



Paramedical Reasonable and Customary (R&C) Limits Employee Q&A

What is a paramedical reasonable and customary (R&C) limit?

Your benefit plan includes coverage for the services of several types of paramedical practitioners such as registered massage therapists, chiropractors, physiotherapists, etc., and there is a range of fees most practitioners in each province typically charge. We set our “reasonable and customary” (R&C) limits based on these practitioners’ most frequently charged amounts, often suggested by their associations, to determine the maximum amounts eligible for services and medical supplies covered under your benefit plan.

Why do we have R&C limits in place?

This avoids excessive fees being charged to your plan and helps keep your plan affordable and sustainable. While most paramedical expenses may fall under the R&C limit, it’s important to be an informed consumer when seeking out providers of these services.

Do other insurers have paramedical R&C limits in place?

Yes, this is standard industry practice. Employers expect their benefit providers to apply best practices when it comes to administering their plans. Your benefits booklet under Extended Health Benefits outlines the requirement for applying reasonable and customary limits for medically necessary services.

How can I access the Empire Life R&C limits?

Please contact our customer service unit at 1 800 267-0215, or email group.csu@empire.ca.

Can practitioners charge different fees for the same service?

Yes, the range of fees can vary substantially, and differ from province to province. Most service providers charge below the R&C limit, but there are some who charge much more. This is why it is important to be aware of what your provider is charging.

Are all practitioners covered under my plan?

No, it’s important to check the extended health section of your employee benefits booklet, available on the plan member website at pmw.empire.ca, to see which paramedical services are covered. Please note that exceptions and limitations may apply under your plan.

How do I know if my practitioner has the requirements or credentials Empire Life requires?

It’s important to note that in order for your claim to be eligible, the service provided must be medically necessary and the practitioner must be associated with an appropriate licensing or registration authority, and Empire Life must recognize the regulatory body or association. Please refer to the ‘Paramedical Practitioner Credentials and Requirements by Province’ posted online at pmw.empire.ca. Here you will find each practitioner listed by specialty, and by province.

How do I find out more information about the fees that practitioners charge?

Our ‘Paramedical Practitioner Requirements and Credentials’ directory also includes links to provincial associations. Some provincial associations may suggest a fee schedule for their members but remember, there is no requirement for practitioners to follow it.



Can I submit a claim for any out-of-pocket cost I incur if the R&C limit is lower than the amount my practitioner charged?

You are responsible for any out-of-pocket costs. If you have an Incidental Health Expense Benefit (IHE), or a Healthcare Spending Account (HCSA), you can submit your claim through this benefit. You can also talk to your service provider to try to negotiate a lower fee, or shop around for a provider whose charges are at or below the R&C limit.

Where can I go for help if I have a question?

You can always call the Customer Service Unit at 1 800 267-0215 or email group.csu@empire.ca.