KINGS COUNTY SELF-INSURED SCHOOLS FACTS ABOUT WORKERS' COMPENSATION BENEFITS FOR EMPLOYEES OF KINGS COUNTY SCHOOLS

WORKERS COMPENSATION GENERAL INFORMATION

California's no-fault compensation was passed by the State Legislature over 75 years ago to guarantee prompt, automatic benefits to employees who sustain on-the job injuries or illnesses. With few exceptions, almost every employee, public and private, in the State is protected by Workers' Compensation. Any injury or illness is covered if it happens on the job and is a result of the job.

Some examples of what may be covered include:

Event-physical or mental injury as a result of a crime that takes place at work.

Injury-specific bodily injury that happens as a result of slipping and falling at work. Some injuries may not be so obvious, such as repetitive motion injuries. Injuries like these can occur over time due to repeated workplace activities that can cause physical problems. Illness-confirmed classroom exposure to childhood illness contracted from students.

The State of California supervises both the amount of benefits available under Workers' Compensation and the distribution of all payments.

THE SCHOOL DISTRICT'S SELF-FUNDED PROGRAM

Rather than purchase an insurance policy, the District has elected to self-fund Workers' Compensation liability. This means that all disability benefits and medical bills plus all other benefits are paid from District funds. There is NO insurance company involved.

JT² administers the program to insure that all Workers' Compensation benefits are paid to injured employees in accordance with State

Regulations. Their address and toll-free number are at the back of this pamphlet.

The District wants you to know that its greatest concern is to see that you receive the best possible medical care and attention available, so your recovery is rapid and complete and you can return to your job.

HOW TO CLAIM BENEFITS

Report the injury or illness to your Supervisor and Human Resources Department/Business Department as soon as possible. Enough information should be included to insure that necessary reports and all required paperwork can be completed and arrangements made for medical treatment. Prompt reporting is the key. If there are no disputes, benefits are automatic, but nothing can happen until the District knows about the injury or illness. Insure your right to benefits by reporting every injury, no matter how slight. Even a cut finger can lead to disability if an infection develops. Delays in reporting may delay benefits. Also, you may not be able to receive benefits if you don't file your claim within one year from the date of injury, date you knew the injury was work related or the date you last received benefits. Coverage begins the first minute you are on the job and continues anytime you are working. You do not have to work a certain amount of time or earn a certain amount before you are protected. If your claim or benefits are denied, you have the right to challenge the decision; however there are deadlines to file the documents before the Workers' Compensation Appeals Board, so act promptly before deadlines are missed.

It is illegal for the District to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the

WHAT ARE THE BENEFITS

California's Workers' Compensation guarantees injured employees five kinds of benefits, although not all of them may apply to your injury: Medical care, payment to replace lost wages, permanent disability, supplemental job displacement benefits and death benefits to eligible

MEDICAL BENEFITS

The District will pay for all reasonable and necessary treatment, hospital costs, x-rays, medications, crutches, etc. relating to your injury or illness. There is a limit on some medical services. If there is a medical dispute, the matter will be referred to Independent Medical Review (IMR) to decide the outcome. The IMR is a third party chosen by the state for the purpose of resolving all medical disputes.

In the event of an emergency, call or have someone call 911 for immediate help.

If you require treatment in addition to or beyond first aid, you will be referred to a doctor or specialist, not necessarily one that you know, although that does not mean it's a "company doctor". The physician is a designated panel physician in private practice that will send bills and reports directly to JT². You should never see a medical bill, but, in the event one is sent to you, it should be forwarded to JT². The District has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Please contact JT^2 immediately for authorization $\underline{\textbf{prior}}$ to making any changes.

Make sure the District provides you with a "Claim Form," (DWC-1). Complete the "Employee" section and return it to the District as soon as possible. Appropriate treatment must be authorized within one working day after you return the "Claim Form". The District, through JT2, shall authorize the provision of all treatment consistent with the applicable treating guidelines for your alleged injury and shall be liable for up to ten thousand (\$10,000) in treatment until the claim is accepted or rejected. The doctor at the facility will be your "primary treating physician" (PTP) having overall responsibility regarding your treatment and may refer you to a specialist if necessary. Your PTP will determine your care in addition to recommending temporary or permanent job restrictions or limitations, coordinating care with other providers and evaluating any permanent disability factors as applicable

You are immediately entitled to be treated by your own personal physician or medical group if: a.) you have health care insurance for injuries and illnesses that are not work-related and; b.) the doctor you choose prior to the injury or illness has returned written confirmation to the District agreeing to treat you, stating he/she has treated you before and has your past medical records.

You must notify the District of the doctor's name and address in writing before the injury or illness. "Personal physician" means your regular physician and surgeon who has previously directed your medical treatment and who retains your medical records and history. If you list a chiropractor or acupuncturist, different rules apply and you will need to see the District-assigned facility first. A chiropractor can treat for only up to 24 visits. After that, you may need to change to another non-chiropractic doctor.

If you choose to pre-designate your doctor or chiropractor, you need to do so in writing using the optional attached pre-designation form. The District can offer a Health Care Organization (HCO) or use a Medical Provider Network (MPN), which is a selected network of health care providers to provide treatment to workers injured on the job. Different rules apply when an HCO or MPN is used pertaining to your treatment rights; however, these rules do not apply, since the District does not currently use an HCO or MPN.

PAYMENT FOR LOST WAGES—TEMPORARY DISABILITY (TD)

The amount generally is two-thirds of your average weekly wage with certain minimum and maximum amounts.

Workers' Compensation payments are tax-free. There are no deductions for state or federal taxes, social security, union contributions, etc. If there are no disputes and you will be receiving this benefit, the District may continue your full salary for a period of 60 working days depending on your hire date and eligibility. The disability portion of your salary continuation is tax-free.

If you are not eligible for full salary, JT2 should mail you a check within 14 days. After that, you will receive a check every two weeks until the doctor releases you to return to work. Payments for lost wages are not made for the first three days you are unable to work (including week-ends). However, if you are hospitalized as an in-patient or unable to work for more than 14 days, payments will be made even for the first three days.

If you are entitled to salary continuation, TD benefits will be included in, not in "addition to", your regular paycheck.

The law states that for most injuries TD benefits may not be paid for more than 104 weeks within 5 years from the date of injury. If you qualify, a timely filing with EDD can result in additional benefits when TD is terminated, delayed or denied.

SUPPLEMENTAL JOB DISPLACEMENT

This benefit, if you qualify, is a nontransferable voucher up to \$6,000 for education-related retraining and/or skill enhancement. If your injury results in permanent disability that prevents you from returning to work and the District does not offer you modified or alternative work after 60 days of the Claims Administrator's (JT2) receipt of the medical report outlining your disability, JT2 has 20 days to send you the voucher information explaining how it works, how it can be used and how to receive the benefit. A voucher issued on or after 1/1/13, shall expire 2 years after the date it is furnished to you or 5 years after your injury date, whichever is later,

PERMANENT DISABILITY (PD)

Additional payments will be made for a permanent impairment such as the amputation of a finger or loss of sight, if you are limited in your ability to work. The number of permanent disability payments is based on a schedule, set by the State, that takes into account factors such as age, occupation at time of injury or illness and the nature of the permanent impairment and how much was directly caused by your work. This benefit is subject to minimums and maximums set by the state.

After you recover to the fullest extent possible, the doctor will evaluate the permanent effects of your injury. JT2 will notify you with further details if you qualify for this benefit. Generally, the benefit is paid at a weekly rate over a fixed number of weeks.

The first payment is due within 14 days after the last TD payment or 14 days after you recovered to the fullest extent possible if you were never off work with one exception. JT2 is not required to begin the first payment until an Award has been issued as long as you have returned to work at the District either at 100% of your earnings at the time of injury or at least 85% of your earnings if the District has offered you another position that you qualify for. If this is the case, once an Award issues, your first payment will be retroactively paid from the 14-day period after the last TD payment or 14 days from when you have recovered to the fullest extent possible, whichever applies. This first lump sum payment will bring you up to date. Thereafter, payments will continue (bimonthly) until the maximum is reached for your particular permanent disability.

DEATH RENEFITS

In the event of a work-related death, benefit payments to dependent survivors are set by State law according to the number of dependents and the date of injury. Payments are made at the same rate as temporary disability benefits with an additional allowance for burial expenses.

ADDITIONAL BENEFIT

Return to Work Fund – If you have PD that is too low in comparison to your lost earnings from not being able to return to the job you were injured at, you may qualify for additional benefits from this Fund established and regulated by the Department of Industrial Relations (DIR). If you have questions or think you may be eligible, please refer to the DIR web site at www.dir.ca.gov.

QUESTIONS OR PROBLEMS

Fortunately, most claims are handled routinely, since the benefits are set by the Legislature. But, mistakes and misunderstandings do happen. If you think you have not received all of your benefits, contact the District or JT² directly. Many questions can be cleared up with a phone call. If you still have questions, contact the nearest office of the State Division of Workers' Compensation (DWC). Information and Assistance Officers are employed by the state to protect your rights, review your claim and let you know what steps you can take. For example, they can tell you about the procedures for resolving medical disputes and direct you on how to proceed. The Information and Assistance service is free. The nearest office is located at 2550 Mariposa St., Room 2035, Fresno, CA 93721-2280, or by calling toll free at 1-800-736-7401, or learn more about DWC and DLSE

online at www.dir.ca.gov/dlse.

Some problems may need to be resolved by the Workers' Compensation Appeals Board, the State agency responsible for handling disputes. The Appeals Board is a court of law. You can represent yourself or you can hire a lawyer. If you hire an attorney, the fee will be deducted from any benefits awarded by the Appeals Board. Attorney fees generally are 12 to 15 percent of your award. For example, if you were awarded \$10,000 less 15 percent for attorney fees, your attorney would receive \$1,500 and you would receive \$8,500.

If you do hire an attorney, JT² or any other involved parties may no longer be able to speak to you or assist you with your claim. If it is necessary to go to the Appeals Board to resolve your claim, be sure to do it within one year from the date of the injury or one year from the date of your last medical treatment. Waiting longer could mean losing your right to benefits.

OTHER BENEFITS

If the injury is a very serious one where you will not be able to work for a long period of time, you may be eligible for additional benefits from Social Security. For information, contact the nearest office of the Social Security Administration (listed in the white pages of the phone book under "United States Government") or discuss it with the District or JT².

Workers' Compensation sometimes is confused with another State Program, State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' Compensation takes care of on-the-job injuries and illnesses, and is paid for by your District. On the other hand, SDI covers off-the-job injuries or sickness and is paid for by deductions from your paycheck if applicable.

EMPLOYEE PRE-DESIGNATION OF A PERSONAL PHYSICIAN OR MEDICAL GROUP, ACUPUNCTURIST OR CHIROPRACTOR

occurring during the course of my employm	quest to be treated by my personal physician or medical group in case of an occupational injury or illne: ent with the District. I understand that this doctor or medical group must have treated me in the past history. In the alternative, I understand I can pre-designate an acupuncturist or chiropractor
subsequent to being seen by the doctor or fa	acility the District refers me to. If that is my choice. I will contact JT2 to notify them of this change and
give them all applicable information. Chird	practors cannot be the treating physician after 24 chiropractic visits. I agree to forego any pre- tates immediate treatment on a temporary basis in the case of a potential life-threatening emergency, a
which time I will be taken to the nearest er	tates infinediate treatment on a temporary basis in the case of a potential life-threatening emergency, a
My personal physician, medical group	
Name	•
1481116	
Address	

- *I understand that medical services in the California Workers' Compensation system are subject to payment for services in accordance with the Official Medical Fee Schedule and reporting requirements promulgated by the Division of Workers' Compensation.
- *I agree to treat the above-named patient in the case he/she sustains an occupational injury or illness occurring during the course of employment with the School District.

Return this form to: School District Human Resource/Business Depts.

Self-Insured Claims Administered By: (continuous coverage-no policy expiration)

Claims Administered By:

Name: JT2 Integrated Resources

Address: P. O. Box 8021

Pleasanton, CA 94588

Toll-Free Telephone #: (800) 582-4671

Emergency Information

- Seek immediate assistance—call 911 for help.
- District personnel may transport you to the nearest hospital for immediate care or call an ambulance to do so (911 to reach Fire, Police or Ambulance).

Information contained in this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation in San Francisco, revised 1/13.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone 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, which could result in fines and imprisonment.