

## Green Shield Users

### Comments About Vision, Hearing and Medical Equipment Claims and Issues

#### 150 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 with claims for vision, hearing and medical equipment. 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.

<p>Claim for CPAP mask was denied. Entitled for a new mask every 6 months. start date was 08 December. Mask failed on 28 May. Claim denied because it was before 08 June. No appeal for this. Had to pay for the whole mask \$ 325.00. I would think that emergencies would be accepted, in this case about 2 1/2 weeks early. Was not happy with the outcome of my claim.</p>
<p>Eventually accepted but took a great deal of time and effort.</p>
<p>I am waiting for a knee replacement(postponed because of Covid 19) and have purchased several items for after my operation...raised toilet seat, walker, raised seating for chair, bathtub chair. Since I have not had the operation...these are not eligible to be covered.</p>
<p>The claim was finally accepted but it is an ongoing tiresome process. Insulin dependent diabetes cannot be cured so why does Greenshield demand the same tiresome submission process each time a claim is made?</p>
<p>GSC refused to accept my claim for CPAP equipment stating they had no medical records to prove I needed it. The fact that Pacific Blue Cross had issued me a new machine in 2015, prior to the change over, did not seem to matter as they had no knowledge of that transaction either. It seems as if there was little correspondence between the two companies on the change over from Blue Cross to GSC. This was not helped by the fact that my family doctor had retired and I was unable to access his records to show the medical evidence that I needed a CPAP machine. The situation is still unresolved to this day.</p>
<p>the limits are far too low, and in the case of CPAP, frequency is less than the manufacturer recommends (Masks, etc.)</p>
<p>needed to get son to scan and connect paperwork</p>
<p>That it was not eligible. No other explanation.</p>
<p>Procedure performed by optometrist wasn't covered, but would have been if performed by ophthalmologist.</p>
<p>Have to submit a doctor note every time I replace my CPAP mask. If it was approved the first time, why keep requesting a doctor note??</p>
<p>Speaking to an agent instead of a machine is high priority for me.I hate dealing with robot</p>
<p>I gave up.</p>

I had two cataract surgeries in a months time and all of my drops were not covered. That's ridiculous.
Green Shield's claims amount was less than what I received with Blue Cross 15 years ago. Not happy with the coverage.
A claim for a medical bath chair was put in three times and it was never okayed. Partner is unable to stand when showering and can not bathe in tub. Doctors filled out forms and we paid extra to have forms filled but still no payment.
About a year after approval for medical equipment there was a requirement to get another approval
My wife's CAPP claim was rejected, she needed a doctor's RX, when resubmitted they wanted to know if it was his signature!!! She had been given coverage under Blue Cross a number of years previoully.
Items like aids t connect my hearing aides to the TV and repairs to my orthotics were not covered.
Coverage doesn't extend to some necessary items, or coverage is too low compared with actual cost of item
"Glassed have been OK but CPAP equipment has been a problem such as denial of a new CPAP machine due to be replaced in 3 months resulting ibn costly repairs "
Just believe that eye exams should be fully covered each year and that prescriptions should be covered for \$300 per year.
GSC only provides \$300 every 2 years for vision care. It is not enough!
Every 3 months I submit identical receipts for blood glucose monitoring and each month GSC demands an audit of the claim.
Re Orthodics I never received the whole amount they say you get. When asked about it Green Shield said well you can add more orthotics and get the rest later. /after spending over 500 on orthotics what more could I spend it on in the same year?
As previously stated, some devices aren't applicable and yet they are extra expenses for me.
"My doctor prescribed a wheeled walker for me as I have Post polio syndrome and old polio. He indicated it was a permanent condition lifelong condition and it was denied due to their interpretation of my diagnosis I should rent a walker. I had my specialist write a prescription with a bit of an explanation of the diagnosis and it was approved. I had a prescription from a podiatrist for support stockings and had to get one from my GP. What a waste of the resources of our provincial health care system to have to have multiple appointments for prescriptions. There is a limit to the number of diabetic tests strips a person can have in a year. I needed my foot orthotic repairing. They would not pay for the repair but told me I could have a new one every year if I liked. The orthotic was over ten years old and needed recovering. Amazing."
I think that Cataract surgery should be covered
The amount of the payout is so low as to be laughable - same payout I had for eyeglasses 30 years ago
Again, most of our needs are not covered, and those that are have heavily discounted reimbursements.

Inconsistent
Again, I'm paying more out of pocket with this plan
Blue Cross covered the cost of prescription glasses and eye exams from other countries, Greenshield does not.
My vision costs were not fully covered.
just dont cover the cost - they chose not to
I had to go back to this question as I was unsure if orthotics are considered medical equipment. I am still working through reclaiming orthotic expenses. My orthotics provider have assisted me a great deal as they say they often deal with this problem with Green Shield.
Hearing aids cost much more than we are allowed. I could only buy one although I need them for both ears. BCAA helped too.
The coverage is minimal for vision care. It would be helpful if it was increased to represent the current costs.
They allow \$100 per year and you lose it if you don't use it==idon't need glasses every year and they dont accumulate.
Far too small an amount is covered for glasses for both my husband and I. I currently buy non prescription readers because they are cheaper. My husband wears prescription bifocals and a small amount is covered by Greenshield. My hearing aids are \$7000. to \$10,000. every 4-5 years and a very small percentage is covered by Greenshield.
I have not been rejected yet. The process is more complex and bureaucracy-driven and takes more time.
"See my answer re my CPAP machine problem.
I didn't seem to have a problem with vision claims as the optometrist did the claiming on my behalf"
Hearing aid claim process if one has purchased the item/s from Costco. GS does not consider the Costco opticians as qualified under their expectations. As 90 year old purchasing his third pair of hearing aids, my husband needed to still prove that he was entitled to claiming for those hearing aids by providing the a written prescription from his doctor as well as sending in the optician's diagnostic results whereas PBC accepted the Costco receipt which includes all the necessary details without the need of the nuisance details which GS deems necessary so the process took well over a month before my husband received his coverage amount. No ninety year old should need to undergo such useless details as common sense should prevail. Vision and medical equipment claims were fairly straightforward
I'm having knee replacement surgery and am required to buy a Cyril cuff ate \$290. It is not covered.
with vision again another form if you can find it online and then send to another address and again they cover less and longer between the coverage
Everything is a hassle with Greenshield. Three hundred dollars every two years is also a joke when it comes to both glasses and check-ups. Annual Check-ups and new prescriptions cost that much and more EVERY year. In effect, glasses are not covered.

As with prescriptions, I phoned Green Shield and they reversed their decision.
Benefits are too low. Glasses cost much more than they used to but benefit has stayed the same.
We were travelling in Europe for 3 months. My glasses broke after a month & a half so I had to purchase new glasses. Greenshields would not cover any of the cost of the glasses even though I needed the pair as we weren't going home for another 1 1/2 months. They stated that they would only pay the limit of \$300 on glasses purchased in Canada. It has been 4 years since I purchased those glasses & have not purchased any since as these haven't needed to be changed. What difference does it make where they are purchased? The cost is there, & well over the maximum amount they will pay in their specified time period.
CPAP replacement masks, hoses etc. Have to keep submitting Dr's note that you need the supplies after 2 years or if you did not need to buy a new mask after a year. It's like I don't need my CPAP machine any more, I cured? Why can't one note be sufficient for the life of your plan.
pharmacy unable to submit directly; my claims are frequently subjected to "random audits" when apparently the issue is that they require paper receipts every time for some items.
Ridiculous refusal to pay for Orthotics because the finished pair were mailed to me (tech had done work in Nelson over two visits and took back to Kelowna for a change of colour only). Said they had to be personally fitted. Which of course they had been. No concept of distance! Another month of back and forth to resolve. Without major computer skills I would not have succeeded. That is always my experience, everyone assumes that we can do everything on line - my husband is computer illiterate and would be lost without me.
Again, it's the pre-approval - takes a while.
My claim for a Pessary was refused. I don't think they had any idea what a pessary was for.
Not easy to determine exactly what equipment is covered by the plan.
In some cases, no answer given' In other cases, arbitrary 'cut-offs' cited without any explanation.
Hearing aids: do not support co-pay - eg: cost above WCB basic
Plan requires too much documentation for knee brace and orthotics, eg repeated prescriptions from medical doctor.
Not enough yearly coverage for contacts and glasses.
Had trouble claiming a mask for my c- pap system
Not everything is covered
The cost for a test that predicts macular degeneration was rejected.
Hearing aids - I had to ask my doctor for a letter recommending hearing aids, as the vendor was not qualified under GSC to provide hearing aids.
new hoses for cpap where rejected, so was one of my prescriptions

Even when you notify where your claim is printed as insured on your insurance plan, there is always many months of waiting before you receive your due payment.
I want better coverage. I don't calim alot and what i do claim is usually declined. why pay for coverage!
The amount allowed is very low and hasn't changed in years. The cost of eyecare is high
"a claim is only paid every 2 yrs. -- this is a weak plan "
"Even though I have issues with my eyes, I only get an eye exam covered every 2 years. I need the OCT macular pkge regularly . It costs \$75 but it is not covered."
Vision correction is a sideline business for EHC plans, as I have experienced it. One year my optometrist visit wasn't included in the reimbursement and the next it was but with the coach that the eye glass value was minimized. We pay too much for eye correction big North American scam.
My wife has Sjogrens and must see an optometrist every year. Greenshields only allows the claim every second year. Allowable claims for glasses and hearing aids is minimal at best
Hearing tests no longer covered. Some providers will not bill direct to GSC.
Too high a payment threshold.
There is always a problem trying to claim my partner's CPAP accesories
I had to submit directly whereas with blue cross the submission was sent by the equipment seller
I submitted claim for hearing aids in April. No response other than a "do not respond" message that documents had been received. After 3 months I went online to Greenshield and saw my history-- hearing aid claim denied. I have re-sent documents and await results.
"A serious symptom (partial blindness) of new autoimmune disease required an eye examination as part of the diagnosis for treatment. GS would not cover the eye exam. GS does not record dates of eligibility for vision and medical equipment coverage. It is easy to provide this information on the website and would help customers plan their appointments and purchases without concern of coverage rejection or having to phone GS for the information."
Green shield is a horrible company! They are very difficult to deal with and don't cover us very well!
AGain, while i was outright refused by Green Shield n a claim for a machine for knee surgery recovery, Blue Cross reimbursed my expenses without further question and with easy access by phone to get proper coding for my submission.
Answer given earlier in questionnaire re sleep apnea equipment.
Green shield required a test from the hearing aid provider. This was not listed when I first applied to be reimbursed.

<p>Green shield would not accept my request for an alternate blood monitoring system for insulin dependent diabetics and I am always careful to stay within their replacement guidelines for glasses, hearing exams or number of massage sessions allowed in a calendar year.</p>
<p>Again limited coverage. I do not wear prescription lenses but my partner does. I feel that I should be able to transfer my unclaimed vision allowance to my partner.</p>
<p>Green Shield's coverage is VERY OUTDATED. Hearing aids cost \$2000-3000 EACH. Coverage is \$1400 every 4 years. I wear binaural aids. When I need new ones (not often), that coverage is like pennies on the dollar! My husband (also a teacher covered by Green Shield) has one deaf ear so has to wear 1 hearing aid and the other a "crossover" aid. Costs are much higher for that. Yet.... coverage is \$1400 anyway.</p>
<p>We seem to be paying way more now than when we were on Blue across</p>
<p>"I feel that your questions above should be separated into individual vision, hearing and equipment as not all get the same rating.</p> <p>Vision claims were covered.</p> <p>Hearing claims - before Green Shield agreed to cover-they wanted doctors prescription (not needed for hearing aides!!) and the audiology report (would have required some time to access as hearing aid place is in Kelowna and not local. I applied a spousal claim through Blue Cross and received 80% of the cost before Green Shield even sent their information requests.</p> <p>These were a second set of hearing aids, the old ones stopped working. The first ones were 80% covered by Blue Cross with no additional prescription or documentation required. NO-ONE chooses to wear hearing aides, they are a necessity."</p>
<p>the time period to make a claim is limited</p>
<p>Green Shield's criteria for these claims is very confusing and difficult to work with.</p>
<p>For some reason they did not cover my some costs, but I did get the maximum claim which was far too little to cover the glasses and exams.</p>
<p>Coverage for braces was sometimes tricky, but a phone call rectified the situation.</p>
<p>after neck surgery I had a neck brace and it was so hot and uncomfortable. I purchased a sheepskin collar to wear underneath. Not covered.</p>
<p>I don't find coverage for glasses to be good. I don't need glasses every two years, but when I do need them I need to have coverage for more than two or three hundred dollars - not much when buying graduated lenses or frames.</p>
<p>I'm happy to have coverage, I'm unhappy with all the paperwork to get it! filling out forms and waiting is problematic</p>
<p>Only pay for glasses once every 2 years. We are old and our eyes are changing. Refused to accept claim signed by RHIP. Sent back for signature of audiologist. Even though the audiologist had never laid eyes on me or me on him.</p>

\$1,400 every four years is a paltry amount considering I use 2 hearing aids. I have a cochlear implant now (approx \$1,000 and 1 hearing aid \$3,000)
confusing - as they do not seem to cover my glasses \$350. They pay my yearly eye examinations costs \$100.
Power supply cord for a CPAP shorted out and needed replacing. They would not reimburse a penny!
Green Shield website froze on occasion causing much inconvenience. Claiming for husbands injections for arthritis (\$350 treatment) always a pain - receipt not good enough. Went through website said it was. Have to get doctor to write a prescription each time. Have to buy gel ahead of time. Separate trip to get prescription needed.
I expected to get the \$300 for glasses claim but they deducted the cost of the optician.
knee brace not covered
Phoning Green Shield was a nightmare. Waiting sometimes for an hour. The website is not user friendly.
It's just the amount they cover.
too low and not frequent enough. should be \$500 every two years.
I sent complete paperwork to them for hearing aid coverage. They wanted something different. I had to contact my doctor and the clinic to have paperwork redone.
any preventative testing is not covered only basic testing and needs to be more frequent
My vision care operator would not except green shield, only blue cross. I phoned green shield about the matter and they said it's because green shield has not received an "application" from my vision care provider to allow them to accept claimants.
Only machine-generated answers; no rise in payment for how many years now????
Blue cross covered hearing aid batteries & GS doesn't
Refusing to cover eye glasses purchased in the US not an acceptable policy - not your business
My orthotics were not covered to nearly the extent that I thought they would be.
An outright refusal to cover any of the cost of a cold therapy device PRESCRIBED BY MY SURGEON! (knee replacement happening July 12.)
when we switched from blue cross, greens shield didn't believe I had a cpac machine when i sent in a claim for a new mask
equipment I was told was covered was not
purchased equipment for hip surgery to find the model not eligible although fitted description and picture
going thru all the hullabaloo to claim my \$30 or so monthly on eyedrops and creme costs was a deterrent to putting in medical letter and claim. its a big hassle.

I seem to have mixed up when I should claim. The year end was confusing and how much they covered was really a low amount.
"1) vision coverage very poor 2) many items esp equipment you don't seem able to get pre-approval for. a purchase you have to buy it, submit the receipt then wait to see if the purchase will be reimbursed 3) what is accepted is inconsistent - something 1 person is approved for another is not."
Our Green Shield plan covers CGM continuous glucose monitoring. CGM costs about \$R300 per month in medical equipment. I don't know of another plan that covers it, so I was pretty happy to discover Green Shield does. I can still claim 3000 glucose strips per year. When I receivedd a new insulin pump Green Shield paid a portion.
Hearing aid rebate hasn't changed in 15 years.
explained issue was their error
received no communication
Changes on \$ amounts decrease and /or frequency decrease, without any reason or recall.
My vision costs are covered right at the optomotrists my husband's are deniedand I have to submit them.
These are not fully covered for the cost of the EH
Green Shield will not cover the need for hearing assessment due to sudden change
Using oxygen for cluster headaches was easy with blue cross. GSC wants a doctor signed form once every year - do they not have files?
I hate Green Shiield! I did not want to switch from Pacific Blue Cross but I had no choice!!!
Coverage for hearing aids and eyeglasses is very low
Again, some claims were only partially covered or not at all.
\$300/2 years covers not much more than the eye exams... a full set of glasses and a backup pair can cost over \$2,000. A look at increasing the coverage is overdo.
My optometrist told me I was due for an appointment. I made and received an eye exam, I had to, pay..no-where on my file did it say I wasn t2 years since the last exam. These comments should be on the data base, I needed new glasses.
I was asked to refile my claim which was becoming focused on process rather than the claim
I am required to use very expensive eye drops prescribed by the eye surgeon following my surgery. This pre-criptions is not covered.
Terrible fight to get coverage for oxygen concentrator to keep husband alive. Too hard to fight for hospital bed, wheelchair etc. smply gave up



problems with CPAP replacement needed letter etc. many difficulties in getting claim
GSC does not cover as much as Blue Cross did
Hearing aids paid out but had to keep submitting paperwork
feel allowance for hearing aids is too low compared to cost of them.
Beaurocracy involved in cpap replacement and equipment
"claimed for husbands glasses but claim was rejected maybe due to cataract claims. Claimed for new orthotics as mine were 10 years old told I needed Drs. referral. I have arthritis plates and screws in my ankle I had a thorough test at the the foot clinic why should I waste my Dr.s time. "
need better amounts of coverage
difficulty in getting coverage form medical supplies post surgery and unacceptable explanation by rep stating question had already been answered lack of clarify and patience
no payment for my CPAP machine
Not everyone has a scanner..and hard to get glasses every two years for 200
I claimed the stairlift I bought to get upstairs. It was denied. I was told its not n the booklet but my walker wasnt either but they gave me money for it.
Zero coverage for cataract surgery
"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."
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.
It just wasn't covered by Green Shield.
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.
Takes my providers time to resolve sometimes have to pay up front, sometimes no coverage at all
Having complained to TPP I was told Green Shield follow the rules rigorously.
Once they had made a mistake. Other times the deductible was the issue

<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>
<p>Some medications are not covered</p>
<p>"Disappointed that coverage is not comprehensive. Would be willing to pay a bit more to have more prescriptions covered. "</p>
<p>Hard to understand how much deductible amount remains.</p>
<p>I am type 2 diabetic and I had to be on insulin rapid acting to get the Libre sensors paid for</p>
<p>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.</p>
<p>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.</p>
<p>Very confusing applying online. Wish it was automatic</p>
<p>" 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."</p>
<p>When I have asked why certain medications were declined, I was told that Green Shield gets to choose what they cover PERIOD</p>
<p>My EH was changed from Blue Cross to Green Shield, coverage changed with it, I pay more some medication and dental</p>
<p>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).</p>
<p>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.</p>

"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.

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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>

policy issues re: renewals
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.
Sometimes meds were not covered by prov govt.
Pharmacist has long waits to contact GSC or doesn't get a call back.
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.
Nothing transferred from Pacific Blue Cross to Green Shield when it was changed.
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.
"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.  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."
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.
Special Authority for Meds is very complicated. If you have a clot, Why is the medication not
Reasons aren't given. Just refused by what feels like a machine.
A simple ointment that was not covered by the plan!!!!
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.
6 months back and forth disagreement

<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>
<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. "</p>

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.
Not enough covered on glasses or hearing
My optometrist tried to submit my claim for new glasses but GS wouldn't allow it. I was able to successfully submit the claim myself but of course had to pay upfront & then get reimbursed.
Vision coverage is way behind what costs are today. There has not been an increase in coverage for many years
The lenses required for cataract surgery are not covered. Also the cost of orthotics is 400 dollars but they cost 695 dollars