



POLICY NO. 12

MEMBER BENEFITS TRUST

Substance Use Disorder Benefit Policy

Approved Feb. 5, 2021

Revised Sept. 22, 2021

A. PURPOSE

To provide eligible MBT members with financial assistance with the cost of in-patient and out-patient treatment for substance use disorder and addiction.

B. OBJECTIVES

The objective of the policy is to assist members with the cost of in-patient and out-patient treatment for substance use disorder and addiction.

C. ELIGIBILITY

MBT members must be in good standing with the Union of BC Performers and attending a licensed and/or accredited substance use facility, as set out in Section E below, in order to be eligible for this benefit.

D. BENEFIT AMOUNT

A lifetime benefit of \$10,000 CAD towards the cost of any in-patient or out-patient substance use treatment program will be available to eligible MBT members.

E. ELIGIBLE TREATMENT FACILITIES

Only licensed/and or accredited substance use treatment facilities will be eligible for coverage under this policy. For members in BC, a “licensed and/or accredited substance use treatment facility” means any facility listed by the Licensed Treatment and Recovery Services in British Columbia, as compiled by the BCCSU in partnership with the Ministry of Mental Health and Addiction and the Ministry of Health. For members who reside outside of BC, a “licensed and/or accredited substance use treatment facility” means a facility that is licensed or accredited to provide treatment for substance use disorder and addiction in Canada or the United States.

F. APPLICATION

The requesting member must complete and sign an application form, attached as Schedule ‘A’, requesting a specific amount under this policy, and must provide sufficient proof of attendance at a treatment facility and of the amount owing to the treatment facility as described in paragraph H below (the “Application”).



G. ADMINISTRATOR'S APPLICATION REVIEW

Once an Application has been received, the Administrator will review the Application. The Administrator will advise the requesting member if the Application is incomplete, and will indicate in writing what further information is required from the requesting member. Once the Application is, in the opinion of the Administrator, complete, then the Administrator will determine whether they can approve such application pursuant to paragraph H hereof.

H. ADMINISTRATOR'S APPROVAL

The Trustees have decided that, once an Application is complete, the Administrator will approve an Application if all of the following conditions are met:

- i) Attending a licenced and/or accredited, in-patient or out-patient treatment facility for substance use disorder or addiction, as described in section E of this policy. Confirmation of attendance must be provided by the treatment facility and must be signed by a medical doctor or registered counsellor involved in the member's treatment. A draft confirmation is attached to this policy as Schedule 'B'.
- ii) Confirmation of the cost of treatment and the remaining amount owing. This confirmation must be provided by the treatment facility and should include the total cost of treatment, payments made and the remaining amount owing.

The Administrator is required to provide a written report at Trustee meetings regarding all Applications and must ensure that a copy of each such approved Application is placed in the member's file. In order to maintain confidentiality of the requesting member, no identifying details, i.e. name or UBCP number, will be included in the report to Trustees.

I. METHOD OF PAYMENT

Any and all payments will be made directly to the treatment facility. Payment under this policy will not exceed \$10,000 CAD or the cost of treatment, minus payments from other sources, whichever is less. In the event any amount of the payment is refunded it will be refunded to the MBT. In the event a refund is provided to the member directly, the beneficiary must remit the refund to the MBT immediately and failure to do so will constitute a debt owing to the MBT.



Office Use Only

Approved by: _____

Amount: _____

Date: _____

SCHEDULE "A"

POLICY #12 - SUBSTANCE USE DISORDER BENEFIT APPLICATION

MEMBER INFORMATION

Name: _____

UBCP #: _____

Address: _____

Phone #: _____

Email: _____

APPLICATION

I am requesting the amount of \$ _____ and I confirm that:

I am currently attending or will be attending, _____, a licensed
Name of facility

and/or accredited substance use treatment facility. _____
initial

I have included confirmation from the treatment facility of my attendance . _____
initial

I have included confirmation from the treatment facility of the cost of treatment, payments
made and the remaining balance owing. _____
initial



RELEASE

I, _____ understand that, if my Application is approved, an
(Member Name)

amount up to \$ _____ will be paid directly to _____
(Amount) (Treatment Facility)

as a payment towards the cost of in-patient or out-patient treatment. I waive any and all claims that I have or may in the future have against, and release from all liability and agree not to sue, the members of the Trust and any of its employees, servants, agents or representatives for any personal injury, property damage or other loss that I may sustain as a result of any payment made pursuant to the Substance Use Disorder Policy due to any cause whatsoever.

(Signature)

(Date)



[INSERT FACILITY LETTERHEAD]

SCHEDULE "A"

CERTIFICATION OF ATTENDANCE IN A LICENSED AND/OR ACCREDITED SUBSTANCE USE TREATMENT FACILITY

I confirm that, _____, is attending, or is scheduled to attend,
Member Name

_____, a licensed substance use treatment facility in
Name of Facility

_____. Treatment began, or will begin, on _____.
Province Date

Dated this _____ day of _____, 2022.

Name

Specialty

Signature

Registration Number