

Green Shield Users

Comments About Prescription Claims and Issues

292 User Comments

NOTE: These comments reflect the opinions of individuals, and their description of services and terms reflect their perceptions. Always check with the provider as to the terms of coverage. EHC Survey gave users an opportunity to comment if they had problems filling prescriptions. These review comments are background information, and do not necessarily represent the opinion of the BCRTA. All comments in these survey results are unedited, except for a few redactions of comments that could be viewed as libellous to individuals or blatantly incorrect.

Eventually covered but took a lot of effort and time.

"Green Shield denied my husband access to a new insulin he was prescribed by his specialist, even though his specialist is one of the leading endocrinologists in B.C., having written many of the provincial guidelines for the treatment of Diabetes. GS insisted he try a ""less expensive"" brand to see if it would work, before they granted coverage of what was recommended by his specialist. Luckily, there were no issues with the brand being recommended but the process involved extra time and effort on the part of his specialist and we almost ended up running out of the old insulin, before the new prescription was filled.

I have been receiving viscosupplementation shots in my right knee for the past three years for osteoarthritis, but I am only granted coverage for one every six months by GS, even though my specialist and I know that I really need one every four months, when I once again begin to experience pain in my right knee. Last year it got so bad, that I feel the overload on my immune system led me to issues with another condition called ""polymyalgia-rheumatica"", from which I suffered greatly for almost six months, before beginning to get some relief. This condition was diagnosed by a rheumatologist. As a result, I now pay for the extra shot at the four month level.

The six month restriction by GS caused other issues as well, because it meant I needed to see my specialist at the five month level to fulfill the restrictions in B.C. that if you have not visited your specialist in 6 months, then you must be referred by your GP once more. That meant, I was wasting the specialist's time and mine in that five month visit as I wasn't covered to receive a shot at that time and wouldn't be until the six month time limit was up, when I had to go again.

Last December my specialist suggested I try a relatively new procedure called a PRP (platelet rich plasma) injection. I did and it has helped tremendously. My knee is the best it has been since I have started with the shots, but GS does not cover these injections, so, once again, I put out \$600 to cover them, even though I have lots of room in my plan to cover the cost. This treatment has allowed me to get back to walking 18 holes at the golf course (Ardmore), whereas I was having to ride by the end of last season. I may need one more in July, which I will cover as it has been so successful. All of these treatments are hopefully, to avoid the necessity of a knee replacement, which to me, and my specialist, is a last resort.

One more point, when I did send in my receipt to claim my viscosupplementation shot last April, I waited more than a week before receiving an email from them indicating that I had to indicate which knee the treatment was for. The thing of it was, is that it was typed right on the receipt, ""for injection in the right knee to be performed in the doctor's office"". so, I had to make a call to GS to point that out. Who is checking the receipts when they are submitted?"

<p>Pacific Blue Cross was much more personal Green Shield was cut and dried. We felt it was very hard and not very productive to deal with Green Shield. Our pharmacist has also found it time-consuming and difficult to intervene on our behalf. Very impersonal, disinterested, and unsupportive, as well.</p>
<p>I have been using restasis Eye drops for dry eye for years..They are EXTREMELY expensive but absolutely necessary. They were covered by Blue cross and Green shield but I have been recently told they would no longer be covered I believe because you can buy them nonprescription was their reason but they are certainly not available where I live in the Comox Valley by nonprescription. Maybe they are in Toronto!! I cannot afford them..fortunately my pharmacist was able to finds a coupon I could use to get a discounted rate but it may be a one time deal. and I am running out. Also 10 % voltaren which is compounded is as well not covered by Greenshield but is on other plans and I know many people waiting for hip replacements or who have osteoarthritis rely on it..I had to pay \$65 tfor a small container after I ordered it and then found out it is not covered..Had no choice but to pay for it. Other than this I have had no problems because fortunately my present physio and Chiro are willing to accept Greenshield..However My dentist makes me pay full amount and then get reimbursed cause he does not like Greenshield. reimbursement is always prompt.</p>
<p>when there was a shortage of the generic medication I was using, the doctor/pharmacy replaced it with name brand. Greenshield disallowed my claim. I challenged them, and they eventually paid, but it was an unnecessary and unpleasant hassle.</p>
<p>compound lotions and compound creams that have non-covered ingredients in them</p>
<p>Green shield does not cover Diclofenac 10% which is now the go to anti inflammatory cream prescribed by doctors and recommended by physios.</p>
<p>Our prescriptions are covered just the hassle of submitting paperwork and deductables.</p>
<p>GS didn't give a reason why my claims were rejected.</p>
<p>I require a pricy compounded medication that nobody covers because the base isn't covered.</p>
<p>I had to submit the special authority that BC health sent me and they would only cover it if I took it continuously. My doctor changed my meds and since then they haven't covered it even though it is listed on my non expiring special authority</p>
<p>"For a new drug, you will only get a 30 day prescription and then have to go back to get the remaining 60 days. If a drug is sold over the counter like Zantac (Ranitidine) and had taken it for years as a prescription, then all of a sudden you have to pay for it since it is now OTC."</p>
<p>I must spend a certain amount before my prescriptions are covered; my Shingles vaccine was not covered.</p>
<p>"I have had a number of issues with claims not being covered at all or partially covered but the most astonishing one was a prescription for a bladder infection after a prostate biopsy (Fosfomycin) was rejected because I was told it was only for women. My doctor was astonished.</p> <p>They will not pay at source for prescribed compounds.</p> <p>Also, they discriminate where you get your medications. 90% coverage at Costco but 80% anywhere else. "</p>

Our pharmacist spends a lot of time on the phone trying to get coverage for our medications and many times has to try a variety of submissions to find what will work. I get injections in my knee done in the Dr. office and his price is cheaper than the pharmacy but, I have to fight to get the synvisc covered (a note from Dr about which knee, why the injections as well as a prescription written mailed in with the receipt, twice a year). With Blue Cross, not once in all the years we were covered with them, did I have a pharmacist complain about how much work it was to get medications paid for and my knee injections were covered with a simple on line application. Many times I have paid for my medication just to make it easier for both pharmacy and myself. I don't even bother submitting an application for reimbursement for a compounded cream, annoying and might be rejected anyway). We travel to Arizona for 5 months in the winter and it is a fight to get enough medication to last us for the time we are there - lots of calls by the pharmacist to explain and he has to fight to get the code to use. With Blue Cross, never an issue. Crazy because 6 months of medication is one dispensing fee per medication rather than double that with filling every three months so, we are actually saving them money? But, I feel bad for my pharmacist who sometimes spend 3 or 4 days trying to help us get the coverage. Blue Cross was there for us since we both started teaching in the 70's right up until you decided to change us to Greenshield and it wasn't a good move for us. I would rather pay more for extended health and have less hassles with claims.

My Acid Reflux medication is not covered on Green Shield, but covered on Blue Cross.

"Expensive skin cancer cream not covered bc it was not from a drug company, rather was compounded at a cheaper cost by a pharmacy. Same ingredients, cheaper, but not covered. Doesn't make sense.

Also, the cost of our yearly coverage is never used, we are lucky to get coverage for about 100. a year.

"a costly diagnostic dental procedure was denied without explanation
also, a regular prescription for chronic pain medication is restricted to one month renewals"

Started Green Shield in April 2017. September 21 - heart palpitations started 24/7; diagnosed by doctor as atrial fibrillation on September 26; prescribed blood thinner Xarelto (\$203.23 for two months) - NOT covered by Green Shield. After emails and telephone calls, it was covered for \$155, but I was told that doctor had to send letter to Pharmacare. November 1 appointment with cardiologist - told I should have had an EKG in September; Green Shield wouldn't cover drug until TWO YEARS on Warfarin. November 6 - my doctor said no to rat poison, and gave me Xarelto until December 24. Had EKG on December 12. December 18 - cardiologist emailed Green Shield re drug - no reply.

Green Shield does not pay the same amount each time for my prescription of Prolia. Also it would be helpful if they noted when and why they are not paying anything because it is part of my deductible.

It is not clear what you can claim and not. With rising prescription costs and the fact that you have to purchase in 3 month batches this means more bills to submit and claim. Clarity and a visual list on their website of when how much what things can be submitted would be excellent.

Green Shield will not cover compounded prescriptions. They say it is because they can't be assured of the ingredients.

<p>I am prescribed a compound by my dermatologist. It is for precancerous tumours on my face. It is not covered by Green Shield but used to be covered by Blue Cross when i was working. After heart surgery and the development of atrial fibrillation, I was prescribed a blood thinner which was not covered for three years until my pharmacist became annoyed and my doctor again wrote letters saying that it was essential I have this medication--he had done this earlier but at that time it was disallowed. After this second round of letters, green Shield time did allow me to claim this drug (Eliquis) and in fact refunded me the 70% of coverage for the last year. No matter that I'd been prescribed it for almost four years....</p>
<p>Green Shield will not pay for the topical pain gel Diclofenic when it has been prescribed by a doctor. Blue Cross, the plan we used to be under, always paid for this drug. Overall I much prefer BlueCross' service and am upset that the Retired Teachers changed over to Green Shield.</p>
<p>My prescriptions are usually directly submitted by my pharmacist. The problems arises when I must submit a prescription myself. I get lost in the process. Usually just give up.</p>
<p>Pessary wan't covered. Poor coverage fro eyewear. \$300 every 2 years to put towards glasses is abominable</p>
<p>Some doctor prescribed items are not covered.</p>
<p>Boths were not covered. That is completely unfair.</p>
<p>It all seems a bit arbitrary what is covered and what isnt. Originally massage and chiro had more coverage.</p>
<p>Refusing to pay for a name brand when the prescribing physician specifically states the pharmacy cannot substitute a generic brand</p>
<p>"Explanations of rejected claims were difficult to understand. Usually the Green Shield agent was patient but not always. When the switch from Blue Cross to Green Shield happened, I didn't consider investigating any other carrier; I thought that Green Shield would be sanctioned by TPP and BCRTA, so went with that company. (Also, I wish I had had better advice at the time of the switch, and better advice as to enhanced vs standard coverage for Dental coverage. As well, when I consulted TPP in 2010, when my husband was about to retire from teaching, I was advised to switch from my two-person coverage to single, a decision that I think has affected our coverage, especially for dental coverage.) My husband, who retired from teaching in 2010 has had many issues with Green Shield regarding claims.he will be completing his own survey for you. "</p>
<p>Too many drugs not covered</p>
<p>I have one prescription that is routinely denied because it is not filled with a 3 month supply. Every time, I must reorder. I wonder why a 3 month minimum is necessary for maintenance prescriptions?</p>
<p>Severe allergic reaction to generic drug keeps needing letters from doctor every couple of years and during the pandemic I gave up--and have to pay full cost. How can they think a life threatening allergy is something to keep testing.</p>

<p>"We have to get the doctor to rewrite a prescription before it is expired. There must be 90 days left to renew. We had 60 days left and Green Shield would not cover the cost. The original script was for 120 days. Because it was new, Green Shield specifies the first receipt must be for 30 days. That does not leave 90 day multiples left.</p> <p>Also, there is difficulty getting enough scripts for an extended holiday. Friends must pick up the renewal and mail to us.</p> <p>Mush preferred Blue Cross. Will be looking at Johnson to see procedures there."</p>
<p>Won't cover name brand only cover no name</p>
<p>When I retired and started the GS plan in July they are supposed to carry the deductible forward to the next calendar year if you haven't met it. As well, that year the GS computer was messed up in January so I had a very very difficult time making sure my deductible was carried. I am persistent so it was solved. But it was a very unpleasant experience. It was only because my conversations had been recorded and GS as able to hear that I had been given some erroneous information that the situation was fixed.</p>
<p>It eventually got covered, after I phoned. More recently, I know how to enter prescriptions through the Greenshield website, so am more experienced using it; however, it is quite confusing when first starting to use it. My insulin pump supplies are not covered automatically at the Pharmacy, I have to pay up front (hundreds of dollars), then submit the receipts online to Greenshield. You must submit all receipts for the one date together or they will reject if one is added later and I have to call them to explain. This is different from other extended health plans, like Blue Cross, where insulin pump supplies are entered and covered at the pharmacy, like prescriptions and insulin are with Greenshield.</p>
<p>Constant finger pointing between GS and pharmacy(ies) as to what is or isn't covered and how claims need to be submitted.</p>
<p>The deductible is a big part of the prescription cost so not much saving there.</p>
<p>I claimed Xarelto for Atrial Fibrillation a few years back. I had to pay once then submit paperwork and ever since, Green Shield have covered it. It is expensive. So that was fine. But when I considered moving to Johnson because they give longer coverage fro travel trips if you are on their a premium Plan, Xarelto would not be paid by them. So I am stuck with Green Shield, cannot take advantage of the better travel coverage of Johnson and Johnson. It is not covered by BC Pharmacare so I was informed by Johnson that I would be better off staying with Green Shield</p>
<p>Green Shield denied authorization for Ozempic which was prescribed by a specialist at the TIA clinic, and my own GP. They claimed I needed to be prescribed an anti-hyperglycaemic agent on top of the Metformin I am already taking, before they could authorize Ozempic. My doctors did not feel this was necessary.</p>
<p>I have been forced to change medication that had worked very well for me. In addition I believe all my costs have increased since the TPP switched to green shield.</p>
<p>Some of the medications that I need are compounded, and the plan does not cover them. I find the whole coverage very inadequate because so many things are not covered.</p>
<p>Wouldn't accept asthma prescriptions, until the pharmacist phoned and argued with them. They said I had to take two separate prescriptions than the one I was currently taking, which combined the two and was cheaper.</p>

The drug which I had claimed with Blue Cross was not available with Green Shield.
Green Shield does not cover all prescriptions and covers many only a percentage.
In the past, I could get a refill on a prescription a week or two before the previous one ran out. Then in January 2021, a refill for my migraine pain med was denied at the pharmacy. My husband was picking it up, and knowing how much migraines affect me, he went ahead and paid for it out of pocket. I later found out that I had phoned in the refill request 1 day too early. Also later, I found out that if my husband had asked for it to be resubmitted at the pharmacy on the day he picked it up, it would have been covered. Green Shield claimed this was the pharmacy's fault, not theirs, but I think they haven't been clear on timelines allowed for refills.
too many things not covered. Prior authorization process took forever and was denied several times, lost, then accepted
Pre-authorization required for prescriptions already authorized, denials even though approved by Fair PharmaCare
Many items seem not to be covered by this plan. Prescription medications, equipment recommended by physician, etc.
"Do not cover London Drugs costs - always a few more or many more dollars. Consider my Visic shot ""therapy."" Took months along with detailed doctor notes, x-rays etc. to verify eligibility Found out that all they needed was to have the key word ""osteoarthritis,"" which was found in the radiologists report. Seem to have no knowledge of health issues; an algorithm could do as well. Suspect that they are trying to wear you down or hope you will be intimidated by returning for yet more info from the doctor. COSTCO, where costs are better, is not convenient/nearby to many people."
For example, I needed blood thinner injections before surgery, they were required. They were not covered by GSC so I had to cover this cost 3 different times.
Blue Cross covered claims for lansoprazole. Greenshield did not for a couple of years, then made me show all kinds of paperwork before they approved it.
I don't know why Green Shield did not cover a recent prescription. It was for about \$26.00. I did not want to spend up to an hour, maybe more, getting an explanation. I paid the \$26.00. The refill for the prescription was covered by Green Shield. I had fulfilled my deductible.
This prescription was covered by Blue Cross prior
Drugs previously were denied when Green Shield arrived.
A lot of work to get special authorization coverage for Eliquis
Th exclusion of contact lenses and vaccine for shingles doesn't make sense.
No insurance for a compounded medication

<p>"When trying to claim a breast prosthesis and a medical bra which are legitimate annual claims which had been automatically covered and billed directly by Blue Cross for about 10 years, Green Shield requested I provide a prescription from the doctor, a letter from BC Health denying the claim. I was able to get a prescription from a doctor, but the response from BC Health was ,""Are you sure you still need one?"" at which time I gave up. Until recently my prescription costs have been below BC Health' minimum each year so I have paid for my prothesis's as I needed them and not gone thru the time and expense of trying to jump through the hoops.</p> <p>Now I have to tell you that Green Shield came through when I was prescribed a very expensive anti cancer treatment for recurring endometrial which is not covered by GC Health.They are paying the maximum per month as allowed on our contract which is about \$3000 (1/2 of the cost) and the Cancer Clinic has found another program which pays the other half. This was arranged by the Cancer Clinic."</p>
<p>The \$200/deductible per person is extraordinarily high</p>
<p>it is not clear what is covered and what is not through my PharmaCare. Also, Shingrix (vaccine for shingles) and other vaccines are not covered.</p>
<p>In the end it was covered after so much work! Drs notes, and lots of other paperwork - sometimes asking me to resubmit the same paperwork again.</p>
<p>Greenshields is akin to a ponzi scheme. As only one example," their cost" amount isn't anywhere near the real "cost" of the drugs, and then they only reimburse for 80% of "their cost". This must make them millions in "skim money" alone. Also it seems they don't cover most of the drugs we really need and just try and find out why?</p>
<p>Arbitrary 90 instead of 100 doses as per Dr .prescription refused to cover refill early necessitated by travel plans. Didn't cover prescribed physio in a consistent way</p>
<p>I think all my perscription, to me, costs have risen since the RTA chose green shield over the first provider I had. Six months ago my doc prescribed a drug needing special authority and between government delays and green shield telling me over and over I need to go through pharmacare, I still don't have access to the drug.</p>
<p>I was assured that Green Shield would match the Pacific Blue Cross coverage. However, they had no good explanation for refusing to cover prescriptions that are compounded for me at the pharmacy.</p>
<p>It had something to due with pharmacare. It wasn't a difficult fix but was frustrating.</p>
<p>I think the potassium supplement should be covered if prescribed by the doctor</p>
<p>Serious prescriptions like that for Shingles are not covered</p>
<p>Blue Cross would cover out of country prescription costs, Greenshield does not. Also Greenshield will not authorize pharmacies to give more than three months prescriptions at a time. I live in Mexico for six months a year.</p>
<p>Asthma prescription wasn't covered and it was expensive.</p>

<p>Payment was stopped one of my husbands prescriptions. They would no longer accept the prescription from our family doctor. It had to come from a specialist. It took several months to get to see the specialist so we had to pay for the prescription during that time. Both our family doctor and the specialist said that Greenshields can be difficult to deal with. It eventually got okayed but it was very frustrating and expensive.</p>
<p>I persisted through the Green Shield wanting me to get presc at Costco that Costco didn't and wouldn't stock it. Got Costco to write that and finally after a year got my brand name presc covered by Green Shield and I buy it at Shoppers. I submit my own receipts. I still write on every submission that Green Shield covers the presc. just to make sure. I am talking about Imitrex DF as different from generic sumatriptan, they are very different. I am having a hellish time with the dental extended coverage. They just keep inventing excuses not to pay anything. I may cancel the coverage as my claims don't cover my premiums. Really bad extended dental and the amount over plan dentist can get away with charging is horrendous. There needs to be more regulation of dentists in BC.</p>
<p>The deductible was a problematic issue. Also there is a prescription for anti inflammatory cream for arthritis they don't cover.</p>
<p>I do not take any regular prescriptions...only if I get ill...which since I have retired is rare. I did have to get cataract surgery on both eyes. However the cost for the required eyedrops before and after surgery were not covered. They were extremely expensive and necessary. I felt a bit slighted as I do not take any other meds like folks my age and when I do need help with the costs it was denied.</p>
<p>I now have two regular drugs not covered at all by Green Shield, so it seems there is less and less coverage. Some drugs are only minimally covered. As I age, I find I need more chiropractic and massage to keep the parts all working, so my Green Shield is often used up early in the calendar year. I am happy to have EHC, but wish it helped more.</p>
<p>Most prescriptions are covered automatically, but creams are not you need to submit.</p>
<p>My partner was on a very heavy pain killer due to nerve and stenosis. They did not cover her prescription claiming that the paper work was not filled out. We filled out the paperwork three times and the doctor sent it in. Still not reimbursed for medication.</p>
<p>Green Shield wouldn't pay the regular rate for my statin saying there was a generic one that was just as good- my doctor said rubbish!</p>
<p>A medication I am on for life was not covered by Greenshield but has been changed to be covered in the last year. Fortunately it is not an expensive one (\$30.00 every 3 months). Another medication I am on is hugely expensive and Greenshield covers a very small amount. The pharmaceutical company covers a larger amount for me. (Innovi)</p>
<p>There was some initial confusion when we transitioned from Blue Cross to Green Shield....is now OK</p>
<p>I was using a prostate medication which was working well when Green Shield decided not to accept payment for that drug and only offered coverage on a generic drug which didn't work as well. I am now paying for the brand name drug myself.</p>
<p>My claim had been accepted in the past and now they have asked for a doctor's prescription again.</p>
<p>I had a claim for Ambulatory Blood Pressure Testing, ordered by my doctor, rejected.</p>

<p>After the original prescription plus 2 refills the coverage on an expensive medication was dropped. No explanation was offered. On March 18th 2021 I mailed them asking why. To date this letter has not been answered.</p>
<p>Jardiance was not approved by the plan in spite the fact that it was approved with Pacific Blue Cross. I have been paying for this prescription myself as it has not been covered.</p>
<p>During the time after my husband's death on March 28, 2021</p>
<p>It seems that since TPP moved from Blue Cross to Green Shield the coverage of dental has been reduced. This is not the coverage I originally signed up for my spouse and myself.</p>
<p>Multiple times a topical prescription for my rosacea that was always covered by blue cross for many years was not covered by Greenshield once the switch was made. This has happened with various prescriptions</p>
<p>Green Shield did not cover some costs that Pacific Blue Cross had covered, despite being told at the time of switchover to GreenShield that transition would be seamless and coverage unchanged. GSC consistently takes the least generous interpretation vs Blue Cross.</p>
<p>Less and less being covered for less</p>
<p>When you submit the explanation is not complete They don't explain why only part are covered. They don't give good explanations.</p>
<p>Basically GSC is a prescription plan. 7-9 day delays in settling a claim. I don't think all mobility equipment is covered. "A caring, responsive insurer" is not the issue, the issue is negotiating the best coverage possible for extended health coverage because the actual wording in the contract is the issue. GSC is not the gold standard, but it's not bad.</p>
<p>I have a compound medical mouthwash for a skin disease that if not used, causes pain and bleeding. It has never been covered by Green Shield, yet it was when I was teaching and covered by Blue Cross. I was asked to find out the ingredients in the medical compound and did and gave it to Green Shield. Their answer was that one of the ingredients in the medication is not covered by the plan. As I must use this medication for the rest of my life and it is very costly, it doesn't make sense that this prescribed medication from a specialist would not be covered.</p>
<p>When I was first retired, and for along time, retired teachers were with Blue Cross and I loved the coverage not only for when I was working but also retired. Then you switched to Green Shield and I hate it. They dont cover any compounding perscriptions and seem to pay less and the forms are bad. You get 5-6 lines to put your perscriptions and I save mine and put them in twice a year or so</p>
<p>It is totally inconsistent. I was with Blue Cross until I had to switch to Green Shield and the difference is substantial. I HATE Green Shield. At one point they said I could only send in 3 claims at a time, then later they opted it to 5 claims. They audited me several times and that was a time consuming experience. They found NOTHING wrong with any of my submissions. My pharmacist has had to contact them several times because they refused to pay for drugs that should have been covered and finally covered them but in varying amounts of money. I really wonder why I still belong because it makes me sooo angry.</p>
<p>They said he had enough for a period and would not cover the new prescription.</p>

<p>"My Cardiologist prefers brand name Lipitor and the company picks up the difference in costs, so there is no extra cost to Greenshield. We still had trouble getting Green Shield to accept this arrangement. We are also very unhappy that Greenshield is very inflexible about refilling prescriptions even a few days earlier than their accepted date. This has presented a problem both in advance of travel planning and in relation to planned surgeries. Not impressed with the rigidity. Blue Cross was more flexible."</p>
<p>I am unable to claim any compounded prescriptions which was not the case with Blue Cross (pre-retirement plan).</p>
<p>"All my pharmacy claims are submitted directly by my pharmacy. When a generic drug became available and I was unaware of the change possible I was not covered as I had been before. My discussion with the agent became testy (on both sides) and no adjustment was made Another generic drug prescribed for me was not working so my Dr. ordered a non-generic replacement when I was under PBC When changed to GSC I had to repeat the process since the file did not seem to get to GSC.</p> <p>My dentist now requires payment in full and GSC makes a direct deposit for the portion covered into my account within 24 to 48 hours. I suspect this change is one made by the dentist's office but am not sure. It is less convenient and means more work at income tax time. "</p>
<p>Green Shield responded to my telephone complaint by reviewing and allowing my claim.</p>
<p>Blue cross covered drug and had sent me a letter stating it will continue to be covered. TPP stat at Ed benefits would remain the same. BCTF presented my case at a TPP meeting. No one even responded to the presentation. This cost me \$1000.00 a year. Tried the ombudsman. Said they would follow up but one letter stopped them in their tracks. I felt trapped. I need a pessary and Blue Cross always bought what the specialist decided I needed. Green Shield provides 1 every 5 years. Etc.</p>
<p>had to go through more hoops than before</p>
<p>Problems with Prolia claims. First one was partially covered with a condescending letter saying next one would require another authorization from BC Special Authority. The prescribing specialist said that was not necessary for each repeat (an injection every 6 months) Still GSC refused. Contacting the specialist found the denial was not in my file and the authority did not issue another. Next issue regarded a knee brace. The original Prescription was submitted but was "miss placed" and I had to go back to the specialist to start all over again. I am the spouse of a BCRTA member and 85 years old. When I spoke to GSC I found people kind but the written correspondence was NOT helpful. Those are my main problems. I found making claims more difficult and complicated to understand and submit.</p>
<p>Green Shield does not cover compounded prescriptions</p>
<p>They won't pay for my topical arthritis anti inflammatory compound and I have to pay a portion of my prescriptions for my urostomy pouch supplies</p>
<p>Submitted a claim online. Claim originally denied. Was asked to submit copy of original prescription. Did so still denied. Was asked to submit a letter from the doctor to outline why this treatment was necessary. Finally claim was approved. Could not understand why original prescription documentation was not sufficient. Got no explanation.</p>

No compounding prescription is covered, even if prescribed by my doctor, in this case my rheumatologist.
It didn't cover the drug - would only pay for warfarin, which wasn't the best one for my hubby.
Specialized drugs for cancer treatment needed special permission forms.
Ask for extra information. Do not cover prescriptions that were covered by previous company
Too high a threshold before claims kick in. Do not have enough prescriptions so can't claim anything until much later each year.
prescriptions of one name rejected while the same one with another name accepted
We never reach the deductible so we always pay for prescriptions - it should be the same for everyone
When the change went from Blue Cross to Green Shield, some of my medications were no longer covered (e.g. Ranidine). With a few others, I had to argue about amounts covered, with their explanation that the 80% coverage did not apply to all prescriptions and the % coverage was dictated by Pharmacare; in other cases, I had to argue that a certain medication was prescribed by the doctor and thus should be covered.
I was told the plan did not cover the cost of that particular prescription
Coverage seemed arbitrary
I initially was enrolled with Blue Cross through BCRTA and we were thoroughly satisfied with it. Then Blue Cross was replaced by Green Shield and my compounding medication is NOT COVERED anymore! No, I am not happy with Green Shield for this very reason.
Any approval for a newly prescribed drug, seems like they are doing you a favour!!!
"This required for pain such as creams for inflammation are not covered. Regarding my other daily Rxs I seem to recall more coverage from Blue Cross. "
make you go through hoops to get it covered
Deductible is high and it takes too long for the plan to begin paying.
"Normally prescriptions are not a problem to claim. But two years ago I was prescribed Prolia. I had to ask pharmacare whether they would approve Prolia and they refused. So Greenshield refused to cover me. Each dose is \$400. Last year GS did cover most of the cost, but not in 2021. So I asked the cost to me for Prolia could be taken off my deductible. I have talked to several agents and they were very nice, but I don't understand what I need to do to get my deduction refunded. My pharmacist hates dealing with GS and isn't very helpful when I go to him for clarification. My husband is very happy with GS as they have paid a lot of the costs for very expensive shots for macular degeneration. I'm not sure what happens when he has used up all his \$200,000 in benefits. He is going through that amount quickly. I think GS is better than Blue Cross"
They said that the drug was not covered but eventually they did cover it after being on it for a year
A prescription I got reimbursed by Blue Cross became a special approval drug with Greenshield.

Difficulty getting prescriptions filled prior to extended travel
prescriptions that were covered on Blue Cross are not covered on Green Shield
I am a controlled asthmatic but I had been sick with a cold and required a different inhaler to breathe. I was told that they wouldn't cover the medication because I had not submitted pre-authorization paperwork from a specialist. They also required a form indicating that I was registered with the provincial gov't which had already been supplied when on Blue Cross. I required this inhaler to BREATHE. I was not going to wait for who knows how long to see a specialist when my physician prescribed this inhaler for a time sensitive purpose. I was incensed because the drug cost if memory serves \$50 dollars more than my regular inhaler. I had never encountered this with Blue Cross. As a widowed senior I was incensed because I wasn't well enough to handle this situation at the time. I ignored their paperwork requirements. I have have difficulties from time to time if I want to refill long standing prescription early because I like to keep 3-4 weeks ahead so I don't run out should there be an emergency or I am travelling.
No coverage provided for a(n) expensive drug recommended by physician, even with a physician's letter.
Shingles vaccine not covered. Only generic brand of one of mine not covered.
one minor issue was refusal to pay for blister pac system for monthly meds..Solved by communication from pharmacy assist.
I never know when my prescriptions are covered and my drug store has trouble figuring out my coverage Now that my wife is gone I don't get any coverage until sometime in December.
Product is covered by plan but they reject anyhow. Never any reason given.
I didn't get the numbers
My claim for a very common prescription drug (blood thinner) was rejected.
No good reason for rejection of claim
I had the prescription covered with Blue Shield, our health care provider before Green Shield but it was rejected by Green Shield. did have a prescription
Some prescriptions clear well; others not. When I was finally able to see an orthopaedic specialist, he prescribed an injection for my shoulder. I picked up the prescription at the neighbouring pharmacy and went back to him immediately where he injected me. Green Shield argued that I needed the prescription before they would ok the cost which made no sense and would have requested another appointment for the injection. This specialist works in Vancouver only two days a month.
You must try the drug they want to cover.... that's ridiculous.... if the dr thinks that's the best drug especially in regard to side effects why shouldn't you be able to take your choice.
When we switched from PBCross they didn't cover one of my meds. I found out when I picked up my prescription. They said that was their policy. I wrote the TPP about why we switched companies, and explained my problem. I was told that well informed people made the decision for us to change companies.

<p>When I retired in 2011 I continued on with Pacific Blue Cross and was very satisfied. A few years later the TPP switched us over to Green Shield. They have be HORRIBLE. i am a Type 1 diabetic on an insulin pump and it is a crap shoot every time I submit my pump supply claims and blood glucose strips as to whether Green Shield will pay. I have be in tears so many times and constantly have my claims audited. it has be a nightmare!</p>
<p>The deductible is very high, and only 70% of claim is refunded. The claim process is tedious, and our monthly payment to EHC is nothing short of a money grab. I've invested thousands to EHC and have received little benefit, but was told at retirement I must accept the plan for the future. Blue Cross was much better in opinion.</p>
<p>I switched to Johnson because that plan did not have the mandatory 3-month stability clause, but it did not work out and so switched back to Green Shield. The problem was that two of my husband's three regular prescriptions were not covered under Johnson. I phoned about it, thinking it might have been about the deductible, but was told that those two meds would never be covered by Johnson. I was advised to have him talk to his doctor about switching medications, but he's been on these two for years (and they have always been covered under Green Shield). So we switched back.</p>
<p>Wife's expenses not reimbursed when GS took over from BC. Patient ID did not work for correct billing. Amounts allowed under BC for drug costs and dispensing did not match with GS. In the last few months GS has finally begun covering full cost of generic prescription drugs and dispensing fee. Drug company reps have been able to teleconference with GS o get approval for expensive treatments, but my inquiries receive minimal response.</p>
<p>"I have asthma. They covered Advair right up to recently. I went to pick it up and was told that I could only get generic now. I am also on my husband's coverage, but he is going to retire soon. Not sure how it is going to look then."</p>
<p>Have had to contact the plan to get an explanation for why claim is not covered when the plan indicates on-line that it is.</p>
<p>It just wasn't covered by Green Shield.</p>
<p>I was on Synthroid medication for an under active thyroid and it was no longer working so the doctor had to put me on a compound medication and it is not covered by this plan. So upsetting as it is almost the only prescription that I use and is the only one on a regular basis so my deductible is not met. It is a simple compound that was covered by Blue Cross. I was so disappointed of the switch that was made from Blue Cross to Green Shield. I really liked Blue Cross as it was so much better in covering medications and wish we could switch back. Sure wish we had a choice of plans.</p>
<p>Takes my providers time to resolve sometimes have to pay up front, sometimes no coverage at all</p>
<p>Having complained to TPP I was told Green Shield follow the rules rigorously.</p>
<p>Once they had made a mistake. Other times the deductible was the issue</p>
<p>Medication prescribed was not covered by GS. Required to take less effective medication before coverage is considered for prescribed medication. Meanwhile, health is not improving on the less effective medication. Large annual deductible.</p>

<p>Green Shields would not cover prescribed medication instead we had to switch to a cheaper brand, which our doctor did not approve of, in order to be refunded.</p>
<p>I had to prove I actually needed the prescriptions and my doctor had to sign forms. No, even with the signed forms, my prescriptions were not all accepted as they had been with Blue Cross which had been such an easy provider. I even phoned the BCTF for help and was told they were getting many complaint calls. I was advised to write a complaint letter which I did.</p>
<p>I have had a couple of prescriptions denied with poor explanation. My husband also has me on his Blue Cross Plan and that plan always meets my subsequent claims without any question.</p>
<p>Under Blue Cross we had purchased equipment for my wife's sleep apnea challenges. After TPP switched to Green Shields Canada, GSC would not cover an improved breathing mask and suggested we needed to buy a new machine entirely. To us, an unnecessary cost.</p>
<p>I am disappointed in the lack of coverage for various vaccines, such as Shingrix for shingles and Prevnar 13 for pneumonia. We are encouraged to take these vaccines but are not supported in their cost by the EH plan with Green Shield.</p>
<p>It had something to do with the number of pills, I can't remember now.</p>
<p>It is extremely annoying that only generic versions of drugs are covered regardless of what your doctor has prescribed. The deductible for medications is ridiculously high for seniors.</p>
<p>Baffled as to why Diclophenac cream is not covered</p>
<p>Explanation given related to not meeting deductible which in turn related to what wa allowed for pharmacy fee.</p>
<p>Claimed it was was before the 6 month timeline even though I explained the doctor required me to already have the injection before he would set up an appointment to give the injections. As best as I could figure out I picked up the prescription 3 days too early. This was never an issue with Blue Cross.</p>
<p>I am an insulin dependent diabetic and the Fraser Health Diabetic Centre felt it was in my best interest to switch to a Glucose monitoring System IE: Free Style Libre from the finger poking method as I use a blood glucose meter and test strips anywhere from 3 to 8 times a day depending on the day. Green shield rejected my claim for Free Style Libre because I use long acting insulin instead of short or intermediate or a combination of those. My Diabetic Dr. signed the original request but Green Shield would not budge on their tight rules. They were polite on the phone. Diabetes drugs and support items are expensive and I appreciate what they are willing to pay for but they have top limits and I have been a well controlled diabetic for 20 years so am getting closer to the max allowed in a lifetime on some items.</p>
<p>some medications are not covered unless they are generic</p>
<p>I am always under the claim back amount, so the coverage is useless.</p>
<p>Because the prescription was a cream that had to be made by the pharmacists it was rejected but was covered by my husband's EH.</p>
<p>Rejection/acceptance seems arbitrary and often needs much documentation and explanation by health professionals.</p>

Some medications are not covered
"Disappointed that coverage is not comprehensive. Would be willing to pay a bit more to have more prescriptions covered. "
Hard to understand how much deductible amount remains.
I am type 2 diabetic and I had to be on insulin rapid acting to get the Libre sensors paid for
It is not clear at all if a receipt has been partially claimed at the pharmacy or not so I submit all and get some rejected.
It's strange that "compounds" are not covered even when they're surprised. Also, there's been an issue with a discrepancy between what the Pharmacy charges and what Green Shield covers.... pharmacy was marking up cost. It took me a couple of years to get them to stop doing that.
Very confusing applying online. Wish it was automatic
" GS only covers generic brands, and sometimes the doctor wants you to have the brand name. Also, as I am a celiac, I need to have whatever brand does not contain gluten, and Green Shield does not allow exceptions, which means sometimes I pay more than I should for my prescription. Green Shield has also rejected some claims (eg. the prescription charged to me by the doctor injecting it into my system) without a valid reason."
When I have asked why certain medications were declined, I was told that Green Shield gets to choose what they cover PERIOD
My EH was changed from Blue Cross to Green Shield, coverage changed with it, I pay more some medication and dental
All compounded prescriptions are denied no matter how crucial they are to your situation/condition. Another problem occurs every time my wife's doctor prescribes a new medication for her pain and COPD/asthma problems. She is required every time to have the doctor fill in a special form for Greenshield (onerous for a busy doctor).
Initial coverage was denied, it took months to eventually get coverage. In other instances coverage was denied because the prescription dates were too close together.

"Blue Cross covered my prescriptions prior to the switch to Green Shield. When we had to make the decision about going to Green Shield we were told that any prescriptions that HAD BEEN COVERED WOULD BE COVERED. I found this to be completely false and despite many calls to Green Shield and pleas through my local association nothing could be done. Briefly my school district allowed TOCs to access the Blue Cross district plan and I was once again able to get my prescriptions covered. After being no longer eligible for the district plan I contacted Johnson and was told that they do NOT cover my prescriptions either (compounded hormone medications). I fail to see why Green Shield and Johnson do not cover something that Blue Cross clearly does. I was told by the person at Green Shield that they had ""determined that Blue Cross should not have been covering my medications and that Green Shield and Blue Cross had a conversation and determined that I had received coverage in ERROR"". I feel these answers I got regarding my prescription requests, from Green Shield, were ridiculous and the higher up the supervisor chain nothing changed. As an individual, without the group plan, I cannot afford to join Blue Cross which I would do in a heartbeat.

My husband got a new set (2nd) of hearing aids and when I applied for the coverage from Green Shield. They requested a doctors prescription and the audiology report before they would consider the claim. I applied a claim at the same time for Blue Cross under the spousal section and Blue Cross sent a cheque for 80% without question that arrived prior to Green Shields ridiculous request for information (I would say NO-ONE gets hearing aids unless they need them, and getting them does NOT require a doctor's prescription and certainly would not occur to the patient to ask for the audiology report).

I am completely and totally dissatisfied with Green Shield! When I asked my colleagues about their experience with Green Shield I found that they all said that a change in coverage was not a benefit to them.

"

eventually it was cleared up. My complaint is with BCRTA. It seemed that we were changing to Green Shield, no choice. I was always satisfied with Johnson or Blue Cross

Prescriptions that were covered with Blue Cross are not covered with Green Shield. Fewer claims are accepted at place of purchase through Green Shield vs. Blue Cross. Claims for physio and chiropractor care are often rejected through Green Shield - much more than with Blue Cross - and do not have a clear explanation why.

I didn't get to my DEDUCTABLE -\$200.00 every time

My biggest complaint is that sometimes the pharmacy will switch out to a different generic drug than what GS will cover although it is for the same purpose and basically the same drug. And you dont know ahead of time or have any say in the matter. And they GS never uses the true cost of the drug as qualifying. The other complaint I have is that the deductible amount we have is too high.

They do not cover compound prescriptions and both my GP and my specialist have at different times given me a compound prescription.

Prescriptions that require mixing of any kind ie. for Cancer patients etc. are not covered

Our plan does not cover compound products.

<p>Prescribed drug rejected because not on gov. list. A Botox injection (\$400) at the pain clinic is sometimes paid by GS and other times refused. I am forever trying to get approval from the gov. to satisfy GS or trying to find a GS agent to explain why GS have stopped paying for the Botox and require me to get yet another "approval." I was told some plans only require one authorization to cover Botox injections for pain by a specialist.</p>
<p>Astigmatism services not covered, dislike yearly cost at beginning of the new year</p>
<p>Have chronic condition requiring regular prescriptions but prescription is only paid once a year</p>
<p>It takes half a year to work through deductible, so it is like being covered for six months.</p>
<p>Only have two prescriptions allowable. After paying the deductible the 80% I can claim does not nearly cover what the premiums cost. While I am happy with the process of submitting claims, (easy) I am not happy with the outcome.</p>
<p>Many things covered by Blue Cross no longer covered. I understand it but had to change prescriptions or pay for things that were covered before.</p>
<p>compounding pharmacy prescriptions were/are not covered!</p>
<p>not all my prescriptions were accepted. After 4 years I have NEVER reached the \$200 deductible level - I pay monthly but get no benefit from my premiums.</p>
<p>GS will not pay for prescriptions that a pharmacist has to mix by hand. Only stuff from big pharma - eg - pills that only need to be counted out of a bottle.</p>
<p>GSC said they would stop paying for a new prescription because it was not a generic drug. I was sent some papers for the doctor to sign and indicate that I needed the brand name prescription. My GP told me to get the specialist to sign for them otherwise my GP would be put through many "hoops" to prove that particular prescription was needed. My specialist did sign and send in the needed papers.</p>
<p>Too many things not covered - deductible too high making it not worth putting in my claim</p>
<p>Does not cover my asthma steroid medication - symbicort</p>
<p>Green Shield informed us that they would cover a wheelchair but not a knee scooter. Reimbursement was given by Blue Cross for things like that. I was also reimbursed by Blue Cross for Shiatsu therapy and NOT by Green Shield.</p>
<p>Some of my prescriptions were rejected when we switched over. (Blue Cross covered all my prescriptions) I negotiated on the phone with no success.</p>
<p>Forced to change brand used many years and prescribed by a doctor, as Green Shield wouldn't cover it.</p>
<p>Blue Cross covered more prescriptions - e.g. compound ones</p>
<p>Green Shield does not accept some of my prescribed drugs with no explanation. GS is nowhere equivalent to Blue Cross.</p>
<p>may have been a problem at the drug store</p>

<p>policy issues re: renewals</p>
<p>My prescription cost annually are less than the deductible. The one year I was able to make some claims, GS rejected one medication because it is a lotion mixed at the pharmacy. But Blue Cross always covered it.</p>
<p>Sometimes meds were not covered by prov govt.</p>
<p>Pharmacist has long waits to contact GSC or doesn't get a call back.</p>
<p>They don't cover all meds - they will substitute generic meds and don't feel they have to explain this. Sometimes the generic meds do not work as well, but they will deny that and not fund anything else.</p>
<p>Nothing transferred from Pacific Blue Cross to Green Shield when it was changed.</p>
<p>They are so slow to respond. I have again sent the receipts for a current claim. It is something I have claimed in the past so I know how to do it yet they still said something is missing so I did it again . Very frustrating. This is just one of many examples.</p>
<p>"Your surgery didn't give the choice of stating that I moved from Blue Cross to Green Shields and am not happy with their coverage. I use Johnson for travel insurance only.</p> <p>GS - dissatisfactions: limitations of basic options, eg physio appointments; counselling not covered; medical supplies not covered; not sure when the deduction has kicked in; their telephone explanations were curt. Johnson on the other hand bent over backwards to meet my request during the pandemic. Three cheers for that company. I didn't realize that I could have my extended health under the Johnson plan."</p>
<p>The claims were not rejected but had been reimbursed at only 80% because they weren't entered correctly as being filled at Costco. The agent was helpful and corrected the error, but if I hadn't noticed and followed up it wouldn't have been fixed.</p>
<p>Special Authority for Meds is very complicated. If you have a clot, Why is the medication not</p>
<p>Reasons aren't given. Just refused by what feels like a machine.</p>
<p>A simple ointment that was not covered by the plan!!!!</p>
<p>GS denied my claim as they said the compound my Dr. prescribed for me consisted of one ingredient that was not covered by my health plan. There were a number of ingredients that were covered, but the one that was not negated the whole prescription.</p>
<p>6 months back and forth disagreement</p>

<p>With Green Shield, as with most plans, there is a deductible for prescriptions. With my last plan (Blue Cross), I paid the full amount for my medications up to the amount of the deductible, then my plan kicked. Now, with Green Shield, Green Shield makes me pay the full cost of all medications until the amount THEY WOULD have deducted from my prescription totals up to be my deductible. After that deductible total is reached, only then does my coverage kick in. For example, with Blue Cross, if my medication deductible was \$150 for the year, I would pay the first \$150 of my medications, then my plan would kick in. Now, with Green Shield, I pay the full cost of my medications. Each time I submit a medication, Green Shield calculates what percentage of my deductible COULD have been for that medication. I keep submitting and paying the full cost of medications until Green Shield calculates my deduction total has been reached, only then does my plan kick it. This has meant that I pay the full cost of my medications for months before my coverage finally kicks in.</p>
<p>When we were covered by Blue Cross I never had a complaint. I have had 95% grief ever since we switched to G S. I am going for a knee replacement tomorrow but when i get home I will send you replies from GS refusing ALL compensation for my large expenses.</p>
<p>The deductible makes it impossible to collect for me. The deductible is very high for everything.</p>
<p>Green Shield has created problems that were not even an issue with Blue Cross. I have had several pharmacists confirm that Green Shield is a very difficult provider to deal with after discussing issues I have had with them. I have no confidence in them.</p>
<p>The only two prescriptions I use are compounded and not allowed under GS.</p>
<p>In reference to the initial question about switching EHC plans, I never switched of my own accord but from continuous coverage by Blue Cross dating back to my teacher's plan I was switched to the Green Shield plan at a certain time during my retirement.</p>
<p>two items approved by pharmacare and green shield and one I still have to pay over \$200.00 per month and send in for reimbursement</p>
<p>I find it upsetting that even though we pay over a hundred dollars a month for 2 we still need to pay a deductible of \$200 EACH before any payments kick in and also even then we pay a % of the charge!</p>
<p>This programme does not cover ANY of the prescribed medications I need to take. It's useless.</p>
<p>I never asked because when you phone, the voice at the other end only asks you questions and doesn't really accept any of your questions. Any email just gives "canned" responses, not really explaining why.</p>
<p>I submitted a claim for a puffer previously covered by Blue Cross. I received it in the mail and had to go through many hoops including GP's and ministry's documents</p>
<p>Over 3 years GS denied coverage of prescribed medication, then "lost" the extra doctor-provided explanation of medication. Then sent me the wrong forms. Then denied (again) the claim amount. It has cost me hundreds of dollars since we changed from Blue Cross.</p>
<p>Apparently according to London Drugs a prescription is not paid for by GS it it is filled more than 7 days before expiration of previous prescription. Why!?</p>
<p>decision seemed arbitrary</p>

does not cover compound medications
Costly - limited prescription refills - cost an extra \$10 in fees. Allow greater amount for refills.
One claim was denied because it was a "compound" prescription, specifically drawn up for a medical issue by a specialist.
products promised on the phone for hip surgery not covered
They rejected a 30 year long prescription, Blue Cross covered. Explanation from Green Shield - Oh we don't cover that. Why? Oh we don't cover that.
"how dare they charge a \$200 deductible when I am now paying over \$2400 per year for Ext health for only one person dental for 2. What is GSC doing with all the money they are getting from the rtired teachers or teachers in general [ed. note GSC plan covers retirees] This has been a hot topic with me for many years. I have paid thousands and thousands of \$\$ into these plans over the years. I think it's time the BCTF and RTA got together and investigated what the companies are doing with our money. I did not switch to GSC Those [redacted] at RTA or BCTF switched us unwillingly to a worse plan than the Blue Cross plan we had [ed. note: neither the RTA or BCTF switched plans. It was TPP who gave contract to GSC, with the understanding that the coverage would be similar to Blue Cross plan]"
It seems a lot of things are not covered and very low limits on other coverage
many medications that were covered by Blue Cross not covered by Green Shield. as a diabetic I check my glucose levels 3 to 5x a day, as directed by my GP but GSC only covers about 1 test strip a day so I pay for the rest.
My wife's prescription is for a drug they won't cover although it is not that expensive.
One of my prescriptions is not covered: Famotidine
Prescription costs previously coved by Blue Cross not covered by Green Shield. We were assured by Teachers Pension Plan we wouldn't lose benefits. Dispute process was prolonged, and I lost benefits.
Pharmacy explains that G. Shield is "very fussy" wouldn't change pick up date by two days earlier
We are pleased how this part of the plan is working for us.
Limits Rx covered to drug name, type, dosage and amount of pills allowed.
Always a hassle.
In all my years with Blue Cross I only made 1 phone call to clarify. With GSC I had to make six calls in the first year. Always made the call and had to have a call back from a supervisor and go through it again!
Not all medication are covered. Also sticky about when you can get a refill.
One prescription claimed deemed over the counter available

It is not clear why a physician prescribed medications not covered.
some prescriptions that I am required to fill and take are not covered by the plan???
Partial payment was given because the drug my doctor ordered was more expensive than their base price. Being allergic to the one they would fully cover doesn't count. Generic brands can be covered, but original ones unlikely to be covered. I understand what Green Shield was saying, but I didn't feel it was right.
The GSC procedure to get coverage for a blood thinner other than warfarin was ridiculous to say the least. Many doctors will not prescribe warfarin as a blood thinner because of issues related to the drug. However, GSC will cover another blood thinner only after your doctor has prescribed warfarin and then writes a letter advising that another blood thinner is more suitable than warfarin. In other words, GSC wants you to use a dangerous blood thinner even though your doctor believes (and prescribes) another blood thinner as it is much safer for the patient.
My wife was subscribe Prolia injection for her Ostio twice a year by a specialist. It was covered before but was refused by Green Shield last time. They told me to check with Pharmacare for the claim coverage. its been 5 months and just getting the run around.
I claimed several weeks before I was due, due to Covid, The plan denied my plan. The pharmacist said Green Shields is terrible, as the pharmacists have to be vigilant on renewing prescriptions before th ACTUAL ending of the previous prescription.. even IF I had been on the same medication for years!! I then I called tGShields,they said I cannot renew my prescription until I have less than a week left,on my existing pre- scription. I HAD to pay. For dental, I now have to pay for cleaning polishing...My dental office said...formthe amount of service I use....may as well not pay the premiums. I haven t cancelled because of fear of a big bill ahead...73 , more issues most likely.BLUE CROSS is way better...
Cannot refill prescription until almost out of pills,, PBC did not have this policy
Very disappointed that compounds are not covered as they were under Pacific Blue Cross. For people with issues that require them, it is a considerable added expense.
I find it difficult to submit the claims
Some items I have claimed and been denied them, while friends have had them accepted. All have been Doc- tor prescribed and I submitted original receipts.
Required eliquis for heart issues, not warfarin, as warfarin required constant testing and adjustments. Cardi- olist explained via letter the need for elibuis, Green Shield still denied even though I go on extended foreign holidays.
Terrible problems. Arbitrary cutting off essential drugs and supplies espeically for diabetes and asthma meds, which are ot optional. Once I encountered a sympathetic person who said I should go ahead and order the insulin I needed and have them give me one vial and hold the rest until claim processed, because I would likely be grandfathered.NOT! I ended up paying full price for the insulin.
prescribed cream for two different conditionws were not covered. accidental break of 10cent part of CPAP mask not covered as needed one more month between replacements CPAP necessary cost over \$230.
I needed insulin - did not pay \$68.00 when it changed

<p>PROLIA, I dont appreciate having to fill in forms, take papers to my Dr. to make phone calls Prolia is approximately \$500 twice a year. It was fully covered by Blue Cross. I have osteo the specialist prescribed it to me.</p>
<p>Dr finally sent something in and they gave it to me for three times BOTOX for headaches</p>
<p>Pharmacy submits claims few problems</p>
<p>In five situations had to phone get dr. to clarify some detail and then got claim accepted. after sending in Dr. letter. never had to do with Blue Cross</p>
<p>difficulty in getting prescription for PROLIA</p>
<p>Between Pharmavare and Greenshield they are refusing some usual claims and tweeking others so they are no longer covered.</p>
<p>The Plan seems to make all the rules</p>
<p>Too many common prescriptions are not covered and deductible too high per person.</p>
<p>we were told all health plans covered orthotics if recommended by Dr. but we discovered that no reimbursement regardless of who recommends it.</p>
<p>cost me money to send a letter from my specialist to get Prolia. Did not have to do this with Blue Cross</p>
<p>frustrating to have the pneumonia vaccine not covered when prescribed by Dr.</p>
<p>sometimes covered sometimes not due to deductible</p>
<p>I used medical cannabis for on going pain</p>
<p>my wife and I were forced into joint coverage seems far less than we had with PBC.</p>
<p>they only pay generic drugs</p>
<p>used a prescription for years and recently was told it isnt covered</p>
<p>shingrix should be covered</p>
<p>GSC Covers almost none of my prescriptions and is in ONtario so have to deal with time zones</p>
<p>They don't cover my psoriasis cremes! One for scalp+ other for hands</p>
<p>Some drugs are not covered in spite of being a prescription.</p>
<p>My greatest grief has been having a new Ozempic medication approved for my adult onset diabetes. At first, expensive medication {~\$250/month) was denied. After a two year conflict involving a variety of prescription restrictions, I am still in conflict requiring my doctor to write yet again another letter requesting approval from pharmacare?</p>

"Twice the Specialist completed all the necessary forms. However Green Shield refused to approve PROLIA, without any explanation. Green Shield made me feel like I was a second class member. "

Compounded medications (creams or sprays) aren't covered; no choice for those prescribed

It was important that I was "grandfathered" in for my prolia when I became a green shield member

Occasionally a prescription cost is not covered by Greenshield which was covered by PBC.