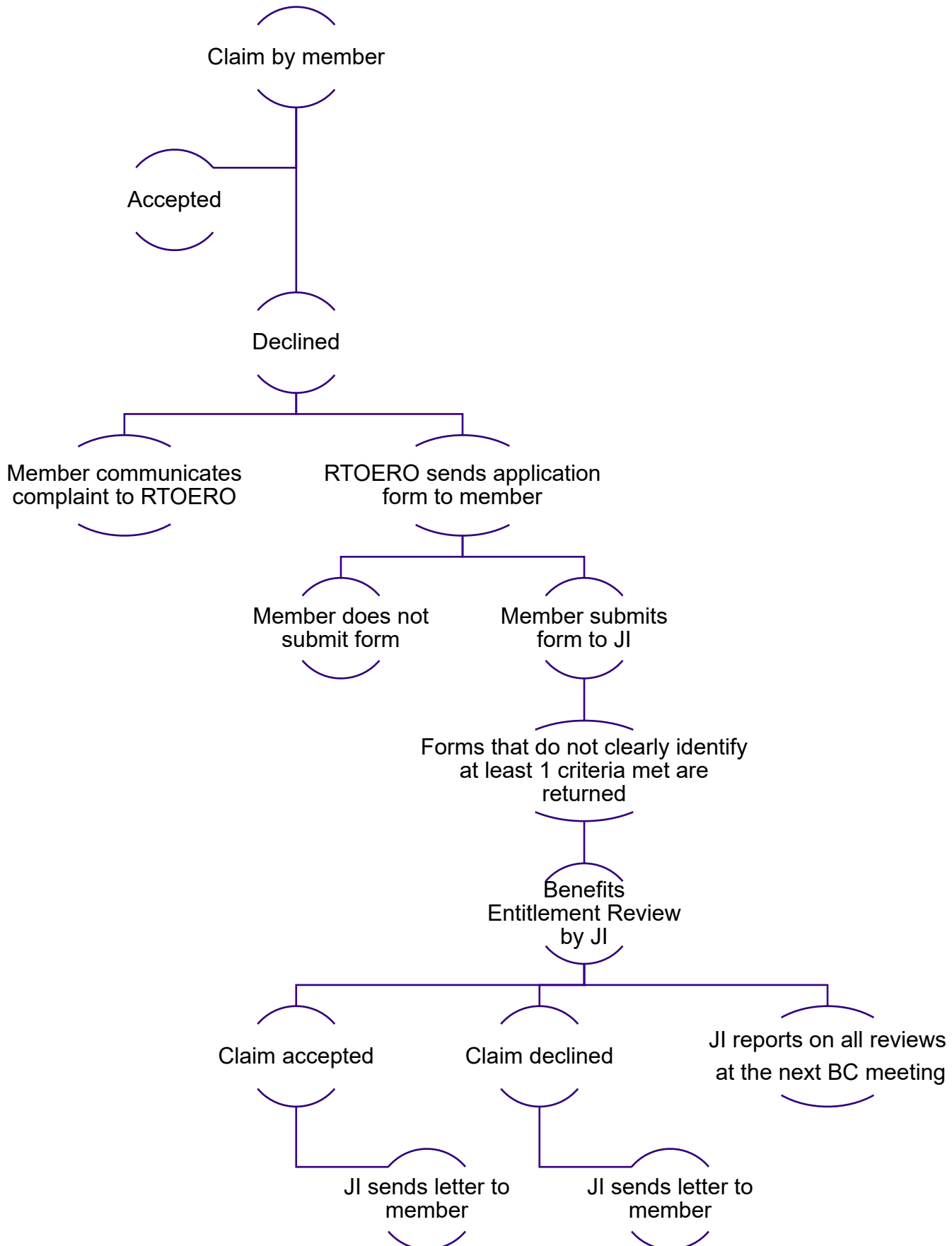
Plan participants who contact RTOERO after a claim has been denied or reimbursed differently than expected will be directed to a member of the Claims Team to discuss the rationale of the decision. If the participant is not in agreement with the reason provided by the Claims Team representative and chooses to contact RTOERO again, the participant will receive a BER application letter from RTOERO. This letter will describe the BER process and contain a form that the plan participant must complete and submit to the Claims Team in order for the claim to be reviewed. The plan participant would be required to specifically indicate that their claim should be approved based upon the fact that at least one of the three criteria is applicable.

**Forms are returned when they do not clearly identify at least one of the three criteria.**

Upon receiving the form and any other pertinent information from the member, Johnson Inc.'s head office in Newfoundland will do an independent review of the claim. The adjudication of the benefit entitlement will be measured against the three criteria reviewing the intent of the benefit coverage in the policy, including industry guidelines, where applicable. The Claims Team will notify the member if the denial was upheld or overturned.

Johnson Inc. reports the individual reviews and outcomes at Benefits Committee meetings.

### SECTION 3: FREQUENTLY ASKED QUESTIONS



## SECTION 3: FREQUENTLY ASKED QUESTIONS

### Hospital and Convalescent Care

#### 18. Why do I need Hospital and Convalescent Care coverage?

The Hospital and Convalescent Care Plan not only covers semi-private room accommodation, but it also covers convalescent care upon your discharge from hospital.

When discharged from a hospital, people are often not able to care for themselves in their own home. Some may live alone or they may have a spouse or dependents that are unable to take on the burden of care. The convalescent care plan allows you to receive care in your home or in a long-term care facility, mainly for the purpose of assistance with activities of daily living.

The Hospital and Convalescent Care plan is a benefit independent of the RTOERO Extended Health Care plan. For Plan details, please refer to the RTOERO [Insurance Plans Booklet](#).

### Extended Health Care

#### 19. What is the Ontario Drug Benefit and its impact on my coverage at age 65?

When you reach age 65, the Ontario Drug Benefit (ODB) Program provides coverage for certain drugs. However, more than half of the prescription drugs available in the Canadian market today are not covered by the ODB. As well, there are an increasing number of drugs that are considered “Limited Use” and are only covered by the ODB if specific medical criteria are met. These specific criteria, as well as the list of approved “Limited Use” drugs, change throughout the year. Because of this, the Claims Team will require a doctor’s note each year confirming that you do not meet the ODB eligibility criteria.

The RTOERO Extended Health Care (EHC) Plan covers eligible prescription drugs which are not covered by the ODB when you reach age 65. In addition, the EHC plan provides much more than just prescription drug coverage. For example: vision care, 18 different paramedical practitioners, private duty nursing, and travel coverage (including trip cancellation and interruption/delay), just to name a few.

If you are age 65 or over and have diabetes, certain blood glucose test strips are available to you under the ODB Program, with a valid prescription from a physician. You can purchase blood glucose test strips over the counter without a prescription however, ODB will not pay for them. So please make sure you obtain a prescription from your physician. This allows your pharmacist to submit your claim to the ODB instead of your EHC plan. This saves room in your Prescription Drugs benefit and ensures that you pay only the dispensing fee for ODB eligible blood glucose test strip claims, thereby also minimizing your out-of-pocket costs.



## SECTION 3: FREQUENTLY ASKED QUESTIONS

### 20. What is covered under the Aids and Appliances benefit?

To determine if the aid or appliance is a covered item under the RTOERO Extended Health Care Plan, contact the Claims Team. For contact information, please refer to [SECTION 2: SOURCES OF INFORMATION](#).

Note: Provincial financial assistance is available for some items, for example, through the Ontario Assistive Devices Program (ADP). ADP inquiries can be made at 1-800-268-6021. An application must first be made through an ADP registered service provider or through any other government program for all eligible services/equipment in order to receive ADP funding. Payments under the RTOERO Extended Health Care Plan for any ADP eligible aids/appliances are offset by the amount eligible for payment through the ADP program, whether or not application for provincial assistance is made. All receipts for ADP covered expenses must indicate the amount paid by ADP (where applicable) and/or a letter of decline from ADP.

### 21. What is the Diagnostic Services benefit?

The diagnostic services benefit allows diagnostic laboratory tests (including screening tests) prescribed by a medical doctor. The tests are reimbursed at 80%, subject to a maximum of \$250 per insured person per calendar year. The tests must be listed on a lab invoice.

If the test is provincially funded, it is not eligible for reimbursement if you choose to have it performed in another province (for example, if the waitlist is too long in your province of residence).

As stated on page 23 of the [Insurance Plans Booklet](#), “Scans, such as, but not limited to, MRI, PET, or genetic testing, fees for blood collection, as well as any x-ray or laboratory test that would be standardly covered by GHIP, are not covered.”

### 22. How does the calendar year benefit maximum work? I ordered glasses in December 2022 and paid for them in January 2023. Why didn't they go towards my 2022 benefit maximum?

Claims for items (e.g., prescription eyewear, hearing aids) purchased are adjudicated and applied to your coverage maximums based on the date they are paid in full. Therefore, you would need to have paid in full for your glasses in December 2022 to have the amount applied to your 2022 calendar year maximum.

Claims for services (e.g., paramedical practitioners, hospital services) are adjudicated and applied to your coverage maximums based on the date the services are rendered, not the date services are paid. For example, if you go for an acupuncture treatment in December 2022 and settle your expenses in January 2023, the incurred date of your expense is December 2022 and would apply to

## SECTION 3: FREQUENTLY ASKED QUESTIONS

your 2022 calendar year maximum.

### 23. Do I have to pay for CloudMD?

CloudMD was added to the Extended Health Care Plan in 2023. There is no cost to you or your eligible family members to use their services.

## Dental

### 24. Are Dental Specialist fees a covered expense?

No. Under the RTOERO Dental Plan, expenses are based on the current General Practitioners' fee guide. If you choose to receive treatment from a Specialist, the claim would be adjudicated based on the General Practitioners' fee guide in the province where the dental services are performed, and you would be responsible for the difference.

It is recommended that a pre-determination be submitted to the Claims Team prior to receiving treatment from a Specialist to determine the amount that would be eligible for reimbursement under the RTOERO Dental Plan.

### 25. When should I submit a dental pre-determination?

If the cost of proposed dental work is expected to exceed \$600, you should submit a detailed pre-determination plan to the Claims Team. They will then advise you, before the work begins, of the amount payable under the Plan. For major restorative treatment, the pre-treatment radiograph will be requested. For Plan details, please refer to the RTOERO [Insurance Plans Booklet](#).

### 26. Can my insurance pay my dentist directly instead of me paying my dentist and the dental plan reimbursing me?

As of 2020, RTOERO enhanced service to allow assignment of benefits at the dental office. In this scenario, the patient will only pay the portion for which they are responsible and the reimbursement from the insurance plan will go directly to the dental office.

### 27. How is scaling reimbursed?

Scaling is eligible for reimbursement under the Basic and Preventive benefit of the Dental Plan. The reimbursement is 85%. There is a maximum of 8 units of scaling per calendar year. A unit of scaling equals fifteen minutes of time.

## SECTION 3: FREQUENTLY ASKED QUESTIONS

### RTOERO Travel Plan

#### 28. In a medical emergency, when do I call Global Excel?

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**If you have an emergency, you must call Global Excel immediately before seeking treatment. They are available 24 hours a day, 7 days a week.**

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If it is not reasonably possible for you to contact Global Excel before seeking treatment due to the nature of your emergency, you must have someone else call on your behalf or you must call as soon as medically possible. If you fail to notify Global Excel, the Insurer reserves the right to limit your benefits as follows:

- In the event of hospitalization, 80% of eligible expenses, based on reasonable and customary charges, to a maximum of \$25,000; and
- In the event of an outpatient medical consultation, a maximum of one visit per sickness or injury.

You will be responsible for payment of any remaining charges.

**\* Some treatments require pre-approval in order to be covered (see section 8 of the RTOERO Travel Plan within the [Insurance Plans Booklet – What Are You Not Covered For?](#) for more details).**

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If you do not contact Global Excel prior to seeking treatment, the medical treatment you receive may not be covered by this insurance. Global Excel may direct you to a medical facility or doctor in your area of travel. If you contact Global Excel at the time of your emergency, they will ensure that your covered expenses are paid directly to the hospital or medical facility, where possible.

#### 29. Do I require travel insurance coverage when travelling within Canada?

Yes. Provinces have different Government Health Insurance Plans (GHIP). Although inter-provincial agreements are in place, your provincial GHIP may not cover all the emergency medical expenses charged in the “host” province. Examples of expenses not covered are ground and air ambulance charges, trip cancellation and trip interruption, vehicle return and repatriation.

#### 30. What should I do if my out-of-province/Canada trip exceeds 93 days?

For trips longer than 93 days, you can apply for coverage under the Supplemental Travel Plan. Please contact Johnson Inc., Service Administrator at the contact numbers located in [SECTION 2: SOURCES OF INFORMATION](#). Applications for the Supplemental Travel Plan coverage must be received before the end of day 93 of your trip.

## SECTION 3: FREQUENTLY ASKED QUESTIONS

### 31. Who do I contact if I need to cancel or interrupt my trip?

Trip cancellation or interruption claims need to be reported to Global Excel on the day the cause of cancellation, interruption or delay of trip occurs or on the day the baggage is lost, damaged or stolen, or on the next business day.

### 32. What are Government of Canada Travel Advice and Advisories?

Travel Advice and Advisories provide Canadians with official information and advice from the Government of Canada on situations that may affect their safety and well-being abroad. They may include an advisory for a country or region where conditions put Canadians at increased risk. Travel Advice and Advisories help Canadians make their own informed decisions in order to minimize risk while travelling abroad.

All Canadians who consider travelling outside Canada, including tourists, business travelers, students and those living overseas should read [Travel Advice and Advisories](#) . The Global Affairs Canada Travel Information Program team collects continuous reports on safety and security abroad from a variety of sources and monitors world events. The team also analyzes trends and incidents affecting international travelers. Travel Advice and Advisories are updated promptly to inform Canadians of situations that may affect their safety, health and security while abroad.

In Canada, there are 4 levels of Travel Advisories. Level 3 (avoid non-essential travel) and level 4 (avoid all travel) are considered formal notices and will impact the coverage offered under the travel insurance coverage.

Medical emergencies in countries or area(s) under a Travel Advisory are not covered by the RTOERO Travel Plans, if the medical emergency is related to the reason the travel advisory.

If you book a trip to a particular area after a travel advisory has been issued, the cost to cancel your trip due to that advisory is not covered under the RTOERO Travel Plans. If a travel advisory is issued after you book your trip, the cancellation of your trip is covered, subject to a maximum of \$6,000 per insured person. If a travel advisory is issued while you are away, you have coverage for the trip interruption, subject to policy exclusions and limitations found on pages 77-79 of the [Insurance Plans Booklet](#) up to a maximum benefit of \$6,000 per insured person.

Before you book your trip, and travel, you can obtain information on travel advice and advisories from the government's website at [travel.gc.ca](http://travel.gc.ca) or by calling toll-free at 1-800-267- 6788. You can also contact Global Excel for additional pre-trip assistance.

## SECTION 3: FREQUENTLY ASKED QUESTIONS

### 33. What is acceptable proof of departure and return?

You, your spouse and insured dependent children each need to have proof as to when you were last in your province of residence and proof of the date you returned to your province of residence.

There are two reasons you might need proof of departure and return:

- a. **You have a claim.**
- b. **You return earlier than expected on a Supplemental Travel Plan trip, no claim has been made, and you would like a refund for any unused full blocks purchased.**

While boarding passes are preferred, Global Excel will accept airline tickets or other proof of departure date from your province, provided it contains your name and the location and date of your purchase.

### 34. Will a change in my medication within the 90 days prior to my date of departure affect my out-of-province/Canada travel coverage?

Unlike the majority of travel plans in the market today, a change in medication, dosage or usage *may* not mean that the condition would be excluded from coverage under the RTOERO Travel Plan. However, if you also experienced a change/deterioration in your condition, or are waiting on the results of medical testing, then any medical claims resulting from that condition may be excluded. It is best to speak with the Service Administrator for guidance on stability according to the policy: 1-877-406-9007.

### 35. I booked my trip in September 2022 for travel in February 2023. In December 2022, I was admitted to hospital for kidney surgery. As my surgery was within the 90 days prior to my departure date, would I have coverage for any claims relating to my kidney surgery while on my trip? Would I need to cancel my trip?

If you choose to travel, you would not have medical coverage for any medical emergency related to your kidney as you had surgery within 90 days prior to your departure date. You would however, have coverage for any eligible medical emergency that was unrelated to your kidney surgery. If you chose to cancel this trip, you may be eligible for trip cancellation coverage of up to \$6,000 per person for eligible expenses. Please call the Service Administrator at 1-877-406-9007 for more guidance.

## SECTION 3: FREQUENTLY ASKED QUESTIONS

**36. In November 2022 my doctor scheduled me for surgery sometime in January 2023 and will call when the date is confirmed. I want to get away over Christmas so I book and pay for a Caribbean cruise. Subsequently, my doctor's office calls with a surgery date of December 20, 2022. I would like to cancel my non-refundable cruise. Would this be an eligible trip cancellation claim?**

No, this claim would not be eligible under the Trip Cancellation benefit as the condition would not have been considered stable. This is due to the fact that within the 90 days prior to booking and paying for your trip, you consulted a physician and were notified of pending surgery for the condition.

**37. How can I pay for emergency medical doctor bills and other charges when I am outside Canada? Is there a toll-free number to call for up-front payment from the insurance company?**

If you have a medical emergency outside your province of residence, contact Global Excel immediately. Please refer to [SECTION 2: SOURCES OF INFORMATION](#) for contact numbers.

The payment of the medical services you receive will be coordinated through Global Excel, communicated with your medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and you may be required to make payment up-front. If you are required to make payment up-front, you must obtain detailed and itemized original bills for claims submission and call Global Excel on your return home.

**38. Can I purchase glasses, hearing aids, etc. in another country and submit the receipt for reimbursement?**

Purchases for glasses, hearing aids, etc. can be made outside Canada and claimed under your Extended Health Care benefits; however, reimbursement would be made as if the expense was incurred in your province of residence subject to the RTOERO Plans' maximums and limitations. All reimbursements are made in Canadian funds.

Loss or damage to glasses, hearing aids etc. are excluded under the travel benefits portion of the EHC.

**39. I live close to the U.S. border and go across the border for medical care. Am I covered for these expenses?**

No. Out-of-Canada elective services and resulting treatments are not eligible expenses under the RTOERO Group Insurance Plans.

## SECTION 3: FREQUENTLY ASKED QUESTIONS

### **40. If my doctor refers me for treatment in the U.S., are my medical expenses eligible for reimbursement?**

The Medical Referral Benefit provides coverage for reasonable and customary charges for medical and transportation expenses in excess of those expenses covered by the insured person's government health insurance plan or EHC plan, for the insured person and an approved escort, up to a lifetime maximum of \$75,000, as a result of a preapproved medical referral for treatment, subject to the following conditions:

- The treatment must not be available within 500 kilometres from your residence; and
- The medical referral service must be obtained in Canada, if available, regardless of any waiting lists; and
- Your attending Canadian physician and a qualified Canadian medical specialist from an appropriately related medical field must recommend the treatment; and
- The referral service must be eligible for reimbursement and paid in whole or in part by your government health insurance plan (a written pre-authorization from your government health insurance plan outlining their liability is required); and
- If your government health insurance plan or EHC plan covers and reimburses the full medical referral expenses, no benefits are payable under this certificate; and
- The treatment must not be experimental or investigative in nature; and
- Medical services and travel must take place within 30 days of receiving approval from your government health insurance plan, unless the earliest possible treatment date exceeds 30 days from the date of approval; and
- The medical referral must be pre-approved, following submission of a request for pre-approval in writing to Global Excel, along with supporting documentation.

### **41. I contacted Global Excel when I was away and I was told they would look after everything, but I keep receiving bills and have received a call from a collection agency. Why?**

Do not pay the bills. On occasion, providers (the medical professionals or organizations providing the care) will not deal directly with an organization such as Global Excel or the insurance company, as their initial contact/dealing was with you, the patient. Forward those bills to Global Excel with the case number for processing.

Some providers wish to speed up their payment, from Global Excel, and routinely try to collect reimbursement directly from the claimant by calling and/or involving collection agencies. In these situations, direct them to Global Excel for payment. Global Excel will act on your behalf to ensure the account is handled

## SECTION 3: FREQUENTLY ASKED QUESTIONS

appropriately and promptly.

### 42. What is a “Limitation of Benefits”?

Once you are deemed medically stable to return to your province (with or without medical escort) either in the opinion of Global Excel or your physician or by virtue of discharge from a hospital or medical facility, your emergency is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the emergency will not be covered during your trip.

### 43. How do I claim for expenses through Global Excel?

During your call, you will be given all the information required to file a claim. Following your claim opening, you will be provided instructions on how to access the online claimant portal to submit further documents, and review the status of your claim.

- You will be asked to substantiate your claim by providing all required documents. Failure to do so may result in non-payment of your claim. The Insurer is not responsible for fees charged in relation to any such documents. Incomplete documentation will be returned to you for completion.
- When making a claim, Global Excel may require that a Claim & Authorization Form provided by them be completed and that supporting documentation such as the following be provided:
  - Complete original unused transportation tickets and vouchers if the Emergency Air Transportation or Return of Travel Companion benefit is used.
  - All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all relevant dates and type of treatment, and the name of the hospital or medical facility and/or physician.
  - All original prescription drug receipts (not cash receipts) from the pharmacist, physician, hospital or medical facility showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost.
  - Proof of your departure date and return date. While boarding passes are preferred, we will accept airline tickets or other proof of departure date from your province, provided it contains your name and the location and date of your purchase.
  - Any other additional documents pertinent to your claim, as may be required by Global Excel

### 44. If my dependents travel without me, can I apply for the Supplemental Travel Plan just for them?

- Yes. However, that dependent must be covered as a 'dependent' under your



## SECTION 3: FREQUENTLY ASKED QUESTIONS

### Extended Health Care Plan.

#### **45. My dependent is studying abroad. Will they need to purchase Supplemental Travel coverage for them?**

If your dependent is registered as a full-time student at an accredited educational institute outside your province of residence, please contact the Service Administrator at 1-877-406-9007 for more information on coverage while studying outside their home province.

#### **46. My pension does not cover the premium for my Supplemental Travel Plan. Can I make monthly payments or must I pay the whole amount at once?**

Johnson Inc. does not require the annual payment in advance. You may pay for the Supplemental Travel monthly through your pension or you may send a blank cheque marked "VOID" to establish automatic monthly bank deductions. The premiums will be divided into equal installments for the remaining number of months until the end of the policy year, which is August 31. No service or interest charges are added.

#### **47. Why is 119 days the maximum number of days that I can purchase under the Supplemental Travel Plan?**

To maintain GHIP coverage, the standard guideline for Ontario, British Columbia, Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, and Newfoundland and Labrador residents is to spend no more than 212 days in any 12-month period outside the province; therefore, the maximum additional days of coverage available for purchase under the Supplemental Travel Plan is limited to 119 days. Residents of all other provinces may not be outside their province of residence for more than 182 days in order to maintain GHIP coverage, as a standard guideline. It is best to consult your provincial government website or office if your travel plans exceed the standard guidelines.

#### **48. If I bought 29 days (one unit of 14 days and one unit of 15 days) of Supplemental Travel coverage, (in addition to my 93 days of coverage under the Extended Health Care Plan), but was away for 100 days instead of 122 days, can I get a refund for the 22 unused days?**

You would receive a refund for any whole unused units of coverage. In this example, you would receive a refund for the unit of 15 unused days provided you had incurred no claims and you provide the appropriate proof of departure and proof of early return.

#### **49. I only require a few extra days of Supplemental Travel coverage (in addition to my 93 days of coverage under the Extended Health Care Plan). Is there an option to purchase less than 14 days of additional coverage?**

Extended Health Care Plan participants have the option to purchase an additional 5 days of supplemental coverage, exclusively following the 93 days of travel coverage provided under the EHC Plan, for a total trip duration of 98 days. This

## SECTION 3: FREQUENTLY ASKED QUESTIONS

5-day unit cannot be combined with any other units of Supplemental Travel coverage.

### **50. My physician has confirmed that I am okay to travel even with my current medical condition. Will the RTOERO Travel Plan cover me if I have a medical emergency while travelling as a result of my current medical condition?**

Your physician's authorization does not override the RTOERO policy. If, according to the policy, your condition would not be considered stable, a medical emergency related to this condition would not be covered. Please refer to the pre-existing medical condition exclusion section of your [Insurance Plans Booklet](#) and familiarize yourself with the exclusions and limitations.

## Industry Updates

### **51. Medical Cannabis**

The use of cannabis for medical purposes has been legal in Canada almost 20 years. However, the laws governing its use continue to change. Under the Access to Cannabis for Medical Purposes Regulations, cannabis can be obtained for medical use when authorized by a treating medical doctor or nurse practitioner. Medical cannabis must be purchased by a Health Canada licensed provider or you may be granted authorization to grow your own.

Medical cannabis contains cannabidiol (CBD) which produces the medical benefits of the marijuana but does not produce a "high". The medical cannabis may also contain low levels of tetrahydrocannabinol (THC) which produces the "high" effect.

Medical cannabis is used therapeutically for a limited number of conditions including cancer, multiple sclerosis, rheumatoid arthritis, HIV/AIDS and for individuals in palliative care.

Currently, medical cannabis is not recognized by Health Canada as an approved drug with a Notice of Compliance (NOC) and Drug Identification Number (DIN). As such, medical cannabis does not meet the contractual definition of a drug and is not eligible under RTOERO's Prescription Drug benefit. It is not subject to the standard prescription process under law and no dosing model has yet been established. RTOERO will continue to monitor the status of medical cannabis in Canada as it evolves.

### **52. OHIP+**

Effective January 1, 2018, the approximately 5,000 prescription drugs covered by the Ontario Drug Benefit (ODB) program were made available to everyone in Ontario age 24 or younger under the new OHIP+ program. The Ontario government covered the cost of these medications. This program was revised effective April 1, 2019. As of this date, only children who do not have access to a private health plan are eligible for OHIP+.

## SECTION 4

# INDIVIDUAL INSURANCE PLANS

To complement the RTOERO Group Insurance Plans, there are several other voluntary plans available, on an individual basis, to help meet RTOERO members' insurance needs. These individual plans are offered through our insurance partner Johnson Inc.

Plan details including premium rates where appropriate can be found on RTOERO's website at [www.rtoero.ca](http://www.rtoero.ca) or through contacting Johnson Inc. Service at the numbers provided in [SECTION 2: SOURCES OF INFORMATION](#).

### **Term Life Insurance Plan**

RTOERO members and their spouses, up to age 70, can apply for Term Life Insurance. Premium rates are based on age at application and are guaranteed not to increase for 10 years. Rates are available for smokers and non-smokers. This life insurance plan also includes a "Living Benefit" if the policyholder is diagnosed as terminally ill with 12 months or less to live.

### **Guaranteed Life Insurance Plan**

RTOERO members and their spouses, can become insured for Guaranteed Life Insurance with no medical questions, and acceptance guaranteed regardless of health. Rates are available for smokers and non-smokers and the premium rates and benefit level are guaranteed for life. That is, rates will not increase nor will the benefit reduce with age. This life insurance plan also includes a "Living Benefit" if the policyholder is diagnosed as terminally ill with 12 months or less to live. An Accidental Death Benefit is also included if death occurs prior to age 85 as a result of an accident and the death benefit is three times the coverage amount.

### **Accidental Death and Dismemberment Insurance Plan**

The Accidental Death and Dismemberment Plan provides financial protection in the event of a serious accident. RTOERO members and their spouses who are under age 85 can enroll in the plan, and acceptance is guaranteed. Choose either \$75,000 or \$150,000 as a benefit. Benefits are reduced by 50% at age 70 and the plan terminates at age 85.

SECTION 5

# KNOW YOUR CLAIM TOOLS & RESOURCES

## My Insurance Website: Registering for My Insurance

**Let's get you started**

---

Members can now submit claims through several methods!

- Mail via Canada Post
- Electronically via your service provider
- Electronically via the Digital Claims Portal (My Insurance)

To access the Digital Claims Portal, please visit the My Insurance Website at the link below.

<https://insurance.johnson.ca/>

Once done, you will land on the page to the right.

**JOHNSON INSURANCE**

Welcome to My Insurance - Johnson's new customer website. If you were a previous Members Only website user, and you have not yet registered for a My Insurance online account, please click the "Register" button below.

The Claims Point® portal for submitting and tracking home and car insurance claims is currently not available. Please contact one of our claims specialists at 1-800-806-0368. We'll be happy to assist you!

Medico® Travel Insurance and Prestige customers: please note that your travel policy will not appear on the customer dashboard. If you do not have a home, auto, or group benefits policy, you will not be able to register at this time. Please contact our Travel Insurance service departments to obtain policy documents and information. MEDICO Travel Insurance customers: 1-866-406-3362. Prestige customers: 1-877-999-2600.

**Login**

Email ID:

Password:

Forgot my password

Login

**New to this?**

Access information about your group benefits, home or car policies, and submit claims online - all in one place!

If you haven't registered for My Insurance, have your policy documents handy and click "Register" to get started. If you've already registered, enter your email and password, and click "Login".

Register

**Frequently asked questions**

- What happened to the Members Only website? Does it still exist?
- What type of information about my group benefits can I find in the My Insurance customer website?
- Why has Johnson changed the way group benefits customers log in to access policy information and submit a claim?
- Why is my existing username and password for the Members Only website not working when I try to log in?

See more FAQs

**Questions? Contact us**

1-833-749-1224  
Monday - Friday 8:30am-4:30pm your local time, and 9:00am-5:00pm in NL

digital.support@johnson.ca

For all other enquiries related to claims, premiums, or changes to your plan, please refer to your plan documents or visit our help page.

Terms & Conditions

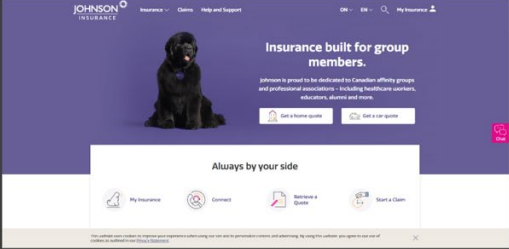


Let's get you registered! Click on *Register*

What if the page I land on looks like this?

If you land on a web page that looks like this, when visiting <https://insurance.johnson.ca/> please follow the below steps to be re-routed

- Click on My Insurance at the top right
- Click on Group Benefits from the drop down menu
- Scroll down and click on Register
- Now, you're at the right page.



Upon selecting *Register*, the following pop-up will appear, click Yes

Are you a group benefits customer?

If so, please select "Yes" to confirm.

If you are a car or home insurance customer without group benefits, please select "No". You will be directed to a slightly different registration process.

No Yes

## Step three:

Fill in your information accordingly, this information must match what is on your benefits card.

Policy type is already prefilled and can not be changed.

Group/association name can also be found on your card, type it slowly and click the drop down. For example, if you're with the RTO type RTO and click on the drop down that says RTOERO-717

No spaces or dashes when entering your certificate/ID/member number

Then select next: this step can take a few moments.

and the name of your association or employer.  
\*All fields are mandatory.

First Name

Last name

Postal code

Policy Type  
Group Benefits

Group/association name  
Please type your group/association name slowly, and a drop-down list will appear

Certificate/ID/member number  
Listed on your Johnson group benefits card or policy documents

Date of birth  
(YYYY-MM-DD)

Step Four: after filling in your information you will be brought to this screen, you need to enter your email twice and your new password twice. The password must contain at least 8 characters, 1 capital letter, 1 lower case letter, 1 number and 1 of these special characters !, @, # or \$

## My Insurance Customer website - Registration

\*All fields are mandatory.

Email address

Confirm email address

New password

Confirm password

Cancel

## Step Five: Go to your email

After you select Submit you will be told “ registration pending, there is one more step to complete your registration, we’ve sent you an email”

Go to your email and click on the link with in, it will direct you to a webpage that will ask you to confirm your new password again, select done and you should be on the dashboard

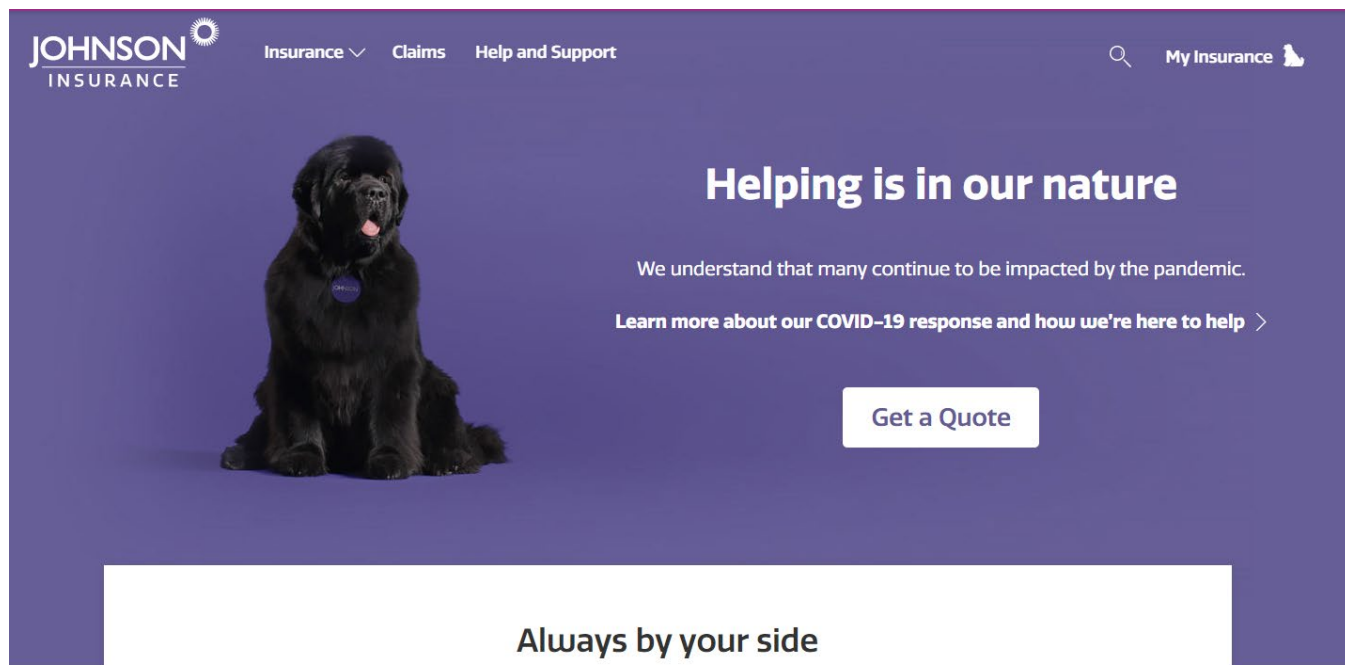
If you did not get the email, make sure you check your junk/spam folder



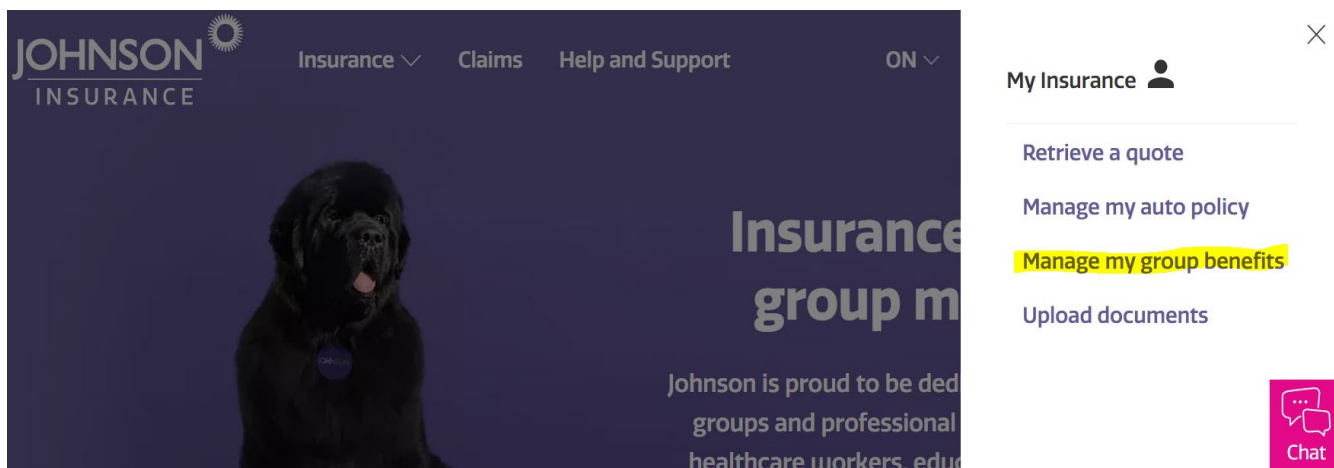
## My Insurance Website: Logging in and Submitting a Claim.

Visit [www.johnson.ca](http://www.johnson.ca) and click on "My Insurance"

BACK TO  
TABLE OF  
CONTENTS



An option box will appear from the right side of the screen.



From this box, please select "Manage my group benefits".



## SECTION 5: KNOW YOUR CLAIM TOOLS & RESOURCES



1.833.749.1324 | FR

Welcome to My Insurance – Johnson's new customer website. If you were a previous Members Only website user, and you have not yet registered for a My Insurance online account, please click the "Register" button below.

The Claims Point® portal for submitting and tracking home and car insurance claims is currently not available. Please contact one of our claims specialists at 1 800 804-0087. We'll be happy to assist you!

Medoc® Travel Insurance and Prestige customers: please note that your travel policy will not appear on the customer dashboard. If you do not have a home, auto, or group benefits policy, you will not be able to register at this time. Please contact our Travel Insurance service departments to obtain policy documents and information: MEDOC Travel Insurance customers: 1-866-606-3362. Prestige customers: 1-877-989-2600

### Login

Email

Password

[Forgot my password](#)

### New to this?

Access information about your group benefits, home or car policies, and submit claims online – all in one place!

If you haven't registered for My Insurance, have your policy documents handy and click "Register" to get started. If you've already registered, enter your email and password, and click "Login".

### Frequently asked questions

- > What happened to the Members Only website? Does it still exist?
- > What type of information about my group benefits can I find in the My Insurance customer website?
- > Why has Johnson changed the way group benefits customers log in to access policy information and submit a claim?
- > Why is my existing username and password for the Members Only website not working when I try to log in?

[See more FAQs](#)

### Questions? Contact us

1.833.749.1324

Monday - Friday: 8:30am-4:30pm  
your local time, and  
9:00am-5:00pm in NL

[digitalsupport@johnson.ca](mailto:digitalsupport@johnson.ca)

For all other inquiries related to claims, premiums, or changes to your plan, please refer to your plan documents or visit our help page.

Input your username & password and select "Login".

If the member does not have a username and password, please click on the Register button OR phone the Service Administrator at 1-877-406-9007 to be set up.

To submit a claim, select "Group benefits – Submit a Claim". If assistance is needed to submit claims, please direct the member to the service administrator above.

### Benefits Card

All members were issued a new benefits card in the Fall of 2019. A listing of its features can be found here:

**Benefits Card**

# Your guide to your new benefits card

**Front**

**1** This is the information required by your service providers (for example, dentist and pharmacist). If you have couple or family coverage, you will receive two cards, both in the name of the policyholder. If your pharmacy or dental office already has your information on file, you do not need to show them your new card.

**2** This information is intended for your service provider. Providers will need the Carrier # and Johnson IIN to submit your claim electronically. If your provider has any problems submitting your claim, they can contact the provider call centre phone number indicated on the card.

**3** This is the phone number to call with any questions about your coverage or claims.

**Back**

**4** If you have a medical emergency or need assistance, contact Global Excel Management Inc. at the phone number listed for the country in which you are travelling.<sup>2</sup>

**5** This is your group travel insurance policy number with RSA. This number will be required when you report an emergency medical travel insurance claim or a trip cancellation/ trip interruption insurance claim.

The back of your card is for Extended Health Care participants only and contains your travel insurance information.

The "01" in the Mexico toll free phone number is no longer required.

## SECTION 5: KNOW YOUR CLAIM TOOLS & RESOURCES

### Membership & Insurance Application forms

Application forms for membership and insurance can now be completed and submitted online.

The **RTOERO membership application form** can be found [here](#).

The **RTOERO insurance plan application form** can be found [here](#).

For any questions regarding the insurance application, please contact the Service Administrator at 1-877-406-9007.

 **Facebook**  
[facebook.com/rto.ero/](https://facebook.com/rto.ero/) **LinkedIn**  
[linkedin.com/company/rto-ero](https://linkedin.com/company/rto-ero) **Twitter**  
[@rto\\_ero](https://twitter.com/rto_ero) **YouTube**  
[bit.ly/RTOEROYouTube](https://bit.ly/RTOEROYouTube)

1-800-361-9888  
[rtoero.ca](https://rtoero.ca)

