



Reasonable & Customary

Most extended health plans provide coverage for reasonable and customary costs incurred for covered medical services and supplies.

Reasonable and Customary Limits

Reasonable and customary limits are the range of usual fees for comparable medical services and products in a geographical area. Benefit providers use the limits they establish to determine the maximum eligible amounts for health care services and supplies covered under the plan.

Reasonable and customary limits are reviewed on a continual basis and changes are made periodically to ensure that allowed amounts are representative of the current standard of charges in the health care environment. Charges in excess of what is deemed to be a reasonable and customary cost are ineligible, and if a provider or supplier charges more, the claimant is responsible for paying the difference.

Additional Considerations

In addition to reasonable and customary amounts there may be other limits applied to services and/or products covered under the plan. For example, there may be a visit maximum for services of a particular paramedical provider, or a product such as glasses may be limited to a specific dollar amount in a particular time period.

In the case of dental services, dental benefit plans usually specify the Dental Association Fee Guide used to establish reasonable and customary charges for services of General Practitioners. Some dental plans cover services of Dental Specialists. Fee guides for Specialists are generally 10 - 50 % higher than fee guides for General Practitioners depending on the specialty and the province.

RWAM encourages plan members to submit estimates for costly services and/or products to determine eligible charges in advance of treatment or purchase or contact RWAM's Customer Service Centre for more information.

For more information contact RWAM's Claims Department at 1-877-888-7926 or via email at web-groupclaims@rwam.com

