

**POLICY NUMBER: POL-172**

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**Chapter:**  
**CLAIMS AND COMPENSATION**

**Subject:**  
**ALLOWANCE AND REIMBURSEMENT RATE SCHEDULE**

**Effective Date:**  
**May 14, 2026**

**Last Update:**  
**May 14, 2026**

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**PURPOSE STATEMENT:**

This policy outlines allowance and reimbursement rates for various expenses and health care benefits covered by the Workers Compensation Board.

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**REFERENCE:**

*Workers Compensation Act*, R.S.P.E.I. 1988, c W-7.1, Sections 18 (4), (5), (11), 59(4)  
Workers Compensation Board policy, POL-03, Travel and Related Expenses  
Workers Compensation Board policy, POL-06, Prescription Eyewear  
Workers Compensation Board policy, POL-09, Hearing Loss  
Workers Compensation Board policy, POL-30, Orthoses, Prostheses and Assistive Devices  
Workers Compensation Board policy, POL-44, Clothing Allowance  
Workers Compensation Board policy, POL-82, Support for Personal Independence

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**DEFINITION:**

In this policy:

“Expenses” means the cost of transportation, meals, accommodation and miscellaneous charges as a result of a compensable injury.

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**POLICY:**

1. The Workers Compensation Board of PEI (WCB) sets and applies rates for allowances
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and the reimbursement of expenses in accordance with applicable policies and/or regulations.

2. Criteria for entitlement to these allowances and expenses are set out in relevant WCB policies, which are considered for review at minimum every five years or earlier as required.
3. Every two years (or earlier as required), the amounts specified in **Appendix A – Table of Allowance and Reimbursement Rates**, will be reviewed to ensure that they are consistent with current market costs and will be updated if necessary.

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**HISTORY:**

Board of Directors Approval Date: May 14, 2026

**Appendix "A"**  
**Table of Allowance and Reimbursement Rates**

<b>Expense/Allowance</b>	<b>Rate</b>	<b>Relevant Policy/Regulation</b>
<b>Personal Care Allowance (PCA)</b>	<b>Level of Dependence</b> <ul style="list-style-type: none"> <li>• 0%-19% - Not eligible</li> <li>• 20%-45% - \$300/month</li> <li>• 46%-71% - \$500/month</li> <li>• 72%-100% - \$700/month</li> </ul>	WCB POL-82 Support for Personal Independence
<b>Independent Living Allowance (ILA)</b>	<b>Annual Allowance</b> <ul style="list-style-type: none"> <li>• \$1,200</li> </ul>	WCB POL-82 Support for Personal Independence
	<b>Temporary Allowance</b> <ul style="list-style-type: none"> <li>• \$300 quarterly</li> </ul>	
<b>Respite Care Allowance (RCA)</b>	<b>Annual Allowance</b> <ul style="list-style-type: none"> <li>• \$600</li> </ul>	WCB POL-82 Support for Personal Independence
<b>Clothing Allowance</b>	<b>Temporary Allowance</b> <ul style="list-style-type: none"> <li>• Maximum \$100 per month based on the anticipated duration of the need.</li> </ul> <b>Long-Term Allowance</b> <ul style="list-style-type: none"> <li>• \$1200 annual lump sum</li> </ul>	WCB POL-44 Clothing Allowance
<b>Orthopedic Footwear</b>	<b>Annual Allowance</b> <ul style="list-style-type: none"> <li>• \$350</li> </ul>	WCB POL-30 Orthoses, Prostheses and Assistive Devices
<b>Hearing Aid Allowance (Batteries and Supplies)</b>	<b>Annual Allowance</b> <ul style="list-style-type: none"> <li>• \$100 per approved aid</li> </ul>	WCB POL-09 Hearing Loss
<b>Prescription Eyewear</b>	<b>Lenses</b> <ul style="list-style-type: none"> <li>• Actual cost</li> </ul> <b>Contact lenses</b> <ul style="list-style-type: none"> <li>• Actual cost</li> </ul> <b>Frames</b> <ul style="list-style-type: none"> <li>• Maximum \$250</li> </ul>	WCB POL-06 Prescription Eyewear

<p><b>In-Province Travel (mileage)</b></p>	<p>For approved in-province travel, the worker is eligible for reimbursement for the kilometers required to travel. Mileage rate established monthly by Treasury Board.</p> <p>For each return trip of 100 kilometers or more, a meal allowance of \$15 will be provided to the worker.</p>	<p>WCB POL-03 Travel and Related Expenses</p>
<p><b>Out-of-Province Travel</b></p>	<ul style="list-style-type: none"> <li>• TB rate for each kilometer of travel required.</li> </ul> <p><b>Same-Day Trip</b></p> <ul style="list-style-type: none"> <li>• \$175 to cover all necessary expenses associated with out-of-province travel.</li> </ul> <p><b>Overnight Trip</b></p> <ul style="list-style-type: none"> <li>• \$375 for the first day of travel to cover all necessary expenses associated with overnight out-of-province travel.</li> <li>• \$120 for each additional day of travel.</li> </ul>	<p>POL-03 Travel and Related Expenses.</p>
<p><b>Family Support</b></p>	<ul style="list-style-type: none"> <li>• \$1,000 to assist with out-of-province travel costs immediately following the injury.</li> <li>• \$500 to assist the family with cost associated to support the worker while hospitalized for one week or longer.</li> </ul>	<p>POL-03 Travel and Related Expenses.</p>