

Helpful Documents



Click Booklet to view, download, print, transfer to mobile...

Save with RTOERO Compare 2023 health benefits for education retirees

RTOERO			OTHER*		
Extended Health Care + Hospital + Dental					
INDIVIDUAL	COUPLE	FAMILY	INDIVIDUAL	COUPLE	FAMILY
\$192.15/mo	\$382.44/mo	\$464.23/mo	\$202.71/mo	\$399.50/mo	\$479.00/mo
Prescription Drugs					
\$3,400 ANNUALLY - 85% REIMBURSED			\$4,000 ANNUALLY - 85% REIMBURSED		
* covers ALL prescription drugs			* NOT all prescription drugs covered		
Paramedical Services					
\$1,300 ALL PRACTITIONERS COMBINED - 85% REIMBURSED			\$1,350 ALL PRACTITIONERS COMBINED - 85% REIMBURSED		
* No doctor's authorization needed			* Doctor's authorization required for some practitioners		
			* Reimbursement is LIMITED to a per visit maximum		
Vision					
\$400 EVERY 2 YEARS		\$150 EVERY 2 YEARS	\$375 EVERY 2 YEARS		\$175 EVERY 2 YEARS
* \$300 per eye for contact lens		* \$300 for contact surgery expenses	* Limited reimbursement for contacts		* Coverage is reduced to \$300 for plan options other than RTP 4000
* \$400 for new glasses following surgery					
Aids and Appliances					
* Glucometers - 100 every 3 years			* Glucometers - Not covered		
* Insulin Pumps & CGM - \$5,000/yr			* Insulin Pumps & CGM - Not covered		
* Mobility aids - Based on medical needs			* Mobility aids - Limited to standard items		
* Prosthetics - Based on medical needs			* Prosthetics - Limited to a basic limb		
* Wigs - \$600 per year			* Wigs - \$750 lifetime maximum		
Travel					
\$10 million PER PERSON UP TO 90 DAYS PER TRIP			\$2 million PER PERSON UP TO 90 DAYS PER TRIP		
* \$6,000 trip cancellation / interruption			* \$6,000 trip cancellation / interruption		
* Private hospital room			* Semi-private hospital room		
* \$1,000 lost luggage per trip			* No coverage for lost luggage		
* \$10,000 vehicle return			* \$2,000 vehicle return		
* \$200/day for meals/accommodation, up to \$5,000 per trip			* \$150/day for meals/accommodation, up to \$1,000 per trip		
* Guaranteed acceptance for trips longer than 90 days			* Medical questionnaire required for trips longer than 90 days		
Dental					
85% UNLIMITED REIMBURSEMENT - BASIC AND PREVENTIVE			80% UNLIMITED REIMBURSEMENT - BASIC AND PREVENTIVE		
\$800 85% REIMBURSED - MAJOR RESTORATIVE			\$850 85% REIMBURSED - MAJOR RESTORATIVE		
\$800 85% REIMBURSED - COSMETIC			\$750 85% REIMBURSED - MAJOR RESTORATIVE		
\$800 85% REIMBURSED - BRIDGES + PARTIAL DENTURES					

RTOERO 1-800-361-8888 | 416-962-9463 | rtoero.ca

Click chart to see how you save with RTOERO Insurance.



Your guide to insurance and membership

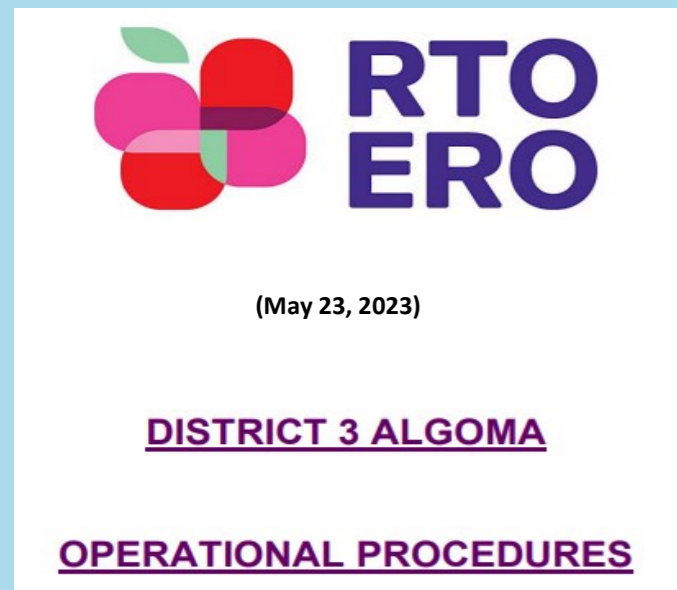
Home / Welcome to the member portal

Welcome to the member portal

Click here to update your Membership Info, such as Address, Telephone, Email, etc.



Read Liaison online



53 cents/km
to a maximum of **\$60.00/Meeting**

Driver Travel Expense forms
available at all District 3 Meetings.

D3 encourages Carpooling.

Tip: CNTL + roll your mouse wheel or pinch in/out on a mobile to zoom in/out.

RTOERO's Most Requested Document

This is a fillable PDF Document with sections such as,

- a) Power of Attorney (Personal care & Property)
- b) Your Will
- c) Birth Certificate
- d) Marriage Certificate
- e) Adoption Papers – if applicable
- f) Citizenship Papers – if applicable
- g) Prenuptial Agreement – if applicable
- h) Social Insurance Number and Card
- i) Government Health Card Number and Card
- j) Bank Accounts
- k) Safety Deposit Box & Key
- l) Credit Cards & Numbers
- m) Investments Information /Certificates
- n) Pension Information
- o) Health Insurance Information
- p) Home ownership(s)
- q) Vehicle ownership(s)
- r) Jewellery, valuables, heirlooms
- s) Pre-arranged funeral agreement
- t) Ownership of cemetery plot
- u) Memorial receipt & description
- v) Organ Donation Information

HOW TO CONTACT YOUR:

- a) Lawyer(s)
- b) Executor(s)

PERSONAL INFORMATION

Name: _____

(Full, as on birth certificate, include also names under which you may have been known)

Social Insurance Number (SIN): _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Telephone: _____ Email: _____

Employment Record: _____

SPOUSE'S/PARTNER'S INFORMATION

Name: _____

(Include maiden name if applicable)

Social Insurance Number (SIN): _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

Telephone: _____ Email: _____

CHILDREN

Attach list showing name, date of birth, address and phone number.