



Addictions and Substance Misuse Treatment and Medical Monitoring Cost-Sharing Policy

1.0 OVERVIEW

We support recovery and a healthy, safe return to work.

In partnership with school districts and local unions, the Public Education Benefits Trust (PEBT) will support Members suffering from addictions or substance misuse by paying a portion of the costs of eligible treatment, medical monitoring and other associated costs by using the bargained funding available under Section 4 of the *Provincial Framework Agreement* for the term July 1, 2019 – June 30, 2022 (“Framework”) and Section 14 of the *Provincial Framework Agreement* term July 1, 2022 – June 30, 2025 agreed to by BC Public School Employers’ Association (BCPSEA) and CUPE K-12 Presidents’ Council and Support Staff Unions.

1.1 Eligible Members

A Member is eligible for addictions or substance misuse treatment or medical monitoring cost-sharing if they satisfy the following:

- a. they are an eligible Member as per the Public Education Benefits Trust Core Long Term Disability (LTD) Program Text;
- b. the Member is suffering from an addiction or substance misuse that has been diagnosed by a physician and requires treatment and/or medical monitoring and;
- c. the Member is off work or is expected to be off work in the foreseeable future.

1.2 Privacy

The PEBT and Desjardins Insurance (“the Administrator”) are committed to protecting the privacy of Members and the confidentiality, accuracy, and security of their personal information, in a manner that complies with relevant legislation. The PEBT privacy policy can be

found at: <https://www.pebt.ca/privacy-policy/> and the Desjardins Insurance privacy policy can be found at: <https://www.desjardinsgeneralinsurance.com/privacy>

2.0 TREATMENT COST-SHARING

2.1 Eligible Treatment

To be eligible for cost-sharing, the addictions or substance misuse treatment must satisfy the following requirements:

- a. it is evidence-based treatment recommended by a physician;
- b. it is expected to lead to a healthy, safe, and timely¹ return to work;
- c. it is treatment considered to be the most cost-effective as determined by Desjardins Insurance (“the Administrator”) and;
- d. the treatment is provided in Canada.

The Administrator will review information from the Member’s treating physician and identify appropriate treatment for the Member. If the Member agrees with the treatment recommendation, the Administrator will follow the cost-sharing policy outlined in Section 2.2.

Consideration will be given to Member requests for alternative treatments, including those based on religious or spiritual grounds. The Administrator will review the alternative treatment with a qualified medical specialist, an independent medical evaluation, or a detailed review from a medical consultant to determine if it qualifies as eligible treatment for that Member. The decision of the Administrator will be provided to the Member verbally and in writing. If approved, the Administrator will follow the cost-sharing policy outlined in Section 2.2. If declined and the Member disagrees with the decision, they may appeal as outlined in Section 2.5.

If a Member suffers an addiction or substance misuse relapse, the Member may be eligible for cost-sharing for subsequent treatment if they continue to satisfy the eligibility requirements under Section 1.1.

¹ A Member is generally expected to be ready to return to work within two weeks of the successful conclusion of treatment; however, more time may be needed according to the Member’s circumstances.

2.2 Administrator Treatment Cost-Sharing Review

The school district, Member, and PEBT share the costs of addiction or substance misuse treatment whenever possible.

To prevent financial strain on the Member, their share of treatment costs will be limited to one-third, up to a maximum of \$1,000 per treatment. The school district will be responsible for one-third of the treatment costs, with the PEBT responsible for one-third of the costs as well as any amount exceeding \$1,000 of the Member's share.

This treatment cost-sharing policy is not intended to replace arrangements already established by school districts.

As a last resort, if all other financial support avenues for a Member or school district have been exhausted, the PEBT may consider covering a larger portion of the cost.

2.2.1 Determining the School District's Share of Treatment Costs

The Administrator will ask the Member to disclose their addiction or substance misuse to their school district so the school district can share the cost of treatment. The Administrator will not disclose medical or treatment information without explicit permission from the Member. Effort should be made by the Administrator to ensure the Member understands that disclosing their addiction or substance misuse to the school district is voluntary. The Member should be encouraged to discuss this with their doctor.

After the Member clearly confirms to the Administrator that they have disclosed their addiction or substance misuse to the school district, the Administrator will contact the school district to arrange treatment cost-sharing.

When possible, the school district is expected to be responsible for one-third of the Member's addiction or substance misuse treatment costs. In rare cases, where all means of financial support have been exhausted (i.e. school district has had multiple treatment requests from Members during the year), the school district may request for its portion of the treatment cost to be reduced. Such requests, including accompanying reasons, should be provided in writing to the Administrator within 90 days of the treatment start date. After reviewing the school district's request, the Administrator will determine their share of the treatment costs and will advise the school district verbally and in writing.

2.2.2 Determining the Member's Share of Treatment Costs

If the parties agree to the cost-sharing as outlined in Section 2.2, and if the PEBT's share is \$25,000 or less, then the cost-sharing is approved. If the PEBT's share is over \$25,000 then PEBT approval will be required before cost-sharing is approved as outlined in section 2.2.3.

If the Member reports they are unable to pay one-third of treatment costs up to a maximum of \$1,000 per treatment, the Administrator may request additional information from the Member to assess whether further financial support can be made available. This information may include, but is not limited, to the following:

- a. bank, credit-card, or line-of-credit balance statements;
- b. monthly household-budget details and;
- c. other information relevant to determining the Member's ability to pay, including details of a bankruptcy.

After reviewing the Member's ability to pay, the Administrator will determine the Member's share of the treatment costs.

If the Administrator determines that the Member is unable to pay their share and if the Member has agreed to disclose their addiction or substance misuse to the school district, the Administrator may consult with the school district to determine if the school district can pay a larger share.

2.2.3 Determining the PEBT's Share of Treatment Costs

If the PEBT portion of the treatment cost is more than \$25,000, the Administrator will forward the request to the PEBT JEIS and LTD Committee including a detailed summary of the proposed treatment, prognosis, and cost-benefit analysis.

The PEBT JEIS and LTD Committee will review any requests on a case-by-case basis and consideration may be given to the following:

- a. is more comprehensive or costly treatment required (i.e. dual diagnosis treatment);
- b. is the Member experiencing severe financial hardship or;
- c. can the school district pay their share?

The PEBT JEIS and LTD Committee will advise the Administrator of their recommendation to the PEBT Board of Trustees and the Administrator will advise the Member and/or school district verbally and in writing.

2.4 Commitment from the Member for Treatment

If the cost-sharing is approved the Member will be asked to sign a letter of understanding with the Administrator, which outlines expectations for treatment cost-sharing, treatment start and end dates, return to work, and consequences of early discharge from treatment.

2.5 Treatment Plan and Cost-Sharing Appeals

Members and school districts may appeal any decision made under this policy by submitting additional information to the Administrator within two years of the decision date. The appeal will be reviewed by a manager at the Administrator within 10 business days. The appeal decision will be communicated verbally and in writing. Within two years of the original decision date, Members and school districts can submit subsequent appeals if they have additional information.

If the appeal(s) is unsuccessful the Member or school district can request a review by the PEBT JEIS and LTD Committee within two years of the original decision date. To initiate this process, a written request should be sent to the Administrator to be forwarded to the PEBT. The recommendation by the PEBT JEIS and LTD Committee to the PEBT Board of Trustees will be communicated by the Administrator (verbally and in writing) to the Member or school district.

2.6 Early Discharge of a Member from Treatment

If a Member is discharged from or leaves addiction or substance misuse treatment early without a valid reason as determined by the Administrator, the Member may be responsible for the total costs of treatment. A valid reason may include, but is not limited to, the death of a close relative.

Early discharge from cost-shared addiction or substance misuse treatment without a valid reason may mean that the Member is not eligible for cost-sharing of subsequent treatment.

3.0 MEDICAL MONITORING COST-SHARING

3.1 Eligible Medical Monitoring Services

Medical monitoring is the independent third-party, randomized drug/alcohol testing and treatment monitoring used to support Members and deter the misuse of drugs and alcohol, particularly in the workplace.

To be eligible for reimbursement, the medical monitoring services must be provided in Canada to an eligible Member on behalf of a participating school district.

The school district is encouraged, but not required, to select a medical monitoring company from the preferred provider list (once this list is available).

School districts are encouraged to use medical monitoring companies capable of the following:

- Undertake a consistent process for computerized, randomized testing
- Offer testing 7 days per week
- Provide Chain of Custody protocols
- Involve a certified medical review officer to review all possible non-compliance tests including a call to the Member
- Immediately report all confirmed noncompliance tests
- Regularly monitor all treatment recommendations with the Member including counselling, medication adherence and program attendance
- Provide monthly reporting on Member compliance and progress

It is anticipated that the length of medical monitoring for a Member will be determined by a physician.

If a Member suffers an addiction or substance misuse relapse, the Member may be eligible for cost-sharing for subsequent medical monitoring if they continue to satisfy the eligibility requirements under Section 1.1.

3.2 Medical Monitoring Cost-Sharing Review

Historically, the school district, Member, and Public Education Benefits Trust have jointly covered the expenses of medical monitoring for a Member whenever possible. To alleviate financial pressure on the Member, effective January 1, 2024, the PEBT may reimburse one-third of the total cost of eligible medical monitoring expenses plus the Member's portion of the cost up to two-thirds of the total cost, to a maximum of \$9,000 per Member annually.

Where the school district has paid 100% of the medical monitoring costs, any approved cost-sharing will be reimbursed to the school district directly.

Where the Member has paid 100% of the medical monitoring costs, any approved cost-sharing will be reimbursed to the Member directly.

Where the school district and Member are sharing the costs of medical monitoring, any approved PEBT cost-sharing will be reimbursed directly to each party and reimbursement priority will be given to the Member. Only when the Member has been fully reimbursed will the remaining available reimbursement be directed to the school district.

In extenuating circumstances, the PEBT may consider reimbursing more than two-thirds or more than \$9,000 of medical monitoring costs per Member per calendar year.

This medical monitoring cost-sharing policy is not intended to replace arrangements already established by school districts.

3.2.1 Reimbursing the School District

Consistent with long-standing best practices, the school district will select and contract directly with the medical monitoring company. At the end of each calendar year, or at the end of a Member's medical monitoring, the school district may forward a completed 'Medical Monitoring Reimbursement Request' form and a copy of the medical monitoring receipts to the PEBT for cost-sharing reimbursement. Reimbursement will not be provided if receipts are submitted more than 90 days following the end of the calendar year in which the expense was incurred.

If the Member did not participate in the JEIS or LTD programs, then a copy of the Member's proof of LTD eligibility should be enclosed. Once eligibility is verified the PEBT will issue applicable reimbursement.

In extenuating circumstances, the school district may submit a request for additional reimbursement (exceeding two-thirds or \$9,000 per Member per calendar year) or more frequent (i.e. quarterly) reimbursement of medical monitoring costs. Such requests, including accompanying reasons, should be provided in writing to the PEBT.

After the request is reviewed by the PEBT JEIS and LTD Committee, the PEBT will advise the school district of the decision in writing.

3.2.2 Reimbursing the Member

If a Member has paid or is expected to pay some or all of the costs of medical monitoring, then they may submit a 'Medical Monitoring Reimbursement Request' form directly to the PEBT.

To be eligible for reimbursement, all reimbursement requests must be submitted to the PEBT within 90 days following the end of the calendar year in which the expenses were incurred. After reviewing the request, the PEBT will advise the Member of the decision verbally and in writing.

3.2.3 Determining the PEBT's Share of Medical Monitoring Costs

For requests for medical monitoring reimbursements that exceed two-thirds of the annual costs up to a maximum of \$9,000 per Member per calendar year, the PEBT JEIS and LTD Committee will review any requests on a case-by-case basis and consideration may be given to the following:

- a. is more comprehensive or costly medical monitoring required (i.e. in a remote or rural location)
- b. is the Member experiencing severe financial hardship or;
- c. can the school district pay their share?

After reviewing a request, the PEBT JEIS and LTD Committee will recommend the cost-sharing amounts for the medical monitoring to the PEBT Board of Trustees and the decision will be communicated in writing to the school district and/or the Member.

3.3 Communication of the Medical Monitoring Process by the Administrator

When a Member suffering from addictions or substance misuse is participating in JEIS or LTD, the Administrator will explain medical monitoring to the Member well in advance of the start of the return-to-work program. The purpose of this is to ensure that the Member is not surprised when medical monitoring is required.

With the Member's authorization, the Administrator will also ensure that any return-to-work/medical monitoring recommendations will be provided to the school district as soon as possible, such as immediately following the Member's intensive addiction or substance misuse treatment, so that the school district can prepare for the Member's return to work. Recommendations may come from an independent medical evaluation, an addictions or substance misuse treatment facility, a physician or other qualified practitioner.

While the Administrator's Healthcare Management Specialist (HCMS) or LTD Claims Specialist is not expected to actively monitor the Member during their medical monitoring period, the District Joint Committee will provide updates to the HCMS or LTD Claims Specialist during the regular meetings until a Member's medical monitoring concludes. If it appears that the Member is expected to stop working, then the HCMS or LTD Claims Specialist will contact the Member and offer support.

3.4 Medical Monitoring Cost-Sharing Appeals

If a request for cost-sharing or additional cost-sharing (i.e. greater than \$9,000 per Member per calendar year) is not approved, an appeal may be submitted by the Member or school district

Addictions and Substance Misuse Treatment and Medical Monitoring Cost-Sharing Policy

to the PEBT within two years of the decision date. The appeal will be reviewed by the PEBT JEIS and LTD Committee and the decision will be communicated verbally and in writing to the school district and/or the Member.

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