

### How to file your claim

Your drug and extended healthcare claims are paid by MDM Insurance Services Inc.

Pharmacists, dentists, and a number of other health professionals can submit your claim electronically for you, limiting your out-of-pocket expenses. Provide this information to the provider:

- **Group Number:** 5212
- **Provider:** MDM Insurance Services
- **Member ID:** your 9 digit student ID + "CD"  
(if your ID begins with A, replace with 0)

Please visit [www.guard.me/canadore](http://www.guard.me/canadore) for alternate ways to submit your claims if you paid out-of-pocket for eligible services.

### Important Note:

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.

### Have a question?

Chat with a Customer Care Specialist.  
Visit [www.guard.me/canadore](http://www.guard.me/canadore)  
Student ID or policy # is required.



# GuardMe™

## EXTENDED HEALTH PLAN @CANADORE



**2025 - 2026**

## Supporting The Journey

**Group #5212**

Updated: 05/08/2025  
GMEHPC 2025

**GuardMe offers 24/7  
customer service**

-  Tel: +1-905-752-6200
-  Toll-Free: +1-888-756-8428
-  [customercare@guard.me](mailto:customercare@guard.me)

**[www.guard.me/canadore](http://www.guard.me/canadore)**



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### Underwritten by:

Old Republic Insurance Company of Canada  
100 King Street West, 11th Floor, Hamilton, Ontario, Canada L8N 3K9

Travel Healthcare Insurance Solutions Inc. o/a guard.me International Insurance



# Benefit Summary



Coverage Period	
Fall Intake (12 Months)	September 1 - August 31
Winter Intake (8 Months)	January 1 - August 31
Opt-Out and Plan Selection Periods	
Fall Semester	September 18 - 30, 2025
Winter Semester	January 27 - February 6, 2026

## What plan works best for you?

All students that have paid the Extended Health Plan fee are **automatically enrolled** in the **Balanced Plan**. If you wish to select an alternate plan you must do so during the designated period above.

## How do I choose one of the Enhanced Plans?

1. Please visit [www.guard.me/canadore](http://www.guard.me/canadore) before the deadline date.
2. Click on the **Choose a Plan** option, select one of the plans. Enter the required information and submit.
3. Print and keep your email confirmation for your records.

## Family Add-On

For an additional fee, you are able to add family members (spouse and/or dependent children) to the plan. Visit [www.guard.me/canadore](http://www.guard.me/canadore) to purchase coverage for your dependents online during the designated period above.

## Opting Out

If you have proof of alternate coverage, you may opt-out of the Extended Health Plan during the designated period above. See [www.guard.me/canadore](http://www.guard.me/canadore) for instructions and to receive a refund.

## Coordination of benefits

Benefits under two insurance plans can be coordinated to increase your coverage up to a total of 100%. For example, if you have other coverage in place following payment under this plan, you can submit outstanding balances to the other plan for consideration.

Balanced Plan (Auto-Enrolled)	
Prescription Drug	80% coverage, 20% co-pay <b>Maximum:</b> \$2,000
Extended Health	<b>Paramedical Practitioners:</b> \$20 per treatment up to a maximum of \$300 each policy year
Vision	80% coverage, 20% co-pay <b>Eye Exam:</b> Maximum of \$120 every 24 consecutive months <b>Glasses/Contacts:</b> Maximum of \$150 every 24 consecutive months
Dental	<b>Overall Limit:</b> \$500 <b>Coverage Level:</b> Basic Service - 50% coverage, 50% co-pay Minor Services - 30% coverage, 70% co-pay Major Services - 20% coverage, 80% co-pay
Enhanced Drug Plan	
Prescription Drug	90% coverage, 10% co-pay <b>Maximum:</b> \$2,500
Extended Health	<b>Paramedical Practitioners:</b> \$15 per treatment up to a maximum of \$200 each policy year
Vision	100% coverage, 0% co-pay <b>Eye Exam:</b> Maximum of \$120 every 24 consecutive months <b>Glasses/Contacts:</b> Maximum of \$150 every 24 consecutive months
Dental	<b>Overall Limit:</b> \$400 <b>Coverage Level:</b> Basic Services - 50% coverage, 50% co-pay Minor Services - 20% coverage, 80% co-pay Major Services - 10% coverage, 90% co-pay

Enhanced Extended Health Plan	
Prescription Drug	65% coverage, 35% co-pay <b>Maximum:</b> \$1,000
Extended Health	<b>Paramedical Practitioners:</b> 100% coverage per visit up to a maximum of \$400 each policy year
Vision	100% coverage, 0% co-pay <b>Eye Exam:</b> Maximum of \$120 every 24 consecutive months <b>Glasses/Contacts:</b> Maximum of \$220 every 24 consecutive months
Dental	<b>Overall Limit:</b> \$350 <b>Coverage Level:</b> Basic Services - 45% coverage, 55% co-pay Minor Services - 20% coverage, 80% co-pay Major Services - 10% coverage, 90% co-pay
Enhanced Dental Plan	
Prescriptions	65% coverage, 35% co-pay <b>Maximum:</b> \$1,000
Extended Health	<b>Paramedical Practitioners:</b> \$15 per treatment up to a maximum of \$200 each policy year
Vision	100% coverage, 0% co-pay <b>Eye Exam:</b> Maximum of \$75 every 24 consecutive months.
Dental	<b>Overall Limit:</b> \$750 <b>Coverage Level:</b> Basic Services - 75% coverage, 25% co-pay Minor Services - 65% coverage, 35% co-pay Major Services - 15% coverage, 85% co-pay