| Q.1 | Explain new limitation on travel days in the USA.  |
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| A.1 | Most Canadian citizens are welcome to visit the U.S. for up to six months (182 days) in a 12-month period. The number of allowable days doesn't necessarily reset on January 1 just because the calendar year changed. The time is based on an individual's travel dates and can continue from one calendar year to the next. Every day spent in the U.S. through the year – from shopping trips to travelling between destinations – counts. Owning as opposed to renting a vacation home doesn't increase the maximum number of days a Canadian may stay each year in the U.S. |
|     | For more specific information, you should contact the appropriate US Consular District listed at http://canada.usembassy.gov/visas/consulates.html   |
| Q.2 | For out-of-Canada claims that are paid out-of-pocket, is there any way for members to ensure that the proper information is on the invoices to allow for prompt processing by Allianz?   |
| A.2 | Participants are encouraged to call Allianz as soon as treatment is required, if they are able to do so. This allows Allianz to locate the participant and provide information to where a practitioner/doctor has a relationship with Allianz and who will bill them directly and/or provide the appropriate invoice. If Allianz was not called in advance, the invoice must have: name of practitioner/doctor, designation/registration number, date of service/treatment, total cost and itemized cost.  |
| Q.3 | Remove the restriction of composite fillings on molar teeth.   |
| A.3 | Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement.  |
| Q.4 | Is Eldercare Select available in all areas of Ontario?   |
| A.4 | Eldercare Select is available to all Extended Health Care Plan participants in all Canadian provinces and territories.   |
| Q.5 | Clarification of pre-existing condition that is stable for 90 days prior to travel.  |
| A.5 | As every participant's pre-existing condition will differ from one participant to another, they are encouraged to call the Johnson Plan Benefits Service Department.   |
| Q.6 | Is there information available regarding the RTO/ERO Group Benefits Program available for posting on district websites?  |
| A.6 | Yes. Districts are encouraged to repost or link to any information on RTO/ERO's Group Benefits Program that is on the provincial website.  |
| Q.7 | What is happening with the comparisons with other plans?   |
| A.7 | <ul> <li>This year, RTO/ERO has ceased producing the comparison charts. We have learned that the comparison charts were:</li> <li>Providing advertising for the competition.</li> <li>Contributing to brand confusion. Some prospective members were enrolling in the competing plan, believing it was RTO/ERO's, as all four plans were listed on the chart.</li> <li>Unable to accurately explain the nuances of the Plans. For instance, both organizations cover Aids</li> </ul>   |
|     | & Appliances; however, RTO/ERO is the only one to cover insulin pumps for type 2 diabetes, when the appropriate clinical criteria has been met. An insulin pump is approximately \$7000.   |

| Q.8  | Clarify when a "trip within a trip" is or is not covered.   |
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| A.8  | A trip starts the day the participant leaves their province of residence. The participant can go from one destination to another and it will be considered the same trip. Therefore, once the participant leaves their province of residence, they no longer qualify for Cancellation Insurance as the policy stipulates. However, trip interruption/delay and emergency medical coverage will apply as long as it occurs within their 62 days and/or Supplemental Travel plan.   |
| Q.9  | Is root planning performed by a periodontist considered as separate from scaling and cleaning performed by a regular dentist?   |
| A.9  | Units of root planning do not count toward the eight (8) units of scaling. Root planning is considered a separate procedure. The expenses reimbursed for root planning and scaling will be subject to the combined \$850 annual maximum for the Endodontic and Periodontic benefit.   |
| Q.10 | Provide more information about pre-existing conditions with respect to travel claims.   |
| A.10 | As this question is with regard to pre-existing conditions, the participant is encouraged to call Johnson Plan Benefits Service to find out how their condition may or may not affect their travel claim.   |
| Q.11 | Clarify power of attorney (POA). When is it required? Why is it a POA for property and not a POA for care?  |
| A.11 | A general or continuing Power of Attorney (POA) for property must be on file with Johnson for someone other than the member to act on their behalf. The POA must be an original or notarized copy (the original or notarized copy will be returned to you). This POA allows the named person to sign claim forms, change addresses or benefit information, or request specific information on the member's file on their behalf.  A POA for property is required because the interactions between the member and the RTO/ERO Group Benefits Program are related to paying for the care received, not the decisions on how or what care is administered. |
|      | A POA for care would only be required by Johnson if the member had Long Term Care coverage.   |
| Q.12 | Is it possible to provide travel insurance that covers pre-existing conditions without any limitations at an extra cost?  |
| A.12 | Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement.   |
| Q.13 | Is it possible to publish data regarding the market share of RTO/ERO Group Benefits Program?  |
| A.13 | Yes. Eight in ten retired educators who have a deduction for their insurance coverage through OTPP are with RTO/ERO.  |
| Q.14 | Has HSIC examined/analyzed extending travel coverage to 75 day? If so, can the data be shared?  |
| A.14 | As part of our yearly process, the HSIC is reviewing the plan design for 2015. The data, as well as what is being considered for plan changes, is proprietary to the HSIC.  |
|      | We know that the average Canadian travels 31-60 days per trip in retirement. The next largest category is 90 days and over. Our plan provides for 62 days, with the ability to top up. RTO/ERO's  |

mandate is to meet the needs of the majority of members, at the most affordable cost. Here is what we do know: 1. The RTIP Plus Plan (which is the one that most closely compares to ours) is \$27 more a month (before tax) when you look at all benefits combined. If you simply take Extended Health Care, their plan is \$40 more a month (before tax), as they do not permit an insured to opt out of Semi-Private. 2. To top up to the next most-frequently travelled category, a 71 year old would pay \$286 under the RTO/ERO Supplemental Travel Plan for 92 days. It is the identical coverage as under RTO/ERO's Extended Health Care Plan, and there's no medical questionnaire. To top up for the competing, the same person would be charged up to \$300, depending on their health status. It is a different policy, with different requirements, has a medical questionnaire, and is not owned by OTIP. Someone who has been diagnosed with a heart and a lung condition cannot purchase this top-up coverage. Q.15 Can Health Representatives be notified of plan changes before they are published? A.15 We can notify Health Representatives simultaneous with the publication of the plan changes. Q.16 Can the HSIC re-instate sending Health Matters to Health Representatives in a text-only Word document as was done in the past? A.16 We can provide text versions of Health Matters. Please contact the Provincial Office to obtain a copy. Q.17 Explain why coverage for erectile dysfunction is so high compared to eye glasses and hearing aids when a large number of members are female. **A.17** Each benefit maximum is set based on claims experience and financial risk associated with that benefit. Should you wish to see a change in a given maximum please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement. Q.18 Address the new restrictions on visitors to the USA. Are there any suggestions on how to avoid this limitation? Please provide the USA board telephone number for help/information. A.18 See A.1 regarding new restrictions. Q.19 Cover full dentures. A.19 Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement. Q.20 Clarify the survivor benefit for the RTO/ERO Group Benefits Program. A.20 A surviving spouse that is covered under the RTO/ERO Group Benefits Program at the time of the member's passing may continue to be eligible for coverage provided he/she becomes an Associate member with RTO/ERO. Upon notification of the member's passing, Johnson Plan Benefits Service will send the Surviving Spouse a "Benefits Continuation Form" for completion. The Surviving Spouse is eligible to continue with the benefits the member held at the time of passing. The Surviving Spouse will complete 1) RTO/ERO membership portion; 2) benefits chosen; and 3) attach a VOID cheque for deductions. A cheque is requested to avoid a delay with their enrolment as the Surviving pension can take a while to be processed. Upon receipt of the completed Benefit Continuation Form, RTO/ERO will assign a

|      | new membership number. Johnson will enroll the surviving spouse in the benefits he/she wishes to continue with the type of deduction indicated. There will not be a break in coverage.  |
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|      | The same criteria applies should the only surviving dependent be a child.   |
| Q.21 | Explain changes to travel insurance related to exclusions for almost any pre-existing medical condition.  |
| A.21 | As every participant's pre-existing condition differs from one participant to another, they are encouraged to call Johnson Plan Benefits Service to find out how their condition may or may not affect their travel insurance.  |
| Q.22 | What are RTO/ERO's plans to address RTIP's move to 75 days?   |
| A.22 | Please see A.14 for further information.  |
| Q.23 | What is the need and use to two types of power of attorney?   |
| A.23 | A general or continuing Power of Attorney (POA) for property must be on file with Johnson in order for someone other than the member to act on their behalf. The POA must be an original or notarized copy (the original or notarized copy will be returned to you). This POA allows the named person to sign claim forms, change addresses or benefit information, or request specific information on the member's file on their behalf. |
|      | A POA for property is required because the interactions between the member and the RTO/ERO Group Benefits Program are related to paying for the care received, not the decisions on how or what care is administered.   |
|      | A POA for care would only be required by Johnson if the member had Long Term Care coverage.   |
| Q.24 | Is there a possibility of separating diabetes expenses from drug expenses?  |
| A.24 | Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement.   |
| Q.25 | How can members avoid delays in service and response from Allianz?  |
| A.25 | Participants are encouraged to call Allianz as soon as treatment is required, if they are able to do so. The sooner Allianz is involved, the better. Further, the participant should review their forms prior to submission to ensure all information is filled out and that they have the proper supporting documentation. The original documents must be submitted. It is important for the participant to sign the documents.          |
| Q.26 | Can top-up trip cancellation coverage be made available?  |
| A.26 | Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement.   |
| Q.27 | What does the Vision Care benefit provide with respect to cataract and intraocular lens surgery? Why is reimbursement not differentiated in the plan?   |
| A.27 | New lenses (excluding frames) purchased within six months of eye surgery are eligible under the surgical vision benefit within the vision coverage. Payment is made at 80% to a lifetime limit of \$325 per insured person. The regular vision benefit of \$325 must be exhausted prior to claiming under the   |

|      | surgical benefit. With respect to intra-ocular lens surgery, the surgery costs are provincially funded. A basic, foldable intra-ocular lens (IOL) that is inserted during the surgery is provincially funded in some provinces. The RTO/ERO plan considers the cost of an IOL that is over and above the amount funded by the province. Payment is made at 80% to a \$300 maximum per eye, per lifetime. |
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|      | With respect to the reimbursement, please contact RTO/ERO for a Health Plan Enhancement  |
| Q.28 | Submission form to submit your request for any plan enhancement.  Explain the partnership between RTO/ERO and Shoppers Drug Mart and benefits to members.  Why does RTO/ERO only recognize Shoppers Drug Mart?   |
| A.28 | RTO/ERO entered into an agreement with Shoppers Drug Mart to offer discounts and services to our   |
|      | members. Members are able to access a 20% discount at Shoppers Home Health Care locations, as  |
|      | well as receive Optimum offers through <i>Renaissance</i> . RTO/ERO is reviewing this agreement and will   |
|      | determine the next steps for our organization.   |
| Q.29 | Why are the 2014 rates not mentioned on the website?   |
| A.29 | The 2014 rates are on the provincial website in the section entitled "premiums" and "rate card".   |
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| Q.30 | Is RTO/ERO an agent of Johnson?  |
| A.30 | The reverse is true. RTO/ERO owns and manages our Group Benefits Program. We have hired  |
|      | Johnson Inc. to provide administration, claims payment and consulting services to us and to our  |
|      | members, and this relationship has served our members well. Our most recent survey of our  |
|      | members indicates that 9.9 in 10 are satisfied with the RTO/ERO Group Benefits Program. The  |
|      | combination of these services provides a fully integrated approach for the provision of information to RTO/ERO members.  |
| Q.31 | To what extent does RTO/ERO advocate to get certain drugs on the Ontario Drug Benefit formulary?   |
| A.31 | The Ontario government has a review board, the Committee to Evaluate Drugs which advises the   |
|      | Executive Officer of Ontario Public Drug Programs about public funding of pharmaceutical products in Ontario, after considering information on effectiveness, safety and cost.   |
| Q.32 | Why do premiums keep increasing?   |
| A.32 | Premium increases are a combination of healthcare inflation and plan improvements. The HSIC  |
|      | works diligently to keep these increases low while still maintaining quality healthcare plans that   |
|      | meet the needs of RTO/ERO Health Plan members.   |
| Q.33 | Why does the Extended Health Care plan still refer to coverage for erectile dysfunction rather than  |
| ,    | sexual dysfunction?  |
| A.33 | Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for  |
|      | any plan enhancement.  |
| Q.37 | Some RTO/ERO people have valet parking, why are we charged for it?   |
| A.37 | District delegates for whom RTO/ERO provincial provides funding receive valet parking at all   |
|      | workshops that take place at the Courtyard. Valet is provided in this instance as self-parking is  |
|      | offsite. Where a District is covering the cost of the delegate, it is up to the District whether they will   |
|      | pay for valet parking.   |
| Q.38 | Trip cancellation issues.  |
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It is important to remember that in order to report a Trip Cancellation claim, the participant must still be in their province of residence and before the date of departure. The reason for the cancellation should be "sudden and unforeseen." "Sudden and unforeseen" events that occur after leaving their province of residence and after the date of departure are considered under the Trip Interruption or Trip Delay benefits. Please contact Johnson Plan Benefits Service with your specific questions/concerns. Q.39 Cataract surgery. A.39 Please contact Johnson Plan Benefits Claims with your specific questions/concerns. Q.40 What steps are being taken to ensure RTO/ERO does the best for its members? (e.g. ink on the cards comes off.) A.40 RTO/ERO has several measures in place. • Our constitution and bylaws outline the purpose of our organization, the governance structure in place, and the mandates of the committees. • The HSIC has guiding principles to meet the needs of the majority of members. Each member of the HSIC takes four courses with the International Foundation of Employee Benefit Plans, and four days of customized continuing education. RTO/ERO regularly surveys members and participants in our Group Benefits Program. • The HSIC contracts third-party market assessments of our Group Benefits Program, and regularly reviews the service agreements with our partners. The HSIC also contracts independent assessments of our partners. Q.41 What effect did the contribution to the Foundation have on our reserves? A.41 The following was excerpted from the Spring 2014 Senate reports: At the fall 2013 Senate, a motion was made and passed that \$3 million be taken from interest earned on investments and gifted to the RTO/ERO Foundation. The Provincial Executive, following the Senate mandate, transferred these funds to the Charitable Foundation. Health Premium Stabilization Fund (HPSF) Balance at January 1, 2013 \$80,614,320 2013 Net investment income 6,438,285 2013 surplus receivable from Manulife 5,285,268 Total HPSF as at December 31, 2013 \$92,337,873 • The funds were transferred to the RTO/ERO Foundation proportionally from the HSPF as well as the RTO/ERO Reserve Fund. Q.42 Johnson requires a copy of a power of attorney for health care. British Columbia does not have such a document. Please comment. A.42 British Columbia has both Power of Attorney and Representation Agreements. Both laws were revised in 2011. Q.43 | Improve coverage for intraocular lenses.

| A.43 | Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement.   |
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| Q.44 | Have the age banded rates for Supplemental Travel had a positive effect on the claims experience? Is there any possibility of reducing rates for older members?   |
| A.44 | To date, the results of the change to age banded rates have been positive with respect to both claims and enrolment. Renewal negotiations are currently ongoing and we cannot provide any further comment at this time. |
| Q.45 | Include coverage for dentures.  |
| A.45 | Please contact RTO/ERO for a Health Plan Enhancement Submission form to submit your request for any plan enhancement.   |
| Q.46 | Is Eldercare Select available to members in British Columbia?   |
| A.46 | Eldercare Select is available to all Extended Health Care Plan participants in all Canadian provinces and territories.  |
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