

Understanding your benefits coverage:

Plan design, administrative guidelines & reasonable and customary (R&C) limits



At Green Shield we pride ourselves on making life simpler for our plan members. Part of that means cutting through the jargon and giving you clear explanations around key topics. Clarifying the difference between “plan design” and “administrative guidelines” and outlining the impact of reasonable and customary (R&C) limits, are perfect examples.

What do we mean by plan design?

It is important to understand that your plan design is not changing as part of the transition to GreenShield. That means the structure of benefit services/products available as part of your health and dental benefits program, as determined by your plan sponsor, will remain the same. Your plan design includes the following elements:

- The eligible benefits (e.g. drug coverage, massage, dental basic/major coverage)
- Coinsurance levels and deductibles
- The overall benefit maximums by benefit line or benefits grouping (e.g. annual dollar limits, combined dollar maximums, etc.)

What do we mean by administrative guidelines?

At the same time, each carrier has their own unique administrative guidelines, which govern how a carrier processes claims within a plan design. GSC’s guidelines are different from other carriers and, as a result, you may see some changes in how claims are adjudicated and how eligible amounts are determined.

How do R&C limits fit in?

Going a step further, R&C limits are one example of a common administrative guideline with the potential for confusion. R&C limits are designed to set a maximum allowable “reasonable” reimbursement amount for health services and major medical items based on various criteria (including submitted claims, provincial and association pricing, manufacturers’ pricing and industry data) – and these limits vary from carrier to carrier.

Where a provider charges more than a carrier’s R&C limit for a particular service/item, you will need to pay the difference out-of-pocket. The intent here is to protect you from using up large portions of your benefit maximums and, in the case of physiotherapy, massage therapy and so on, allow you to spread those dollars across multiple visits. R&C limits also prevent providers from overcharging for an eligible service/supply and impacting the sustainability of the plan.

R&Cs in action

Here’s an example of how R&Cs work:

You have 100% coverage for a service and submit a claim for \$120. If GreenShield’s R&C limit for the expense is \$111, you will be reimbursed 100% of \$111. The remaining \$9 is not covered and becomes an out-of-pocket expense. Because R&C limits can vary between insurers, the portion that you pay may be higher or lower depending on the plan.

How can you check the R&C price of a service or medical item?

GreenShield makes it simple to view claim eligibility and calculate out-of-pocket costs. You can:

- Ask your provider to check eligibility on the spot so you understand your coverage in advance. GreenShield stands apart in the industry in the way we position providers to support you.
- Check eligibility online through the GS+ member portal.
- Submit a pre-determination of benefits (or estimate) request to GreenShield.
- Call GreenShield’s Customer Service Centre at 1.888.525.7587.