



Facts about Workers' Compensation

The Way It Was

In the early 20th century, a worker injured on the job had to sue his employer to recover medical expenses and lost wages.

Lawsuits took months and sometimes years. Juries had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing. It was costly, time consuming, and often unfair.

The Way It Is

Today, the California workers' compensation law provides a faster, fairer way to take care of injured workers... where fault doesn't have to be proved to recover medical expenses and lost wages.

This job-injury insurance is paid for by your employer and supervised by the state. It pays your medical bills and if you can't work due to a job-related injury or illness, provides money to help replace lost wages until you can return to work.

Who's Covered?

Almost every employee in California is protected by workers' compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. If you have a question about coverage, ask your employer.

What's Covered?

Any injury or illness is covered if it's due to your job. It can be caused by one event like a fall, or repeated exposures, such as repetitive motion over time. Everything from first-aid type injuries to serious accidents is covered. Workers' compensation even covers injuries – including physical or psychiatric injuries – resulting from a workplace crime. (Some injuries from voluntary, off-duty recreational, social or athletic activity – for example, the company bowling team – may not be covered. Check with your supervisor or the claim administrator listed at the end of this document if you have questions.)

Coverage is automatic and immediate. There is no qualifying period, no need to earn a certain amount in wages before you're covered... protection begins the first minute you're on the job.

What You Have To Do

If you have a work injury or illness, immediately notify your supervisor or the employer representative listed on the back of this pamphlet so you can get medical help right away. If it's more than a simple first-aid injury, your employer will give you a claim form so you can describe the injury and how, when and where it happened. To file a claim, complete the "Employee" section of the claim form, keep one copy and return the rest to your employer. Your employer will then complete the "Employer" section, give you a signed and dated copy of the form, keep one copy and send one to the claims administrator, the company that is responsible for handling your claim and notifying you about your eligibility for benefits.

Benefits can't start until the claims administrator knows of the injury, so report the injury and file the claim form with your employer as soon as possible. State law requires employers to authorize medical care within one working day of receiving a claim form, and employers may be liable for as much as \$10,000 in treatment until a claim is accepted or rejected. Delays in reporting may delay workers' compensation benefits, and you may not be able to get benefits if you don't file a claim within one year of the date of injury, the date you knew the injury was work related, or the date benefits were last provided. To ensure your right to benefits, report every injury, no matter how slight, and request a claim form if it's more than a minor injury requiring only first aid.

Benefits

The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness... with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy and medicines. State law makes non-emergency medical services subject to preauthorization and limits some medical services.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes a permanent disability or death.
- If your injury or illness causes permanent disability that prevents you from returning to work within 60 days after your temporary disability ends and your employer doesn't offer appropriate modified or alternative work, you may be eligible for a supplemental job displacement benefit. This is a nontransferable voucher for education-related retraining and/or skill enhancement at state-approved schools. Voucher amounts range from \$4,000 to \$10,000, depending on the level of permanent disability.

Benefit Payments

- **Medical Care:** All medical expenses for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never receive a bill. The name and phone number of the claims administrator are at the end of this document and are posted at your workplace.
- **Temporary Disability:** If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll get a check. You will continue to receive TD checks every two weeks after that until the doctor says you can return to work, or that your medical condition is "permanent and stationary." (Payments won't be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. It probably won't be the full amount of your regular paycheck, but there are no deductions and the payments are tax free. Under state law, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of the injury, or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease. If you reach the maximum TD payment period before you can return to work or before your medical condition becomes permanent and stationary, you may be able to obtain State Disability benefits through the California Employment Development Department (EDD). You also may be able to get these benefits if your TD is delayed or denied. There are time restrictions, however, so contact EDD at 1-800-480-3287 or www.edd.ca.gov for information on when and how to apply.
- **Permanent Disability:** If your doctor says your injury or illness will always leave you somewhat limited in your ability to work, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. If your employer has 50 or more employees, your benefit payment also will be affected by whether or not your employer makes a suitable return-to-work offer. The minimum and maximum amounts are set by state law, and vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or until you settle your case and receive a lump sum.

■ **Death Benefits:** If the injury or illness causes death, payments may be made to individuals who were financially dependent on you. These benefits are set by state law and the amount depends on the number of dependents and the date of injury. Generally, the payments are made at the same rate as temporary disability payments – however, no payments will be less than \$224 per week. Workers' compensation also provides a burial allowance.

■ **Supplemental Job Displacement Benefit:** If you receive temporary disability payments, within 30 days after that benefit ends, your claims administrator will send a letter advising whether your employer has a modified job or alternative work available for you, and explaining your potential rights to a supplemental job displacement benefit. If your employer does not offer modified or alternative work, and it is determined that you have a permanent disability that prevents you from returning to work for the employer within 60 days after your temporary disability ends, you may qualify for a nontransferable voucher to use at a state accredited school for retraining or skill enhancement. If you qualify, your claims administrator will provide a voucher up to a maximum set by state law:

- A) Up to \$4,000 for permanent disability awards of more than 0 but less than 15%.
- B) Up to \$6,000 for permanent disability awards between 15% and 25%.
- C) Up to \$8,000 for permanent disability awards between 26% and 49%.
- D) Up to \$10,000 for permanent disability awards between 50% and 99%.

Other Benefits

Workers' compensation is sometimes confused with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer. On the other hand, SDI covers off-the-job injuries or sickness, and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits, you may be able to get State Disability benefits. For information, call the local office of the state Employment Development Department listed in the government pages of your phone book, or learn more at www.edd.ca.gov/disability/.

If You Have Questions

... ask your supervisor or employer representative. Or contact the workers' compensation claims administrator (the name and phone number are listed at the end of this document and are posted at your workplace). You also can contact an information and assistance officer at the State Division of Workers' Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. The local office is listed at the end of this document and is posted at your workplace, or you can call 800-736-7401, check the local listing in the white pages of the phone book under State Government Offices/Industrial Relations/Workers' Compensation, or go to the DWC web site at www.dwc.ca.gov.

More About Medical Care

Good medical care is important - to you, your family and your employer. Quality medical treatment is the quickest way to recovery.

- If emergency medical care is needed, call 911 for immediate help and get the best treatment available until emergency personnel arrive.
- If first-aid is available at your workplace, seek immediate treatment. Report to your employer where, when and how the accident happened. If it's more than a simple first-aid injury, ask your employer for a claim form.
- To make sure your medical bills get paid and you get all of your benefits, complete the "Employee" section of the claim form and return it to your employer as soon as possible. Employers must notify the claims administrator and authorize medical care within one working day of receiving a claim form, so get a signed and dated copy back from your employer and keep it with the other paperwork related to your claim.

■ Your claims administrator will arrange medical care that meets the treatment guidelines for the injury. The doctor, who may be a specialist for your type of injury, will be familiar with workers' compensation requirements and will report promptly so your benefits can be paid.

■ Your employer may have a Medical Provider Network (MPN), which is a network of health care providers who treat workers injured on the job. If so, a notice should be posted at your worksite to explain how to use the network. You also can request information on how to use the MPN by asking your employer or by calling the MPN number on the poster.

■ The doctor with overall responsibility for your treatment is the "primary treating physician" (PTP). The PTP decides what kind of medical care you need and when you can return to work. If necessary, the PTP will review your job description with you and your employer to define any limitations or restrictions that you may have when you go back to work. The PTP also will coordinate any care you receive from other medical providers, and for a serious injury, will write reports about any permanent disability or need for future medical care.

■ You can be treated by your personal doctor immediately if your employer offers group health coverage; the doctor has treated you before, has your medical records, and has agreed in advance to treat you for work injuries or illnesses; and you gave your employer the doctor's name and address in writing before the injury. This is called "predesignating a personal physician." If you decide to predesignate, the doctor must be someone who has limited his or her practice of medicine to general practice or be a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner; or you can predesignate a multispecialty group of licensed doctors of medicine or osteopathy (M.D.s or D.O.s) that provides comprehensive medical services primarily for nonoccupational injuries and illnesses. You can use the optional predesignation form (DWC Form 9783) to give your employer the necessary information. You can use optional DWC Form 9783.1 to name a personal chiropractor or acupuncturist, but different rules apply, and you may need to see an employer-selected doctor first.

■ If your employer has an MPN, but you have a predesignated personal physician, you may receive treatment immediately from that doctor. If your employer has an MPN and you do not predesignate a personal physician prior to injury, a network doctor will generally be your PTP for the duration of treatment. For treatment other than emergency care, your claims administrator should direct you to an MPN doctor for your first medical visit, though you may switch to another doctor in the network anytime after your first visit. If you want to switch to a chiropractor or acupuncturist, including a personal chiropractor or personal acupuncturist named prior to the injury, he or she must be in the network. Different rules apply if you are in a workers' compensation Health Care Organization (HCO). If your employer offers an MPN or if you are in an HCO, your employer will provide additional information about the network and your rights under your plan.

■ Generally, if you don't predesignate a personal physician prior to the injury, and are not covered by an MPN, you can switch to your own doctor 30 days after the injury is reported. If you want to switch doctors before that, your claims administrator will give you a list of doctors to choose from. (Different rules apply if you are in an HCO, so check with your claims administrator if that's the case.) If you want to change doctors for any reason, choose carefully – most people don't have a family surgeon, for example. If you want advice on specialists, talk to the claims adjuster who works for your claims administrator. They're as interested as you are in your prompt recovery and return to work and will help you get a different doctor.

■ In any event, report your choice to the claims adjuster as soon as you make it so the bills will be paid for you. Even minor injuries may need expert care. Prompt, quality medical care is the best investment you and your employer can make.

When a work injury or illness occurs...

1. If emergency medical care is needed, call 911 or go to the nearest emergency room.
2. Report injuries immediately to your supervisor or employer representative at _____ (telephone).
Your employer may advise you on where to go for treatment. Your employer also is required to provide you with a claim form within one working day of learning of your injury, so ensure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first-aid injury.
Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form, and will direct you to a doctor, clinic, or to a hospital if necessary. Any delay in reporting an injury may delay workers' compensation benefits. If your claim or benefits are denied, you have a right to challenge the decision at the Workers' Compensation Appeals Board, but there are deadlines for filing the necessary papers, so don't delay.
3. Call your employer representative or claims administrator if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Emergency Telephone Number: Call 911 for an ambulance, the fire department, police, or for emergency medical care from a doctor or hospital. For nonemergency medical care, contact your employer, the workers' compensation claims administrator listed below, or go to

Claims Administrator:

Name _____
 check if company is self-insured

Telephone _____

Free help and information are available by contacting a Division of Workers' Compensation information and assistance officer at the local office listed below. You can hear recorded information and get a list of local offices by calling (800-736-7401), or you can get additional written information about workers' compensation by going to the Division of Workers' Compensation web site at www.dwc.ca.gov.

DWC Information & Assistance Office

Street Address _____

City _____

Telephone _____