

POLICY NUMBER: POL-NEW

Consultation Summary

A new policy, Allowance and Reimbursement Rate Schedule (POL-NEW) has been developed to promote the timely review and adjustment of expense reimbursement and allowance rates to ensure they are consistent with current market conditions.

Highlights of the proposed policy content include:

- Current rates for healthcare-related allowances and the reimbursement of eligible expenses for WCB claimants are outlined in the table in Appendix A of the draft policy.
- Eligibility criteria for the allowances and reimbursement of expenses will remain in the parent policies.
- Staff will review the rate table every two years to determine if the rates are consistent with current market prices and to make recommendations for adjustment where necessary.

The new draft policy is attached.

POLICY NUMBER: POL-XX

**Chapter:
CLAIMS AND COMPENSATION**

**Subject:
ALLOWANCE AND REIMBURSEMENT RATE SCHEDULE**

**Effective Date:
TBD**

**Last Update:
DRAFT March 10, 2026**

PURPOSE STATEMENT:

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

REFERENCE:

Workers Compensation Act R.S.P.E.I. 1988, Cap. 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

DEFINITION:

In this policy:

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

POLICY:

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1. The Workers Compensation Board of PEI (WCB) sets and applies rates for allowances 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: < **TBD** >

Appendix "A"
Table of Allowance and Reimbursement Rates

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

	<ul style="list-style-type: none"> • Maximum \$250 	
In-Province Travel (mileage)	<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>	WCB POL-03 Travel and Related Expenses
Out-of-Province Travel	<ul style="list-style-type: none"> • TB rate for each kilometer of travel required. <p>Same-Day Trip</p> <ul style="list-style-type: none"> • \$175 to cover all necessary expenses associated with out-of-province travel. <p>Overnight Trip</p> <ul style="list-style-type: none"> • \$375 for the first day of travel to cover all necessary expenses associated with overnight out-of-province travel. • \$120 for each additional day of travel. 	POL-03 Travel and Related Expenses.
Family Support	<ul style="list-style-type: none"> • \$1,000 to assist with out-of-province travel costs immediately following the injury. • \$500 to assist the family with cost associated to support the worker while hospitalized for one week or longer. 	POL-03 Travel and Related Expenses.