

'Smart shopping' tips for health and dental care

Prescription Drugs

GENERIC DRUGS

Many brand-name drugs have generic equivalents. These generic drugs use the same active ingredients as brand-name products and usually cost significantly less than the brand name.

Ask your doctor or pharmacist about generic equivalents. If the drug you are taking has a generic equivalent, ask if the generic drug is an appropriate alternative. Depending on the drug in question, generic products can save you and your plan a significant amount of money.

"EASE OF USE" DRUGS

Many pharmaceutical manufacturers have developed "new and improved" versions of their existing products. These new and improved versions can be more convenient...but may also be more expensive. An example is the sustained-release formulation that allows you to take one pill per day instead of one pill every four hours. Another example is the skin patch format. Unless your doctor feels there is a sound clinical or therapeutic reason for prescribing the newer formulation drug, ask for the original formulation. The savings may surprise you.

DISPENSING FEES AND INGREDIENT COSTS

There are two factors that go into the price of a prescription drug: ingredient costs and the pharmacist's dispensing fee. This fee covers things like the packaging of your medication, professional advice, and the pharmacist's overhead. Since pharmacists are free to set their own dispensing fees and mark-up for ingredient costs, prices can vary significantly from one pharmacy to another. You may want to check the price for your prescription with different pharmacies in your neighbourhood (independent pharmacies, pharmacy chains and pharmacies located within department and grocery stores) to determine which provides you with the greatest value for the amount charged.

BULK PURCHASES

One of the easiest ways to control dispensing fees is to purchase a three-month supply of maintenance drugs whenever possible. Dispensing fees for a three-month supply are usually less than fees charged if you order three separate monthly supplies. If your pharmacist insists on charging three separate dispensing fees, consider filling your prescription elsewhere. Remember, in the long run, these additional fees come out of the dollars available under your benefit plan.

Dental Care

How often do you need to see your dentist? Depending on your teeth and dental habits, it may not be necessary to visit your dentist twice a year (as the toothpaste commercials recommend). Once every nine months or even once annually might be sufficient. Talk it over with your dentist to see what's best for you.

Most of us won't pay our mechanic until we know exactly what was fixed and why. And yet, we'll walk out of the dentist's office without even considering the invoice. Unless you are in the business, the codes used on dental bills can be more than a little confusing. Ask your dentist (or his or her staff) to explain exactly what the codes mean.

FEE GUIDES

In Canada, dental fees are not regulated, and dentists can set their own fees for their services. This creates a challenge for insurers, since we need a fair and consistent basis on which to calculate claim payments. Most provincial dental associations across the country publish fee guides (except in Alberta) and insurers use those fee guides to assess dental claims. That way, we can ensure that all our benefit plan members are being treated equally.

Some benefit plans calculate claims based on the fee guide for the current year. Some, however, are based on a fee guide for a particular year, so the amounts covered remain the same from year to year regardless of whether subsequent fee guides increase. In addition to your claims being based on a year, many benefit plans cover expenses based on the provincial fee guide for the province in which you live. While others calculate claims based on the fee guide of the province where the dentist is located. Refer to your benefits booklet to find out what fee guide year and province your plan uses and let your dentist know. Remember, you will be required to pay the difference between what the dentist charges and what your benefit plan covers.

TREATMENT PLANS

Before getting any major dental work done, you should have your dentist submit a treatment plan to Sun Life for review outlining the proposed treatment and an estimate of what it is going to cost. Sun Life will review your dentist's plan and let you know how much (if any) of the bill will be covered. This simple precaution will keep you from paying for an expensive procedure that you thought was covered – but isn't, and will allow you to discuss treatment options with your dentist before the work begins.

A word of caution ...

Before signing a health or dental claim form, be sure that your provider has filled out all of the details of the service or treatment being claimed. Never sign a blank form. Although the overwhelming majority of providers conduct their business in an ethical manner, reports of false claim submissions have been confirmed in the past. As always, it is better to be safe than sorry.

LIFE'S BRIGHTER *under the sun*

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