

Orthotic Appliances and Orthopaedic Shoes	<ul style="list-style-type: none"> Orthopaedic shoes: 75% of the cost of 1 pair/repair to a maximum of \$500/yr., per product Orthotic Appliances: 100% of cost to a maximum \$500/yr 	<ul style="list-style-type: none"> 80% of the cost of 1 pair/repair - of each product - to a maximum of \$500/yr., per product 	<ul style="list-style-type: none"> ADP Coverage for orthotic appliances
Diabetic Appliances & Supplies.	<ul style="list-style-type: none"> Blood Glucose Monitor - \$400/4yrs Insulin Infusion Pump:\$2,000/5yrs Jet Injectors: \$1,000/life Appliances related supplies: \$2,000/year 	<ul style="list-style-type: none"> Blood Glucose Monitor - \$400/4yrs Insulin Infusion Pump:\$2,000/5yrs Jet Injectors: \$1,000/life Appliances related supplies: \$2,000/year 	<ul style="list-style-type: none"> ADP coverage for appliances
Private Duty Nursing	<ul style="list-style-type: none"> 100% of cost, subject to reasonable and customary charge 	<ul style="list-style-type: none"> 75% to \$20,000 annual maximum 	N/A
Other Health Services/Supplies	<ul style="list-style-type: none"> 100% of cost – subject to reasonable and customary charges – unless otherwise specified. Items include: ambulance services, wheelchair rentals, hospital bed purchases, casts, braces prosthetics, among other services) 	<ul style="list-style-type: none"> 75% reimbursement – unless otherwise specified. Standard covered services/supplies – subject to reasonable and customary charges 	<ul style="list-style-type: none"> ADP coverage for some equipment e.g. CPAP machines, wheelchairs
Dental			
Deductible	<ul style="list-style-type: none"> \$50/yr. Single or Family 	None	N/A
Basic Dental	<ul style="list-style-type: none"> 85% coverage - Unlimited 	<ul style="list-style-type: none"> 75% to max \$1,500/year per insured 	
Dentures/Major Restorative/	<ul style="list-style-type: none"> Dentures: 50% to \$3000/lifetime per person Major restorative: 50% to \$2000/yr per person 	<ul style="list-style-type: none"> Not Covered 	
Orthodontic	<ul style="list-style-type: none"> 50% to max \$3000/lifetime per child age 6 - 18 	<ul style="list-style-type: none"> Not Covered 	
BASIC LIFE INSURANCE			
	<ul style="list-style-type: none"> \$2000. 00 per eligible retiree Premiums paid 100% by the Government Option to waive coverage 	<ul style="list-style-type: none"> \$2000. 00 per eligible retiree Premiums paid 100% by the Government Option to waive coverage 	N/A

PRB Premium Rates (monthly rates including 8% Retail Sales Tax effective :00 1, 2020)		
	Single Coverage	Family Coverage
Legacy Plan (full cost)	\$158.62	\$294.06
Legacy Plan (50% of the full cost)	\$0	\$14 .20
Retiree-Focused Plan	\$0	\$10.20

Note: PRB premium rates are subject to change annually based on consideration of factors such as claims experience.

For details on PRB eligibility criteria and applicable premium rates, please refer to the PRB Questions and Answers document.

Note: FOR INFORMATION PURPOSES ONLY. This chart provides general information about the PRB plans, but it is not a legal document, and in particular, does not form a contract between the Government of Ontario and eligible retirees.

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Optional Upgrade Package – All Inclusive: Legacy Plan (PRB Plan A)
Available as of May 2017 - 100% Retiree Paid Premiums
 (More information will be provided)

Emergency Out of Province/Out of Country Coverage	<ul style="list-style-type: none"> Coverage at 100% to a lifetime maximum of \$1M for eligible medical expenses incurred due to emergency or unexpected sudden illness during temporary absence outside Canada, over and above OHIP out-of-country and standard health plan terms. 90-day trip maximum. 	<ul style="list-style-type: none"> OHIP covers standard ward care, in-patient costs, and other medical care up to specified daily maximums, for emergency treatment costs incurred outside Canada
Global Medical Assistance (GMA) – Travel Assistance Plan	<ul style="list-style-type: none"> A complement to the Out of Province/Out of Country coverage that provides 24 hour access to medical assistance via a worldwide communications network that locates providers, obtains carrier approval of covered services including hospital payment, evacuation, transport/lodging for family member to return to home. Caps and conditions apply. 	<ul style="list-style-type: none"> N/A
Catastrophic Drug Coverage (CDC)	<ul style="list-style-type: none"> 100% coverage for eligible drug expenses in excess of an annual plan threshold or \$10,000 in eligible submitted drug expenses per year, per patient. 	<ul style="list-style-type: none"> N/A

Optional Upgrade Package - All Inclusive: Alternative Retiree Focused Plan (PRB Plan B)
Available as of May 2017 – 100% Retiree Paid Premiums
 (More information will be provided)

Emergency Out of Province/Out of Country Coverage	<ul style="list-style-type: none"> Coverage at 100% to a lifetime maximum of \$1M for eligible medical expenses incurred due to emergency or unexpected sudden illness during temporary absence outside Canada, over and above OHIP out-of-country and standard health plan terms. 90-day trip maximum. 	<ul style="list-style-type: none"> OHIP covers standard ward care, in-patient costs, and other medical care up to specified daily maximums, for emergency treatment costs incurred outside Canada
Travel Assistance Plan	<ul style="list-style-type: none"> A complement to the Out of Province/Out of Country coverage that provides 24 hour access to medical assistance via a worldwide communications network that locates providers, obtains carrier approval of covered services including hospital payment, evacuation, transport/lodging for family member to return to home. Caps and conditions apply. 	<ul style="list-style-type: none"> N/A

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May 1, 2020