Facts About Workers’ Compensation

The Way It Was
In the late 1800s, workers injured on the job had to sue their employer to recover medical expenses and lost wages. Lawsuits took months and sometimes years. Jurors 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.

What’s Covered?
Almost all employees in California are protected by workers’ compensation, but there are a few exceptions. People in business for themselves and unpaid volunteers are not covered. Maritime workers and federal employees are covered by similar laws. If you have questions, call your employer, ask your agent.

What’s Covered?
Anything or injuries covered if it’s due to your job. It can be caused by an event like a fall, or repetitive exposure, such as repetitive motion over time. Everything from first-aid type injuries to serious accidents is covered. Workers’ compensation excludes injuries—such as physical or psychiatric injuries—resulting from a work crime. Some injuries from voluntary after-duty recreational, social or athletic activity—for example, the company bowling team—may not be covered. Check with your supervisor or the claim administrator at your workplace for more information.

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 call the phone number of the employer representative listed on the back of this document 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 start the claims process. If it’s an emergency, go to the nearest emergency room. If you injure yourself while working, complete the “Employee” section of the claim form, keep one copy and send the rest to your employer. Your employer will then complete the “Employer” section, give you a copy of the claim form and dated copy of the completed claim form to the claim 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 your injury, so report the injury and file the claim form with your employer as soon as possible. Data shows there are fewer delays in obtaining benefits when you complete and forward one claim form to your employer, even though you might receive treatment from more than one medical provider. Your employer does not lose your injury within 30 days of the date of injury. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. You can’t go back to your claims administrator later to seek benefits or request additional medical treatment costs and from appointments. Workers’ compensation medical services are subject to authorization for medical necessity and there are limits on the number of chiropractic, physical therapy, and mental health services and treatments costs to and from appointments. Workers’ compensation medical services are subject to authorization for medical necessity and there are limits on the number of chiropractic, physical therapy, and mental health services and treatments costs to and from appointments. Workers’ compensation medical services are subject to authorization for medical necessity and there are limits on the number of chiropractic, physical therapy, and mental health services and treatments.

• You’re free to choose a treatment provider and you don’t have to agree to treatment recommended by your employer’s selected provider. 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 and your employer doesn’t offer appropriate alternative or modified work, you may be entitled to receive temporary disability benefits. This is a non-transferable voucher of up to $5,000 for education-related retraining and/or skill enhancement at state-approved schools and other services and resources to help you get back to work.

• Benefits Payments: The amount of medical bills for reasonable and necessary treatment will be paid directly by the claim administrator, so you should never receive a bill. The name and phone number of the claim 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 will get a check from the claim administrator. You will receive TD checks every two weeks until that disability is either paid for or the claim administrator concludes your current 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 four days.) The amount of these checks will vary according to your wages, your month-to-month variation in income and the order in which you filed your claim. It is usually paid within five working days from the date of injury or, for more than 240 weeks within five years from the date of injury for a low income or long-term severe burns or cerebrovascular disease. If you make more than $800 per month, your TD payment may not exceed 90% of your net income for that month and may vary by injury type or injury date, but if you have a permanent disability, your claim administrator may authorize payment up to 100% of your net wages. The TD rate is set at one third of your average monthly wages before you’re covered....protection begins the first minute you’re on the job. Maritime workers and federal employees are covered by similar laws. If you have questions, call your employer, ask your agent. Medical expenses and lost wages.

• The California workers’ compensation law guarantees you three kinds of benefits: medical benefits, temporary disability benefits and permanent disability benefits.

• Medical benefits may include treatment by a doctor, hospital services, lab work, medicines, medical supplies and equipment, and limited travel expenses. Medical benefits are paid to you and to any carrier or insurance company your employer uses to provide treatment. There is no limit to medical benefits if you choose to use the type of care you need, no limit to the amount of payments, or other resources that can help you find a new job. There are limits on how much you can spend for some items, but if you qualify, you’ll get information on what types of expenses are covered, the limits, documentation requirements, and deadlines for using this benefit.

• Workers’ compensation benefits are sometimes constrained with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers’ compensation insurance covers on-the-job injuries, disabilities 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 receive SDI if you are not able to work due to a work injury or illness. 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 receive a Supplemental Job Displacement Benefit voucher, you may qualify for additional money from the “Return-to-Work Supplement Program.” This program is administered by the California Department of Industrial Relations. For more information, call a worksite counselor at 1-866-392-7670 for eligibility requirements, and deadlines for using this benefit. If you have questions, call 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). More about medical care in the back of this document. Information prepared by the state for injured workers is also posted on the DWC website at www.dwc.ca.gov.

• More About Medical Care

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When a work injury or illness occurs...

1. If emergency medical care is needed, call 911 or go to the nearest hospital emergency room.

2. Report injuries immediately to your employer or supervisor at workplace (831) 459-7401. For nonemergency care, go to the doctor or clinic of your choice. If you do not know 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. You can secure your rights to benefits by reporting an injury no matter how slight, and report 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. Any delays in reporting an injury may delay workers’ compensation benefits and you could lose your right to benefits if you do not learn of your injury within 30 days of the injury date. If your injury or illness develops over time, report it as soon as you learn it was caused by your job. If a requested medical service is determined not medically necessary, you will receive instructions on how to appeal that decision, but if you choose to appeal, don’t delay because there is a deadline. If your claim or other benefits are denied, you have a right to challenge the decision at the Workers’ Compensation Appeal Board, and 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 nonemergency medical care. Contact your employer and go to the following doctor clinic: (name of doctor) (street address, city, state, zip code). If you have a medical emergency, go to the nearest hospital emergency room.

If your employer has a workers’ compensation Medical Provider Network (MPN), you may only choose to appeal, don’t delay because there is a deadline. If your claim or other benefits are denied, you have a right to challenge the decision at the Workers’ Compensation Appeal Board, and there are deadlines for filing the necessary papers, so don’t delay.

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Workers’ Compensation Fraud is a Felony

Any person who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

WORKERS’ COMPENSATION FRAUD IS A FELONY

If you are found guilty of a workers compensation fraud or other related crime, you will be eligible to be convicted of a felony.

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