



Wouldn't you like to have peace of mind in retirement?

Having insured benefits coverage can offer you a level of comfort knowing that you, your spouse, and eligible dependants will be properly protected and cared for.

As a retired member, or a surviving spouse of a member of the PSPP, you may be eligible to receive insured medical benefits in retirement depending on your length of service and your ability to meet certain criteria. In this booklet, we provide you with general information about these benefits, your eligibility, and how to best access them.

We will cover the following topics:

- About insured benefits
- What are Optional Upgrades?
- Are you eligible?
- What coverage is available?
- Effective and ending dates for coverage
- Who does what?

About insured benefits

The Government of Ontario provides **eligible PSPP retired members** and their eligible spouses and dependants with insured medical benefits coverage through Canada Life.

- It's important to know that insured benefits are not part of the PSPP's pension benefits and are determined by the Government of Ontario.

What are Optional Upgrades?

The Government of Ontario offers extended health coverage to eligible retired members if they elect the coverage. If you're interested in reading about eligibility criteria, coverage, and premiums, please see the "Optional Upgrade Package" information "Optional Upgrade Package (OUP)" on [page 7](#), as well as on the insured benefits page of our website, OPB.ca.

Are you eligible?

Eligibility for insured benefits coverage is dependent on your employer, length of service, retirement date, and other criteria. **This booklet is specific to the Association of Law Officers of the Crown (ALOC) and the Ontario Crown Attorneys' Association (OCAA) only.**

Key considerations

- If you are receiving a pension from both the PSPP and the OPSEU Pension Plan, your combined pension credit in both plans will count towards your eligibility criteria.
- If you are a part-time, seasonal, or unclassified employee, when we say "pension credit" in the eligibility table below, we mean "continuous service with some pension credit in each year"

Definitions

Here are some key definitions you should know:

- Immediate unreduced pension – This is the type of pension you'll receive if you retire after reaching your earliest unreduced retirement date or age 65. It is not subject to any reductions for early retirement and payment starts the month after you end your employment with your PSPP employer.

ALOC/OCAA eligibility

For part-time, seasonal, or unclassified employees, “pension credit” means “continuous service with some pension credit in each year”.

| Criteria | Member hire date | Coverage and responsibility for premiums | Eligible for Optional Upgrade Package |
|--|----------------------------------|--|---------------------------------------|
| • 10 years of pension credit at retirement | On or before December 31, 2016 | Legacy Plan (157836) 100% paid by the Government of Ontario | Yes |
| • 10 years of pension credit at retirement | January 1, 2017 to June 30, 2024 | Legacy Plan (169493) 100% paid by the Government of Ontario | Yes |
| • 20 years of pension credit at retirement • Retire with an immediate unreduced pension | On or after July 1, 2024 | Retiree-Focused Plan (169973) 100% paid by member | Yes |

What coverage is available?

Insured benefits coverage includes:

- Supplementary health and hospital coverage (SH&H)
- Vision and hearing aid coverage
- Dental care
- Basic Life Insurance
- Supplementary Life Insurance (SLI), up to age 65 (for certain eligible members)

See the “Insured Benefits Coverage” section of this booklet for specific coverage, based on each policy number.

Legacy Plan

- Policy numbers 157836 or 169493

Retiree-Focused Plan

- Policy number 169973

How to make changes to your coverage

The following forms are available on our website at OPB.ca.

- To apply for insured benefits coverage, name life insurance beneficiaries and to confirm your dependant information, complete an **OPB 1122 - Post-Retirement Insured Benefits Application Form**.
- To make changes to your personal information, change between Single and Family coverage, or switch plan coverage, complete an **OPB 1004 - Retired Member Information Change Form**.
- To change your beneficiaries for Basic Life Insurance (BLI) and Supplementary Life Insurance (SLI), complete an **OPB 1060 - Designating Life Insurance Beneficiaries Form**.

Effective and end dates of coverage

This table summarizes the effective start and end dates for your insured benefits. For Optional Upgrades effective and end dates of coverage, please refer to the insured benefits section on our website.

| Date | Description |
|--|---|
| Effective date for coverage | <ul style="list-style-type: none">• The first day of the month you are entitled to receive a pension payment |
| End date for retired member or dependants | <ul style="list-style-type: none">• The date of death of the retired member, OR• The date the pension is suspended due to re-employment and re-enrolment in the PSPP of a retired member |
| End date for surviving spouse in receipt of a survivor pension | <ul style="list-style-type: none">• The date of death of the surviving spouse |
| End date for a dependant child in receipt of a pension from the PSPP | <ul style="list-style-type: none">• The date the child is no longer considered to be a dependant child, OR• The date of death of the dependant child |

Insured Benefits Coverage

The following provides an overview of coverage.

Health

| Service | Legacy Plan | Retiree-Focused Plan | Other coverage sources |
|---------|--|---|--|
| Drugs | <ul style="list-style-type: none">• Reimbursement - 90% coverage for eligible submitted drug costs – no annual maximum – per covered person• Deductible: \$3 per Drug Identification Number (DIN)• Drug card access• Generic product pricing – purchased product cost• Coverage for Ontario Drug Benefit (ODB) Deductibles | <ul style="list-style-type: none">• Reimbursement - 90% coverage, reduced to 75% coverage at the age of Ontario Drug Benefit (ODB)• (ODB) eligibility for eligible submitted drug costs to a maximum \$10,000/yr per patient, PLUS• Catastrophic Drug Coverage (CDC) - 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• Drug card• Mandatory lowest-cost, immediately available generic product pricing• Maximum of six (6) dispensing fees per year per maintenance prescription drug claim unless a physician specifically prescribes otherwise.• Exclusion of coverage for ODB deductibles• Any drugs that are currently being covered are grandfathered | <ul style="list-style-type: none">• ODB – primary payor as at age 65, for drugs on a defined formulary. Deductibles apply based on single/family income• 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 |

| Service | Legacy Plan | Retiree-Focused Plan | Other coverage sources |
|---------------------|--|--|--|
| Hospital | <p>In respect of a Convalescent Hospital or Chronic Care Facility,</p> <ul style="list-style-type: none"> • \$120.00 for a patient who has not yet attained their 65th birthday, and • \$25.00 and up to 120 days in a calendar year for a patient who has attained their 65th birthday. | <p>In respect of a Convalescent Hospital or Chronic Care Facility,</p> <ul style="list-style-type: none"> • \$120.00 for a patient who has not yet attained their 65th birthday, and • \$25.00 and up to 120 days in a calendar year for a patient who has attained their 65th birthday. | <ul style="list-style-type: none"> • Standard ward care – covered by OHIP |
| Paramedical | <ul style="list-style-type: none"> • Massage Therapist, Physiotherapist, Naturopath, Osteopath, Chiropractor and Podiatrist; \$35 per visit to a max \$1,200/yr per patient, per provider • Speech Therapist: \$35 per half-hour visit, to a max of \$1,400 per year per patient. • Psychologist, psychotherapist and/or social worker with a Master's Degree in Social Work: \$80 per half-hour visit, to a max of \$1,600 per year per patient. | <ul style="list-style-type: none"> • Combined Maximum: 100% of eligible claim cost to maximum \$500/ year per person – all providers – no per visit max | <ul style="list-style-type: none"> • OHIP coverage at age 65 for podiatrist, and for post hospital physiotherapy • Speech Therapy in hospital - OHIP |
| Vision Care | <ul style="list-style-type: none"> • Max \$340 + cost of one routine eye exam/24 months • Deductible \$10/single, \$20/Family - combined with Hearing Aids | <ul style="list-style-type: none"> • Max \$340 + cost of one routine eye exam/36 months. With exam coverage ending at age of ODB eligibility • Deductible \$10/single, \$20/ Family - combined with Hearing Aids | <ul style="list-style-type: none"> • OHIP annual routine eye exam coverage at age 65, or earlier, for certain conditions |
| Hearing Aids | <ul style="list-style-type: none"> • Max \$1,200/four years. Deductible: \$10/ Single, \$20/Family - combined with vision care | <ul style="list-style-type: none"> • Max \$900/ four years. Deductible: \$10/Single, \$20/ Family - combined with vision care | <ul style="list-style-type: none"> • Assistive Devices Program (ADP) – provides 75% for some expenses. Group plans supplement ADP |

| Service | Legacy Plan | Retiree-Focused Plan | Other coverage sources |
|--|--|--|---|
| 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 and Supplies | <ul style="list-style-type: none"> Blood Glucose Monitor - \$400/four yrs Insulin Infusion Pump: \$2,000/five yrs Jet Injectors: \$1,000/life Appliances related supplies: \$2,000/year | <ul style="list-style-type: none"> Blood Glucose Monitor - \$400/four yrs Insulin Infusion Pump:\$2,000/five yrs 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 | <ul style="list-style-type: none"> Not applicable |
| 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

| Service | Legacy Plan |
|-----------------------------------|---|
| Deductible | • \$50/yr. Single or Family |
| Basic Dental | • 85% coverage - Unlimited |
| Dentures/Major Restorative | • Dentures: 50% to \$3000/lifetime per person • Major restorative: 50% to \$2000/yr per person |
| Orthodontic | • 50% to max \$3000/lifetime per child age six to 18 |

Basic Life Insurance (BLI)

- \$2000.00 per eligible retiree
- Premiums paid 100% by the Government
- Option to waive coverage

Optional Upgrade Package (OUP)

If you choose to add the Optional Upgrade Package to your Plan, premiums are 100% retiree-paid.

| Service | Optional Upgrade all inclusive: 100% retiree-paid premiums |
|---|--|
| 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 |
| 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 |
| 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 |
| Other Coverage Sources | <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 |

Optional Upgrade Package premiums effective June 1, 2025

— includes 8% Retail Sales Tax (GST)

| Coverage | Legacy Plan monthly premium | Retiree-Focused Plan monthly premium |
|---------------|--------------------------------|---|
| Single | \$28.36 | \$23.84 |
| Family | \$47.23 | \$37.56 |

Note: Canada Life may change these premiums annually based on factors such as claims experience.

Who does what?

Canada Life is the provider of these insured benefits policies. This table describes the roles, responsibilities, and contact information for the administration of insured benefits.

| Who to contact | Responsibilities |
|---|--|
| The Canada Life Assurance Company London Benefit Payments P.O. Box 5111, Station "B" London ON N6A 0C5 Toll Free: 1-800-874-5899 TTY Line - available for the deaf or hard of hearing Toll Free: 1-800-990-6654 Website: canadalife.com | <ul style="list-style-type: none"> Administers the insured benefits policies Responds to retired members' questions and all issues related to claims reimbursement and coverage for a particular medical service or supply Pays eligible claims and eligible life insurance proceeds |
| Treasury Board Secretariat For appeals only: The Secretary, Insurance Appeals Committee Benefits Policy, Human Resources Division Ferguson Block, 13th Floor, 77 Wellesley Street, West Toronto ON M7A 1N3 | <ul style="list-style-type: none"> Determines the insured benefits coverage and sets the eligibility criteria Manages the appeal process for insured benefit coverage issues |
| Ontario Pension Board Pensioner Services 200 King St. West, Suite 2200 Toronto ON M5H 3X6 Telephone: 416-364-8558 Toll Free: 1-800-668-6203 clientservice@opb.ca Website: OPB.ca | <ul style="list-style-type: none"> Deducts and remits premiums to Canada Life as applicable Provides forms at retirement and upon request to retired members and their survivors Makes available online the booklets that summarize the coverage under the insured benefits policies Refers enquiries about benefit coverage to Canada Life |
| PSPP Employer | Refers retired members and survivors for assistance concerning the following: <ul style="list-style-type: none"> Payment of eligible claims General claims enquiries Details concerning benefits coverage |
| PSPP Retired Member/Survivor | <ul style="list-style-type: none"> Submits all claims directly to Canada Life Submits appeals concerning coverage issues directly to the Treasury Board Secretariat Notifies OPB of any change of coverage <p>Note: If you call Canada Life directly, you must provide the Canada Life Policy Number AND your OPB Client Number for identification</p> |

Note: This document describes the main features of PRB plans and/or Optional Upgrades Packages. However, it is not a legal document and, in particular, does not form a contract between eligible participants, OPB, the Crown, and/or Canada Life.