

RTO/ERO Health Plans Myths & Facts

Myth #1

It's too late to apply for the RTO/ERO Health Plans if I retired last year.

Fact

You do not have to apply immediately upon retirement if you are covered under another group insurance plan:

- *Board retiree plan*
- *Spouse's employer plan*
- *Other group plan*

Myth #2

Semi-private hospital rooms are not always available, so I should cancel my RTO/ERO Semi-Private Hospital Plan.

Fact

- *Semi-private Hospital Benefit*
- *Convalescent Home Care Benefit*
- *Up to 30 days following 24 hour hospital stay*
- *Up to three days following non-elective day surgery*

Myth #3

When I reach age 65, the government pays for my drugs. I have no need for my RTO/ERO Extended Health Care (EHC) Plan.

Fact

- *The Government pays only what is listed on their formulary.*
- *Some drugs are "limited use".*
- *Newer drugs may not be listed.*
- *RTO/ERO sees a significant number of claims for participants age 65 and over.*
- *The RTO/ERO EHC Plan covers more than drugs.*

Myth #4

When my dentist/pharmacist submits my claim electronically, I should send a paper copy as well.

Fact

- *A paper copy of claim is not required when your dentist or pharmacist submits your claim electronically.*

Myth #5

I ordered new glasses in December 2010 and paid for them in January 2011, reimbursement will be applied to my 2010 benefit maximum.

Fact

- *Claims for items purchased are applied to the coverage maximums based on the date they are paid in full.*

Myth #6

When travelling outside my province of residence, proof of departure is required for the RTO/ERO member only, and it needs to show when I reached my destination.

Fact

Each insured person must have his/her own proof of departure. The proof must identify:

- *the insured person*
- *that the transaction took place in your province of residence*
- *the date*

Myth #7

The Out-of-Province/Canada Travel stability clause applies to all pre-existing conditions which were not stable for 90 days prior to departure.

Fact

The 90 day stability clause applies to:

- *Cancer, heart, or lung conditions;*
- *Any condition where you were admitted to hospital for at least 24 hours; and*
- *Any condition where your physician has advised you not to travel*

Myth #8

Although there's been no change in my heart condition in the 90 days prior to my trip, my medication has changed. My heart condition will not be covered.

Fact

- *A change in medication, dosage or usage does not mean the condition would be excluded.*

Myth #9

The government covers most of my expenses outside of Canada in a medical emergency.

Fact

- *“Very limited funding for a limited range of medical services” provided by the government. ER visits, inpatient hospital, and physician services only – at very reduced rates.*
- *Pre-existing conditions are excluded.*
- *Government pays on average 3-5% of travel emergency medical.*