

2025 BENEFITS SUBSIDIARY AGREEMENT

THIS AGREEMENT made as of the 1st day of April, 2025,

BETWEEN:

**HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE
OF BRITISH COLUMBIA**, as represented by the Minister of
Health

(the “**Government**”)

AND:

ASSOCIATION OF DOCTORS OF BC

(the “**Doctors of BC**”)

AND:

MEDICAL SERVICES COMMISSION

(the “**MSC**”)

WITNESSES THAT WHEREAS:

A. The Doctors of BC, the MSC and the Government have agreed to renew and replace the 2022 PMA, the 2022 Family Practice Subsidiary Agreement, the 2022 Specialists Subsidiary Agreement, the 2022 Rural Practice Subsidiary Agreement, the 2022 Alternative Payments Subsidiary Agreement, and the 2022 Benefits Subsidiary Agreement;

B. The parties have agreed that this Agreement will constitute the new Benefits Subsidiary Agreement, to take effect as of April 1, 2025; and

C. The parties intend this Agreement to:

- (a) identify the benefits that are available to physicians through agreements between the parties;
- (b) describe threshold eligibility for participation in the Benefit Plans, subject to the specific terms, conditions, rules and eligibility criteria applicable to each Benefit Plan;
- (c) assign responsibility for the oversight and administration of the Benefit Plans; and
- (d) identify the funding for the Benefit Plans.

NOW THEREFORE in consideration of the premises and the agreements of the parties as set out herein, the parties agree as follows:

ARTICLE 1 - RELATIONSHIP TO THE 2025 PHYSICIAN MAIN AGREEMENT

1.1 This Agreement is one of the Physician Main Subsidiary Agreements under the 2025 Physician Main Agreement and is subject to its terms and conditions.

ARTICLE 2 – DEFINITIONS AND INTERPRETATION

2.1 Words used in this Agreement that are defined in the 2025 Physician Main Agreement have the same meaning as in the 2025 Physician Main Agreement unless otherwise defined in this Agreement.

2.2 **“this Agreement”** means this document including the Schedules, as amended from time to time as provided herein.

2.3 **“Benefit Plans”** means the CME, the PDI, the CMPA Rebate Program, the CPRSP, the PHP, the Parental Leave Program, and the CCSL.

2.4 **“CCSL”** means the Ceremonial, Cultural and Spiritual Leave referred to in Schedule “F” to this Agreement.

2.5 **“CMPA Rebate Program”** means the Canadian Medical Protective Association Rebate Program referred to in Schedule “C” to this Agreement.

2.6 **“CME”** means the Continuing Medical Education Fund referred to in Schedule “B” to this Agreement.

2.7 **“CPRSP”** means the Contributory Professional Retirement Savings Plan referred to in Schedule “D” to this Agreement.

2.8 **“Parental Leave Program”** means the program referred to in Schedule “E” to this Agreement.

2.9 **“PDI”** means the Physician Disability Insurance Program referred to in Schedule “A” to this Agreement.

2.10 **“PHP”** means the Physician Health Program operated by the Doctors of BC to provide advocacy and support for physicians, including those in training, and their families, who are experiencing problems related to personal and family emotional health issues, the inappropriate use of alcohol and/or drugs or coping with physical illness.

2.11 **“2025 Physician Main Agreement”** means the agreement titled “2025 Physician Main Agreement” among the Government, the Doctors of BC, and the MSC, dated April 1, 2025.

2.12 The provisions of sections 1.2 to 1.8 inclusive of the 2025 Physician Main Agreement are hereby incorporated into this Agreement and shall have effect as if expressly set out in this

Agreement, except those references in such sections to “this Agreement” shall herein be construed to mean this Agreement.

ARTICLE 3 - TERM

3.1 This Agreement comes into force on April 1, 2025.

3.2 This Agreement shall be for the same term as the 2025 Physician Main Agreement and will be subject to renegotiation and/or termination pursuant to Articles 26 and 27 of the 2025 Physician Main Agreement.

ARTICLE 4 - PHYSICIAN BENEFITS COMMITTEE AND PHP STEERING COMMITTEE

4.1 The Government and the Doctors of BC will continue the **Benefits Committee** which provides oversight of the Benefit Plans (with the exception of the PHP) and the administration of them.

4.2 The Benefits Committee will be composed of up to three members appointed by the Doctors of BC and up to three members appointed by the Government, and will be co-chaired by one member chosen by the Doctors of BC Board of Directors and one member chosen by the Government.

4.3 The Benefits Committee must meet a minimum of two times per year, unless the members of the Benefits Committee agree to additional meetings or the Physician Services Committee directs additional meetings, in which case the Benefits Committee must hold such additional meetings.

4.4 The terms of reference of the Benefits Committee will include:

- (a) providing general oversight of the Benefit Plans within the available funding, consistent with the terms of this Agreement and the 2025 Benefits Administration Agreement;
- (b) determining when there is a surplus in funding for any of the Benefit Plans and allocating any such surplus in accordance with this Agreement;
- (c) identifying and making changes to the specific terms, conditions, rules, eligibility criteria and benefits associated with each of the Benefit Plans, except the PHP, to maximize the benefits realized within the budget for each Benefit Plan; and
- (d) discovering whether or not physicians who are compensated by Salary Agreements are entitled to make any contribution to an RRSP and, if so, considering whether to provide a partial CPRSP benefit to such physicians.

4.5 The Benefits Committee will make decisions by consensus decision.

4.6 If the Benefits Committee cannot reach a consensus decision on any matter that it is required to determine pursuant to sections 4.4(a) or (b), the Government and/or the Doctors of BC may make recommendations to the Adjudicator regarding such matter. If the Government or the Doctors of BC initially refers the matter to the Adjudicator, the opposing party may, at their election and within 10 days of the receipt of the notice advise that it wishes to have the matter referred to the Adjudication Committee instead of an Adjudicator and in such case the matter will be dealt with by the Adjudication Committee. The Adjudicator or the Adjudication Committee, as the case may be, shall then determine the matter. If the Benefits Committee cannot reach a consensus decision on any matter that it is required to determine pursuant to section 4.4(c) or section 4.4(d), the Government and/or the Doctors of BC may refer the matter to the Physician Services Committee and the Physician Services Committee will attempt to resolve the matter, failing which there will be no change to the Benefit Plan(s) in issue.

4.7 On an annual basis, the Benefits Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

4.8 The Benefits Committee must follow any communication protocol developed by the Physician Services Committee, and in any event must ensure that the co-chairs of the Benefits Committee pre-approve any communication about the business and/or decisions of the Benefits Committee.

4.9 The cost of physician participation on the Benefits Committee will be paid from the funds allocated by the Benefits Committee pursuant to this Agreement other than for physicians who are employees of the Government, Doctors of BC, and Health Authorities, unless such Health Authority employed physicians are participating on behalf of the Doctors of BC.

4.10 The PHP will be governed by a **PHP Steering Committee**. The PHP Steering Committee will consist of six members, with three members appointed by the Government and three members appointed by Doctors of BC, and will be co-chaired by one member chosen by Doctors of BC and one member chosen by Government.

4.11 The mandate of the PHP Steering Committee and its terms of reference are contained in a Letter of Expectations Concerning the PHP between the Government and Doctors of BC effective April 1, 2025.

4.12 The PHP Steering Committee will make decisions by consensus decision.

4.13 If the PHP Steering Committee cannot reach a consensus decision on any matter it is required to determine, the Government and/or the Doctors of BC may make recommendations to the Physician Services Committee, and the Physician Services Committee, or its successor, will determine the matter.

4.14 On an annual basis, the PHP Steering Committee will develop a work plan, ensure that evaluations to measure outcomes are an integral part of the work plan, and report to the Physician Services Committee in the manner outlined in section 6.3(a) of the 2025 Physician Main Agreement.

4.15. The Doctors of BC will provide all services required to administer the PHP and will:

- (a) maintain financial and other records relating to all aspects of the PHP including records related to the receipt and disbursement of annual funding received from the Government to the various programs and supports provided to physicians under the PHP and the costs associated with administering the PHP;
- (b) ensure that, unless otherwise required by law or court order, in no circumstances will the PHP report on individual cases to any person, including the PHP Steering Committee, Government or Doctors of BC;
- (c) on or before the 28th day of each month, provide to the Government through the PHP Steering Committee, monthly cash flow statements for the preceding month, in the form initially required by Government or in a form subsequently agreed to by the parties; and
- (d) report annually to the Government through the PHP Steering Committee.

ARTICLE 5 – IDENTIFICATION OF BENEFIT PLANS

5.1 Subject to section 5.2, the following Benefit Plans will be available to physicians who have not made an election under section 14 of the *Medicare Protection Act* and who are not subject to an order made under section 15(2)(a) or (b) of the *Medicare Protection Act*, under the terms and conditions that are described in the 2025 Physician Main Agreement, this Agreement and any of the other Physician Main Subsidiary Agreements:

- (a) the CME;
- (b) the PDI;
- (c) the CMPA Rebate Program;
- (d) the CPRSP;
- (e) the PHP;
- (f) the Parental Leave Program; and
- (g) the CCSL.

5.2 The Benefit Plans, other than the PHP, are generally described in Schedules A through F. The specific terms, conditions, rules, eligibility criteria and benefits associated with each Benefit Plan, other than the PHP, are as approved and published by the Benefits Committee from time to time.

ARTICLE 6 - FUNDING

6.1 The annual base funding for the PDI, CME, CPRSP and Parental Leave Program is as follows:

- (a) \$11,700,000 for the PDI;
- (b) \$9,725,000 for the CME;
- (c) \$100,570,000 for the CPRSP;
- (d) \$7,050,000 for the Parental Leave Program; and
- (e) \$4,690,000 to be allocated on annual basis by the Benefits Committee among the PDI, CME, CPRSP, and Parental Leave Program.

6.2 The Government will continue to provide \$53.1 million on an annual basis to be allocated by the Benefits Committee to increase the base funding of the PDI, CME, CPRSP, Parental Leave Program, and CCSL.

6.3 The Government will also provide the following funds on an annual basis to be allocated by the Benefits Committee to increase the base funding of the PDI, CME, CPRSP, Parental Leave Program, and CCSL:

- (a) \$8.7 million per year in ongoing annual funding, effective April 1, 2025;
- (b) a further \$9.2 million per year in ongoing annual funding, effective April 1, 2026;
- (c) a further \$9.6 million per year in ongoing annual funding, effective April 1, 2027; and
- (d) a further \$10.0 million per year in ongoing annual funding, effective April 1, 2028.

6.4 In addition to those funds set out at sections 6.2 and 6.3, the Government will provide the following funds on an annual basis to increase the base funding of the CPRSP to improve the CPRSP Basic and Length of Service benefits available to physicians:

- (a) \$4.1 million per year in ongoing annual funding, effective April 1, 2027.

6.5 In addition to those funds set out at sections 6.2, 6.3 and 6.4, the Government will provide the following funds on an annual basis to be allocated to the Parental Leave Program to increase weekly payments and number of weeks for the benefit:

- (a) \$7.3 million per year in ongoing annual funding, effective April 1, 2026; and

6.6 Any modifications by the Benefits Committee to the terms of the CPRSP program (the “**CPRSP Program Changes**”) apply to the extent that they and their administration by the Benefits Committee are permissible under applicable laws, including without limitation, federal and provincial taxation laws and rules. In the event that one or more CPRSP Program Changes or their administration by the Benefits Committee is not permissible under applicable laws, then such CPRSP Program Change or CPRSP Program Changes, as the case may be, will cease to be in effect. Neither the Government nor the MSC make any representation or warranty as to

whether any of the CPRSP Program Changes or their administration by the Benefits Committee is permissible under applicable laws.

6.7 The annual base funding of \$52.9 million for the CMPA Rebate Program will continue and will increase on an annual basis as follows:

- (a) \$4.9 million per year in ongoing annual funding, effective April 1, 2027; and
- (b) a further \$12.5 million in ongoing annual funding, effective April 1, 2028.

(“CMPA Base Funding”)

6.8 The Government and physicians will share ongoing cost increases to the CMPA Fee Schedule for each Fiscal Year for the term of this Agreement. On the basis of CMPA costs data for each Fiscal Year, the parties will determine the amount by which CMPA costs are expected to exceed CMPA Base Funding less any surplus funds derived from those Fiscal Years where CMPA costs were less than CMPA Base Funding (but not including any surplus accumulated before April 1, 2025) (“**Extraordinary Amount**”). The Government will contribute 70% of the Extraordinary Amount to the CMPA Rebate Program up to a maximum of \$17 million in each such Fiscal Year and physicians will absorb the balance of the cost increase.

6.9 For each of the Fiscal Years 2025/26 through to 2028/29 inclusive, the Benefit Committee will support the level of the Benefit Plans (excluding the CMPA Rebate Program) in existence as of March 31, 2025 by:

- (a) allocating the funding described in sections 6.2, 6.3, 6.4 and 6.5 of the Agreement;
- (b) use of surplus funds in any of the Benefit Plans, other than the CMPA Rebate Program; and
- (c) if the funds referred to in sections 6.9 (a) and (b) are inadequate to maintain the level of the Benefit Plans as described in this section 6.9, use of surplus from the CMPA Rebate Program;

subject to the terms, conditions, rules and eligibility criteria applicable to each of the Benefit Plans.

6.10 If in any Fiscal Year during the term of this Agreement, after any surplus funds in the Benefit Plans are applied to maintaining the level of the Benefit Plans as described in section 6.9, there remain surplus funds in any of the Benefit Plans, other than CMPA Rebate Program, such surplus funds will be allocated by the Benefits Committee.

6.11 The Government will provide annual funding to the PHP in order to fully fund the program and support the increasing demand for its services among physicians as follows:

- (a) \$4.65 million per year (\$0.55 million increase to ongoing annual funding of \$4.1 million) in ongoing annual funding, effective April 1, 2025;
- (b) a further \$0.85 million per year in ongoing annual funding, effective April 1, 2026;
- (c) a further \$0.5 million per year in ongoing annual funding, effective April 1, 2027; and
- (d) a further \$0.5 million per year in ongoing annual funding, effective April 1, 2028.

ARTICLE 7 - ADMINISTRATION OF THE BENEFITS PLANS

7.1 Concurrently with the execution and delivery of this Agreement, the Government and the Doctors of BC will renew and amend the contract between them for administration of the Benefit Plans, except the PHP (the “**2025 Benefits Administration Agreement**”). The 2025 Benefits Administration Agreement shall include the following:

- (a) The responsibilities of the Doctors of BC include the verification that public funds have been properly used for the purposes intended, including such audit and inspection procedures as may be necessary and required.
- (b) The Doctors of BC acknowledges and accepts its responsibility to administer the Benefit Plans available to all eligible physicians who have not made an election under section 14 of the *Medicare Protection Act* and who are not subject to an order made under section 15(2)(a) or (b) of the *Medicare Protection Act*, and acknowledges and accepts its responsibility to provide the same standard of administration to both members and non-members of the Doctors of BC.
- (c) It is understood and agreed that the Doctors of BC may charge physicians who are not members of the Doctors of BC an administrative fee when such non-members apply for any benefits available to them under the Benefit Plans. It is further understood and agreed that non-members will not be charged administrative fees that exceed the equivalent of dues and levies charged to Doctors of BC members in the calendar year in which the non-member applies for a benefit or benefits.
- (d) To facilitate the Government and the MSC in meeting their statutory obligations to account for the use of public money, the Doctors of BC will report annually to the Government on its expenditures related to the administration of the Benefit Plans, such report to also include audited financial statements for each Benefit Plan.
- (e) A clause permitting either party to terminate without cause upon 6 months written notice to the other party, such clause not to be operable prior to April 1, 2028.

7.2 The costs associated with administering the Benefit Plans that are the subject of the 2025 Benefits Administration Agreement will be paid from the annual funding made available for those Benefit Plans.

7.3 During the term of this Agreement, either the Government or the Doctors of BC may, at its own expense, initiate a review of the Benefit Plans. The other party will be fully reimbursed for the costs of its participation in the review. Where one party initiates a review under this section the other party will fully cooperate.

7.4 Information that contains the identification of physicians will be provided to the Doctors of BC Benefits Department for the administration of the Benefits Plans only. Such information will be kept confidential in compliance with relevant legislation.

7.5 The Benefits Committee will review the current information needs of the Doctors of BC Benefits Department with the aims of improving the quality of the information collected and reducing the administrative burden on the Health Authorities, the Government, and the Doctors of BC associated with collecting the information.

7.6 The Doctors of BC Benefits Department will report to the MSC the value of the benefits (excluding PDI and PHP) at the level of the individual physician on an annual basis. This information will be treated as confidential by the MSC and, subject to any statutory requirements to the contrary, will not be published or otherwise publicly reported.

7.7 The Doctors of BC Benefits Department will report to the Benefits Committee the value of administrative fees charged to non-members for each Benefit Plan on an annual basis.

ARTICLE 8 - ELIGIBILITY TO PARTICIPATE IN THE BENEFIT PLANS

8.1 Subject to any specific provision of the 2025 Physician Main Agreement and any of the Physician Main Subsidiary Agreements, including this Agreement, and subject to the specific terms, conditions, rules and eligibility criteria applicable to each of the Benefit Plans, physicians who are compensated by Fees, Sessional Contracts, Service Contracts or contracts for the provision of provincially funded clinical services under an alternative payment model (excluding Salary Agreements) are eligible to participate in all of the Benefit Plans. Income from each compensation source shall be totalled and combined in determining eligibility/coverage.

8.2 Physicians who are compensated by Salary Agreements are not eligible to participate in the Benefit Plans (except for the PHP), with the exception of:

- (a) certain physicians who are compensated under part-time Salary Agreements and are entitled to participate in Benefit Plans as per current policy;
- (b) any physicians who the Benefits Committee determines, in accordance with section 4.4(d), will be provided with a partial CPRSP benefit,

provided however that no physician, as a result of working under more than one mode of compensation, may receive more than the full annual value of the benefits available under any of the Benefit Plans. Should a physician transfer to or from a Salary Agreement position during a year, the benefits available under each compensation arrangement will be pro-rated to match the time served by the physician under each compensation arrangement during that year.

8.3 A physician who elects to be paid directly by a beneficiary pursuant to section 14 of the *Medicare Protection Act* is not entitled to participate in the Benefit Plans.

8.4 Where the MSC has, for cause, made an order under section 15 (2) (a) or (b) of the *Medicare Protection Act* that physician is no longer entitled to participate in the Benefit Plans.

ARTICLE 9 - QUARANTINE INCOME REPLACEMENT

9.1 The Government will compensate physicians required by the Provincial Health Officer to undergo a period of quarantine as a result of exposure to a communicable disease while providing Insured Medical Services in British Columbia. Such compensation will be paid at a rate equal to the maximum benefit available under the PDI, for a period of up to two weeks.

ARTICLE 10 DISPUTE RESOLUTION

10.1 Disputes as to the interpretation, application, operation or alleged breach of this Agreement are Provincial Disputes and will be resolved in accordance with the provisions of Articles 20, 21 and 22 of the 2025 Physician Main Agreement applicable to Provincial Disputes.

IN WITNESS WHEREOF the parties have executed this Agreement by or in the presence of their respective duly authorized signatories as of the 1st day of April, 2025.

SIGNED, SEALED & DELIVERED on)
behalf of HIS MAJESTY THE KING IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA, by the Minister)
of Health or their duly authorized)
representative:)

ROB BURNS)

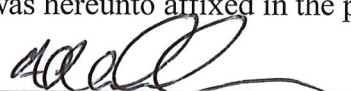
Name)

ASSOC MIN OF HEALTH)

Position)
)
)


Signature of Authorized Signatory

THE CORPORATE SEAL of the)
ASSOCIATION OF DOCTORS OF BC)
was hereunto affixed in the presence of:)


Signature of Authorized Signatory)
)

DR. ADAM THOMPSON)

Name)

PRESIDENT)

Position)
)

C/S



MEDICAL SERVICES COMMISSION

Per: 
Authorized Signatory

DR. ROBERT HALPENWY
Name

Chair - MSC
Position

SCHEDULE A

PHYSICIAN DISABILITY INSURANCE PROGRAM

Funding for the PDI will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The PDI funds will be payable by the MSC to, and on the date required by, the insurance company which is providing the PDI coverage.

The PDI provides income replacement to eligible physicians who become disabled. Coverage is not automatic and each physician must apply for coverage and provide medical evidence of insurability. The specific terms, conditions, rules, and eligibility criteria applicable to, and the benefits available from, the PDI are as approved and published by the Benefits Committee from time to time.

SCHEDULE B

CONTINUING MEDICAL EDUCATION FUND

Funding for the CME will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The annual funds will be payable to the Doctors of BC on May 1st of each Fiscal Year.

The CME fund is a yearly allotment of monies used to assist physicians with eligible educational expenses. The specific terms, conditions, rules, and eligibility criteria applicable to, and the benefits available from, the CME are as approved and published by the Benefits Committee from time to time.

SCHEDULE C

CANADIAN MEDICAL PROTECTIVE ASSOCIATION REBATE PROGRAM

The maximum funding available for the CMPA Rebate Program will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The funding for the CMPA Rebate Program as set out in Article 6 of the Benefits Subsidiary Agreement will be allocated among physician type of work categorizations unless otherwise determined by a consensus decision of the Benefits Committee.

The CMPA Rebate Program provides eligible physicians with partial reimbursement of their CMPA dues. The specific terms, conditions, rules, and eligibility criteria applicable to, and the benefits available from, the CMPA Rebate Program are as approved and published by the Benefits Committee from time to time.

SCHEDULE D

CONTRIBUTORY PROFESSIONAL RETIREMENT SAVINGS PLAN

Funding for the CPRSP will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

The CPRSP is a retirement savings program that provides funds for eligible physicians to contribute to a registered savings plan for retirement, subject to the available CPRSP funding, and subject to the specific terms, conditions, rules, and eligibility criteria approved and published by the Benefits Committee.

SCHEDULE E

PARENTAL LEAVE PROGRAM

Funding for the Parental Leave Program will be as set out in the applicable provisions of Article 6 of the Benefits Subsidiary Agreement.

Effective April 1, 2026, the Parental Leave Program will provide up to \$2,000 per week for up to 20 weeks within one year of the date an eligible physician, regardless of gender, becomes a parent of a newborn or newly adopted child or of a newborn through a surrogate mother. The 20 weeks need not be consecutive if it is necessary for the physician to return to work for one or more periods within the qualifying year.

Effective April 1, 2026, the Parental Leave Program will also provide up to \$2,000 per week for up to 20 weeks within one year of the date an eligible physician, who has an established relationship with an Indigenous child or has a cultural or traditional responsibility towards a child and who is authorized by the Ministry of Children and Family Development (specifically as a kinship care provider) or an Indigenous governing entity to provide daily care for an Indigenous child in place of the child's parent(s), begins to provide care to the Indigenous child to ensure familial, cultural, and community continuity ("**Indigenous Child Care Leave**"). The 20 weeks need not be consecutive if it is necessary for the physician to return to work for one or more periods within the qualifying year.

"**Indigenous child**" means a child

- (a) who is a First Nation child,
- (b) who is a Nisga'a child,
- (c) who is a Treaty First Nation child,
- (d) who is under 12 years of age and has a biological parent who
 - (i) is of Indigenous ancestry, including Métis and Inuit, and
 - (ii) considers themselves to be an Indigenous person,
- (e) who is 12 years of age or over, of Indigenous ancestry, including Métis and Inuit, and considers themselves to be an Indigenous person, or
- (f) who an Indigenous authority confirms is a child belonging to an Indigenous community.

The Benefits Committee will consult with the Physician Specific Committee on ISAR and Cultural Safety on issues related to Indigenous Child Care Leave.

The specific terms, conditions, rules and eligibility criteria applicable to the Parental Leave Program, including Indigenous Child Care Leave will be as approved and published by the Benefits Committee from time to time.

SCHEDULE F

CEREMONIAL, CULTURAL AND SPIRITUAL LEAVE

Indigenous employees have a right upheld by BC Law, including the *Declaration on the Rights of Indigenous Peoples Act*, SBC 2019, c. 14, to manifest, practice, develop, and teach their spiritual and religious traditions, customs, and ceremonies. To compensate for such time away from practice, the parties agree to establish a new Benefit Plan for physicians effective April 1, 2026 with the following characteristics:

- (a) A ceremonial, cultural, or spiritual event that would be covered by this benefit would include any event that is significant to an Indigenous physician's culture. Examples of significant cultural events include, but are not limited to, Hoobiye, Pow-wows, Sundance, participation in a sweat lodge, coming of age events, feasts, or ceremonies held following a significant family event (including the death of a family member).
- (b) "Family" for the purposes of accessing this benefit includes an Indigenous Elder (designated as such by their community) or any individual an Indigenous physician considers family consistent with their Indigenous cultural practices.
- (c) The benefit will provide a daily benefit amount, for up to five days in each calendar (or fiscal) year. The daily benefit amount is to be equivalent to 1/85th of the maximum funding for 20 weeks of Indigenous Child Care Leave (one day of compensation) under the Benefits Subsidiary Agreement.
- (d) The Benefits Committee will consult with the Physician Specific Committee on ISAR and Cultural Safety on issues related to Ceremonial, Cultural and Spiritual Leave.
- (e) Specific terms, conditions, rules, and eligibility criteria applicable to the benefit will be as approved and published by the Benefits Committee from time to time.