



**GuardMe™**  
**EXTENDED HEALTH**  
**PLAN @CANADORE**

# Balanced Plan

This is a summary of benefits available under the **GuardMe EXTENDED HEALTH PLAN @CANADORE** policy. Full details are found in the policy and the policy wording governs.



# A-Prescription Drug Benefits



## Coverage Details

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

## Drugs Covered

- Eligible prescription drugs or medicines up to 90 day supply (subject to a maximum of \$2,000).
- Insulin injectables.
- Insulin supplies under pseudo din #910333.
- Injectable allergy serums.
- 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).

# B-Extended Health Benefits



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, Physician's referral pre-dating your 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).

# C-Vision Care Benefits



## Coverage Details

- 80% coverage, 20% co-pay.

**Eye exam:** Up to \$120 for one eye exam performed by a licensed Optometrist every 24 consecutive months.

**Glasses or contacts:** Up to \$150 for glasses or contact lenses once every 24 months when prescribed by a licensed Optometrist and filled by a licensed Optician other than you or a family member.

# D-Dental Care Benefits



Reasonable and customary charges up to a maximum of \$500 for non-emergency dental care, provided by a dentist or licensed dental hygienist other than you or a family member.

- Basic services, including exams, x-rays and preventative care.
- Minor services, fillings, caries/trauma control, retentive pins, child space maintainers, denture repair, relining and rebasing.
- Major services, endodontic (root canal) services, oral surgery and eligible extractions (limited to 2 wisdom teeth).

Level	Coverage	Co-pay percentage
Basic Services	50%	50%
Minor Services	30%	70%
Major Services	20%	80%

# E-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 per accident for the services listed below:

- Hospital room expense.
- Private duty 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 occupations 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

- Repair, replacement, and purchase of eyeglasses and contact lenses, up to a maximum of \$100.



## Home Alteration & 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 **GuardMe** 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 licensed 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.