Claims Submission
Direct Billing: Pharmacists, dentists, paramedical and many other providers can submit claims electronically, reducing your out-of-pocket costs. Present your **EXTENDED HEALTH CARD** at each visit.
Online: Log in to **"My Account"** on **www.guard.me/canadore** or through **GuardMe Mobile App**.

- **Group #:** 32501
- **Provider:** Telus Adjudicare
- **Carrier:** 34
- **Certificate/Policy #:** your 9 digit student ID + "CD" (if your ID begins with A, replace with 0)

Access Your Policy Documents
Log in to **"My Account"** on **www.guard.me/canadore** or through **GuardMe Mobile App** to view your policy wording and download your **EXTENDED HEALTH CARD**.

Important Note:
This is a summary of benefits available under the **GuardMe EXTENDED HEALTH PLAN@CANADORE II** 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**
Certificate/Policy # or Student ID is required.

GuardMe offers 24/7 customer service for any inquires

Tel: +1-905-752-6200
Toll-Free: +1-888-756-8428
customercare@guard.me

www.guard.me/canadore

Follow us @guardmecanada

Underwritten by:
Old Republic Insurance Company of Canada
100 King Street West, Suite 1100, Hamilton, Ontario, Canada L8P 1A2

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

GuardMe™
EXTENDED HEALTH PLAN@CANADORE

2026 - 2027

Supporting The Journey

Group #32501

Updated: 26/08/2026

GuardMe™ EXTENDED HEALTH PLAN@CANADORE

CANADORE STUDENTS' COUNCIL

Benefit Summary

Coverage Periods	
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 23 - 30, 2026
Winter Semester	January 26 - February 2, 2027

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** 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** 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** for instructions and to receive a refund.

Co-ordination of benefits

Any payment made under this policy will be co-ordinated with any other plan providing secondary coverage such that the total benefits payable under all policies or plans does not exceed 100% of the eligible expenses incurred.

Balanced Plan (Auto-Enrolled)	
Prescription Drug	80% coverage, 20% co-pay **Maximum:** $2,000
Extended Health	**Paramedical Practitioners:** $40 per treatment up to a maximum of $300 each policy year
Vision	80% coverage, 20% co-pay **Eye Exam:** Maximum of $120 every 24 consecutive months **Glasses/Contacts:** Maximum of $150 every 24 consecutive months
Dental	**Overall Limit:** $500 **Coverage Level:** Basic Services - 70% coverage, 30% co-pay Minor Services - 50% coverage, 50% co-pay Major Services - 20% coverage, 80% co-pay

Enhanced Drug Plan	
Prescription Drug	90% coverage, 10% co-pay Maximum: $2,500
Extended Health	**Paramedical Practitioners:** $30 per treatment up to a maximum of $200 each policy year
Vision	100% coverage, 0% co-pay **Eye Exam:** Maximum of $120 every 24 consecutive months **Glasses/Contacts:** Maximum of $150 every 24 consecutive months
Dental	**Overall Limit:** $400 **Coverage Level:** Basic Services - 70% coverage, 30% co-pay Minor Services - 40% coverage, 60% co-pay Major Services - 10% coverage, 90% co-pay

Enhanced Extended Health Plan	
Prescription Drug	65% coverage, 35% co-pay **Maximum:** $1,000
Extended Health	**Paramedical Practitioners:** 100% coverage per visit up to a maximum of $400 each policy year
Vision	100% coverage, 0% co-pay **Eye Exam:** Maximum of $120 every 24 consecutive months **Glasses/Contacts:** Maximum of $220 every 24 consecutive months
Dental	**Overall Limit:** $350 **Coverage Level:** Basic Services - 65% coverage, 35% co-pay Minor Services - 40% coverage, 60% co-pay Major Services - 10% coverage, 90% co-pay

Enhanced Dental Plan	
Prescriptions	65% coverage, 35% co-pay **Maximum:** $1,000
Extended Health	**Paramedical Practitioners:** $30 per treatment up to a maximum of $200 each policy year
Vision	100% coverage, 0% co-pay **Eye Exam:** Maximum of $75 every 24 consecutive months.
Dental	**Overall Limit:** $750 **Coverage Level:** Basic Services - 90% coverage, 10% co-pay Minor Services - 70% coverage, 30% co-pay Major Services - 25% coverage, 75% co-pay