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 Provincial Formulary Drug List to adjudicate all drug reimbursements. It is a solid, well-rounded, comprehensive drug plan that uses the lowest cost alternative pricing.

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 Provincial 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 Provincial Formulary Drug List. Your reimbursement is calculated at the contract percentage of the maximum dollar amount allowable for each drug.

Some plans have a fee cap on the dispensing fee, meaning your costs will be more if the dispensing fee is high. 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.

Am I reimbursed for Special Authority Drugs?

Yes – as long as Special Authority Approval is in place. Special Authority Drugs are more expensive drugs and confirmation of Special Authority 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 information and documentation necessary to obtain special authority approval for future refills.

Remember, the Provincial Formulary Drug List takes generic drug pricing into consideration on all drugs. All drugs, including Special Authority Drugs, are reimbursed at the lowest cost alternative pricing.

Which receipt do I include in my claim?

CoRe Group Benefits requires the **original** receipt of payment for Extended Health and Dental Services. For prescription drugs the small, square receipt given to you by the Pharmacist that has these words printed on it: "**OFFICIAL PRESCRIPTION RECEIPT**" is the **only** acceptable receipt. Claims can not be processed with a "Patient Expense Report" printed by the Pharmacy, a till tape receipt, or a debit receipt.

How do I get reimbursed for my claim?

Once your claim has been processed, reimbursements will be directly deposited into the same banking institution provided to CoRe Group Benefits by your employer. Should there be any change in your banking information, please notify **CoRe Group Benefits** immediately. An administrative fee will be applied for reprocessing a reimbursement to a closed bank account.

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?

CoRe Group Benefits will reimburse up to the maximum fee as outlined in the current provincial Dental Fee Guide. Some dental offices charge over and above the provincial fee guide, 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 from your dental office, even though your plan may pay 100 % towards your dental care. Please note that the provincial dental fee guide is updated annually. Dental offices are able to directly bill CoRe Group Benefits, if they are uncertain as to how, please have them contact your Benefit Coordinator.

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

CoRe Group Benefits has several different plans, some plans cover composite (white) fillings on all teeth **EXCEPT** for **molars** and **primary** teeth. Should you want to have composite fillings on your molars or primary teeth, the plan may only pay up to the amalgam (silver) equivalent.

Composite fillings on molars and primary teeth are considered to be cosmetic, thus the coverage maximum is **up to** the amalgam equivalent. Please contact the benefit administrator to ensure whether or not your plan will pay for composite (white) fillings on molars and primary teeth.

What is a Health Spending Account?

A Health Spending Account (HSA) plan is one where members earn credits which are deposited into an account for the purpose of reimbursement of eligible extended health and dental expenses. These credits are issued by the Employer and CoRe Group Benefits will process your claims.

With an HSA plan, the member is able to claim expenses that qualify as medical and dental expenses within Section 118.2 (2) of the Income Tax Act. A full listing of eligible expenses can be accessed via the Canada Revenue Act (CRA) website and are updated on a frequent basis. (www.cra-arc.gc.ca)

These credits are available to be used to reimburse for such things as a visit to the dentist for preventive/restorative services (e.g. dental checkup, cleanings, fillings); purchase of prescription eye wear/eye exam or to see a paramedical practitioner (registered massage therapist, chiropractor, physiotherapist, acupuncturist, etc.), some medical supplies, and in some cases, prescription medication.

To make a claim, simply fill out the CoRe Group Benefits HSA Claim Form, attach the original receipts, and mail to CoRe Group Benefits. You may want to take a photocopy of the original

receipts, as CGB does not return them. Once processed, the reimbursement will be directly deposited into your account. You can contact the Benefit Coordinator for your current HSA balance.

HSA claim expenses are reimbursed in their entirety, depending on the available credits on the date of service; requests for partial reimbursements cannot be accommodated. It is CoRe Group Benefit's policy that receipts dated 18 months prior to receiving them are deemed ineligible.

How do I reach the Benefit Coordinator?

Please feel free to contact the Benefit Coordinator with any questions or concerns.

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