



# Canadore College: Extended Health Plan Balanced Plan

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REAL SOLUTIONS.  
**REAL LIFE.**

**guard.me**<sup>®</sup>  
International Insurance



# Prescription Drugs

\$2,000 maximum.

## Coverage Details:

- 80% coverage, 20% co-pay.
- \$10.50 dispensing fee.

## Drugs Covered:

- Most prescription drugs or medicines.
  - Insulin injectables.
  - Insulin supplies under pseudo din #910333.
  - Oral contraceptives, the contraceptive patch, Nuva Ring and Mirena IUD (subject to a maximum of \$150).
  - Gardasil vaccine (subject to a maximum of \$150 only when purchased at the Campus Health Centre).
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# Dental

Dental coverage is available, but only as a result of an accident (external force or blow to the mouth).

\$2,000 is the maximum coverage as a result of any one accident.

For more details on how accidental dental coverage works, please refer to your policy wording.

# Extended Health

All benefits are covered at 80% unless otherwise indicated.

## Paramedical Practitioners

Coverage is \$20 per treatment to a maximum of \$300 each policy year for the providers listed below:

- Combined services of a clinical psychologist or speech therapist, if recommended by a physician;
- Combined services of a naturopath or a chiropractor;
- Combined services of a registered massage therapist or podiatrist; if recommended by a physician;
- Services of a physiotherapist, if recommended by a physician.

## Orthopedic Supplies

- Charges for molded arch supports, orthopedic supplies and custom made orthopedic shoes are covered at 80% to a maximum of \$200, if recommended by a physician, podiatrist or chiropodist.
- Orthopedic supplies as noted above must be dispensed by one of the following providers: orthotist, pedorthist, podiatrist or chiropodist.
- Orthopedic supplies must be dispensed by a different provider than the prescriber.
- Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.

When submitting your claim, be sure to include the following: your medical expense claim form, referral pre-dating treatment, original paid-in-full invoice, gait analysis or bio-mechanical exam, and a description of the raw materials used in the construction of the orthotic.

## Ambulance

- Air or land ambulance service to the nearest hospital when an emergency requires immediate attention.

## Equipment Rental

- Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. Repair to a wheelchair will be included up to a lifetime maximum of \$250.

## Medical Supplies

- Compound serums, colostomy supplies, injectable drugs and varicose vein injections, if medically necessary.

## Prosthetic Appliances

- Artificial limbs - loss, repair & replacement.
- Artificial eyes - one polishing or one re-making each year.
- Casts, splints, trusses, braces or crutches, including replacements when medically necessary.
- External breast prosthesis to a maximum of \$200.

## Other

- Oxygen, blood or blood products and the equipment required for its administration.
- Treatment of a sickness by the use of radiotherapy or coagulotherapy.
- Laboratory tests done in a commercial laboratory for diagnosis of a sickness (excludes any tests performed in a physician's office or pharmacy).



# Accident Benefits

## Life Insurance

- In the event of death occurring as a result of an accident, the maximum benefit payable is \$7,500.

## Accidental Medical Expense

Up to a maximum of \$15,000 for the services listed below:

- Hospital charges.
- Services of a nurse.
- Services of a physiotherapist\* or chiropractor\* when recommended by a physician.
- Services of a chiropodist, podiatrist, osteopath or speech therapist.
- Medical equipment.
- X-rays.

\* Limits apply.

## Accidental Dental Expense

- Injury coverage to a maximum of \$2,000.

## Emergency Taxi

- Licensed taxi covered to a maximum of \$50.

## Rehabilitation

- Training for special occupation covered to a maximum of \$5,000.

## Repatriation

- Transportation of the body of the deceased to the city of residence, covered to a maximum of \$2,000.

## Tutorial

- Tutorial services at \$20/hour up to \$2,000.

## Eyeglasses & Contact Lenses

- Eyeglasses and contact lenses repair, replacement and purchase to a maximum of \$100.

## Home Modification & Vehicle Modification

- Alterations and modifications to your home and vehicle are covered to a maximum of \$10,000.

## Hearing Aids

- Covered to a maximum of \$3,000.

Students must have received treatment from a qualified physician/dentist within 30 days from the date of an accident.

A completed accident benefits claim form must be filed directly to **guard.me International Insurance** within 90 days from the date of the accident, and no later than 1 year.



# Out of Province Medical

If you are injured due to an accident outside your normal province of residence, we will pay the reasonable and customary charges for the following:

- a. Services and supplies used by a hospital while you are confined as an in-patient in a standard ward or semi-private accommodation;
  - b. Services of a physician or anaesthetist;
  - c. Services of a nurse;
  - d. Diagnostic x-ray examination by a physician;
  - e. Transportation by a licenced ambulance;
  - f. Rental of crutches, splints, trusses or braces. A splint, brace or truss used for sports or non-therapeutic purposes is not covered.
- The maximum amount payable under this benefit is \$10,000 for any one accident.
  - Reimbursement under this benefit shall not duplicate payment provided by any other part of the policy.

Coverage under this benefit starts on the date you leave your normal province of residence and terminates on the date you return to your normal province of residence.

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*Please refer to the policy wording for the full details on coverage, limitations and exclusions.*