

F A Q's

When purchasing medications, I notice that I am not always reimbursed at the contract percentage of what I paid. Why is that?

CoRe Group Benefits uses the BC Formulary Drug List to adjudicate all drug reimbursements. This is the same list that is used by B.C. Pharmacare. It is a solid, well-rounded, comprehensive drug plan. It includes reimbursement at generic maximums for those drugs that have generic equivalents.

Drug costs can vary from one pharmacy to the next. That is, what you pay for your drugs at “Pharmacy A” can be quite different than what you might pay at “Pharmacy B” or “Pharmacy C.” Pharmacies have the liberty to mark up the drugs they sell at their discretion.

The BC Formulary Drug List allows for a *fair, maximum* dollar reimbursement amount for each drug. A pharmacy may charge you **more** than the allowable maximum pricing of the BC Formulary Drug List. Your reimbursement is calculated at the contract percentage of the maximum dollar amount allowable for each drug.

It is to your advantage to do some “comparison shopping” when it comes to your medication expenses. This will ensure that you receive the maximum allowable reimbursement.

What is a Special Authority Drug?

A special authority drug is prescribed when the first line therapy drugs for your condition are not working. For these drugs, your doctor must determine whether you meet the criteria for coverage. If you do, your doctor submits a Special Authority Request to Pharmacare.

Am I reimbursed for Special Authority Drugs?

Yes – as long as Special Authority Approval from Pharmacare is in place. Special Authority Drugs are more expensive drugs and confirmation from Pharmacare is required to ensure that your condition warrants these drug options.

Should you submit a drug receipt unaware this it is a special authority drug, CoRe Group Benefits **will** reimburse you and provide you with the necessary information and documentation necessary to obtain special authority approval for future refills.

Remember, the BC Formulary Drug List takes generic drug pricing into consideration on all drugs. All drugs, including Special Authority Drugs, are reimbursed at the generic equivalent pricing if a generic alternative exists.

My dentist billed me for a portion of the basic work that I recently had done. My plan entitles me to 100% coverage for basic procedures. Why was I billed?

Your plan **does** provide 100% coverage for basic dental procedures **up to the dental fee schedule maximums**. Some dental offices charge beyond what is noted as the maximum in the fee schedule referring to their fees as “extended fees”. They justify their extended fees by offering their patients “state of the art” equipment, as well as music, T.V., etc. This could explain why you received a bill. Please note that the dental fee schedule is updated on February 1st of each year.

Are composite (white) fillings covered on my dental plan?

Composite (white) fillings are covered on all teeth **EXCEPT** for **molars** and **primary** teeth. Should you want to have composite fillings on your molars or primary teeth, the plan will pay up to the amalgam (silver) equivalent.

Composite fillings on molars and primary teeth are considered to be cosmetic, thus the coverage maximum of **up to** the amalgam equivalent.