

## Post-Retirement Benefits (PRB) Plans – At a Glance

Service/Supply	Legacy Plan (PRB Plan A)	Retiree Focused Plan (PRB Plan B)	Other Coverage Sources
<b>Health</b>			
<b>Drugs</b>	<ul style="list-style-type: none"> <li>Reimbursement - 90% coverage for eligible submitted drug costs – no annual maximum – per covered person</li> <li>Deductible: \$3 per Drug Identification Number (DIN)</li> <li>Drug card access</li> <li>Generic product pricing – purchased product cost</li> <li>Coverage for ODB Deductibles</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursement - 90% coverage, reduced to 75% coverage at the age of Ontario Drug Benefit (ODB) eligibility for eligible submitted drug costs to a maximum \$10,000/yr per patient <u>PLUS</u></li> <li><b>Catastrophic Drug Coverage (CDC)</b> - This plan will pay 100% of eligible drug costs above the annual \$10,000 threshold (i.e. after out-of-pocket expenses of \$1,000/yr up to the age of ODB eligibility, and \$2,500/yr after the age of ODB eligibility) per covered person</li> <li>Drug card</li> <li>Mandatory lowest-cost, immediately available generic product pricing</li> <li>Maximum of six (6) dispensing fees per year per maintenance prescription drug claim unless a physician specifically prescribes otherwise.</li> <li>Exclusion of coverage for ODB deductibles</li> <li>Any drugs that are currently being covered are grand parented</li> </ul>	<ul style="list-style-type: none"> <li>ODB – primary payor as at age 65, for drugs on a defined formulary. Deductibles apply based on single/family income</li> <li>The Ministry of Health and Long Term Care Trillium Plans and Exceptional Access Program may also offer assistance for high cost drugs and products that are not on the ODB formulary</li> </ul>
<b>Hospital</b>	<ul style="list-style-type: none"> <li>\$120/day- Semi-Private/Private room</li> </ul>	<ul style="list-style-type: none"> <li>\$120/day- Semi-Private/Private room</li> </ul>	<ul style="list-style-type: none"> <li>Standard ward care – covered by OHIP</li> </ul>
<b>Paramedical</b>	<ul style="list-style-type: none"> <li>Massage Therapist, physiotherapist, naturopath, osteopath, Chiropractor and podiatrist; \$25 per visit to a max \$1200/yr per patient, per provider</li> <li>Speech Therapist: 25 per half hour visit, to a max of \$1400 per year per patient, per Provider</li> <li><b>Psychological Services:</b></li> <li>Effective January 1, 2022: the per half-hour cap for the services provided by a psychologist, including services of a practitioner registered with a Master of Social Work (MSW) designation, will increase from \$40 to \$80, and the annual maximum will increase from \$1400 to \$1600.</li> </ul>	<ul style="list-style-type: none"> <li>Combined Maximum: 100% of eligible claim cost to maximum \$500/year per person – all providers – no per visit max</li> </ul>	<ul style="list-style-type: none"> <li>OHIP coverage at age 65 for podiatrist, and for post hospital physiotherapy</li> <li>Speech Therapy in hospital - OHIP</li> </ul>

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	<ul style="list-style-type: none"> <li>Any eligible claims incurred since January 1, 2022, that have already been submitted to Manulife, will be re-assessed automatically based on the new psychological services caps without any further submission by a plan member.</li> </ul>		
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>Max \$340 + cost of one routine eye exam/24 months</li> <li>Deductible \$10/single, \$20/Family - combined with Hearing Aids</li> </ul>	<ul style="list-style-type: none"> <li>Max \$340 + cost of one routine eye exam/36 months. With exam coverage ending at age of ODB eligibility</li> <li>Deductible \$10/single, \$20/Family - combined with Hearing Aids</li> </ul>	<ul style="list-style-type: none"> <li>OHIP annual routine eye exam coverage at age 65, or earlier, for certain conditions</li> </ul>
<b>Hearing Aids</b>	<ul style="list-style-type: none"> <li>Max \$1200/ 4 years. Deductible: \$10/Single, \$20/Family - combined with vision care</li> </ul>	<ul style="list-style-type: none"> <li>Max \$900/ 4 years. Deductible: \$10/Single, \$20/Family - combined with vision care</li> </ul>	<ul style="list-style-type: none"> <li>Assistive Devices Program (ADP) – provides 75% for some expenses. Group plans supplement ADP</li> </ul>
<b>Orthotic Appliances and Orthopaedic Shoes</b>	<ul style="list-style-type: none"> <li>Orthopaedic shoes: 75% of the cost of 1 pair/repair to a maximum of \$500/yr., per product</li> <li>Orthotic Appliances: 100% of cost to a maximum \$500/yr</li> </ul>	<ul style="list-style-type: none"> <li>80% of the cost of 1 pair/repair - of each product - to a maximum of \$500/yr., per product</li> </ul>	<ul style="list-style-type: none"> <li>ADP Coverage for orthotic appliances</li> </ul>
<b>Diabetic Appliances &amp; Supplies.</b>	<ul style="list-style-type: none"> <li>Blood Glucose Monitor - \$400/4yrs</li> <li>Insulin Infusion Pump:\$2,000/5yrs</li> <li>Jet Injectors: \$1,000/life</li> <li>Appliances related supplies: \$2,000/year</li> </ul>	<ul style="list-style-type: none"> <li>Blood Glucose Monitor - \$400/4yrs</li> <li>Insulin Infusion Pump:\$2,000/5yrs</li> <li>Jet Injectors: \$1,000/life</li> <li>Appliances related supplies: \$2,000/year</li> </ul>	<ul style="list-style-type: none"> <li>ADP coverage for appliances</li> </ul>
<b>Private Duty Nursing</b>	<ul style="list-style-type: none"> <li>100% of cost, subject to reasonable and customary charge</li> </ul>	<ul style="list-style-type: none"> <li>75% to \$20,000 annual maximum</li> </ul>	N/A
<b>Other Health Services/Supplies</b>	<ul style="list-style-type: none"> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>75% reimbursement – unless otherwise specified. Standard covered services/supplies – subject to reasonable and customary charges</li> </ul>	<ul style="list-style-type: none"> <li>ADP coverage for some equipment e.g. CPAP machines, wheelchairs</li> </ul>
<b>Dental</b>			
<b>Deductible</b>	<ul style="list-style-type: none"> <li>\$50/yr. Single or Family</li> </ul>	None	N/A
<b>Basic Dental</b>	<ul style="list-style-type: none"> <li>85% coverage - Unlimited</li> </ul>	<ul style="list-style-type: none"> <li>75% to max \$1,500/year per insured</li> </ul>	
<b>Dentures/Major Restorative/</b>	<ul style="list-style-type: none"> <li>Dentures: 50% to \$3000/lifetime per person</li> <li>Major restorative: 50% to \$2000/yr per person</li> </ul>	<ul style="list-style-type: none"> <li>Not Covered</li> </ul>	
<b>Orthodontic</b>	<ul style="list-style-type: none"> <li>50% to max \$3000/lifetime per child age 6 - 18</li> </ul>	<ul style="list-style-type: none"> <li>Not Covered</li> </ul>	

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BASIC LIFE INSURANCE		
	<ul style="list-style-type: none"> <li>\$2000.00 per eligible retiree</li> <li>Premiums paid 100% by the Government</li> <li>Option to waive coverage</li> </ul>	<ul style="list-style-type: none"> <li>\$2000.00 per eligible retiree</li> <li>Premiums paid 100% by the Government</li> <li>Option to waive coverage</li> </ul>
		N/A

PRB Premium Rates (monthly rates including 8% Retail Sales Tax effective June 1, 2025)		
	Single Coverage	Family Coverage
<b>Legacy Plan (full cost)</b>	\$187.88	\$347.54
<b>Legacy Plan (50% of the full cost)</b>	\$93.94	\$173.77
<b>Retiree-Focused Plan</b>	\$93.94	\$173.77

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.

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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)

<b>Emergency Out of Province/Out of Country Coverage</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>OHIP covers standard ward care, in-patient costs, and other medical care up to specified daily maximums, for emergency treatment costs incurred outside Canada</li> </ul>
<b>Global Medical Assistance (GMA) – Travel Assistance Plan</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Caps and conditions apply.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Catastrophic Drug Coverage (CDC)</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>

**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)

<b>Emergency Out of Province/Out of Country Coverage</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>OHIP covers standard ward care, in-patient costs, and other medical care up to specified daily maximums, for emergency treatment costs incurred outside Canada</li> </ul>
<b>Travel Assistance Plan</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Caps and conditions apply.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>

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