



## **TIME OF HIRE PAMPHLET**

This pamphlet must be given to all newly hired employees in the State of California. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

## **WHAT IS WORKERS' COMPENSATION?**

All UCLA employees and registered volunteers are covered for Workers' Compensation.

## **WHAT IT COVERS**

Any injury or illness is covered if it is due to your job. It can be one event like a fall, or repeated exposures, such as repetitive motion over time. Simple first-aid injuries to serious accidents are covered. Physical and psychological injuries incurred by victims of violent workplace crime are covered. There are a few injuries that may not be covered depending on how they occur; for instance, injuries that result from voluntary, off-duty recreational, social, or athletic activities are not covered. If you wish more information on the types of injuries not covered by workers' compensation, contact the UCLA Workers' Compensation Office at 310-794-6948.

## WHAT SHOULD I DO IF I HAVE AN INJURY?

### **Report your injury to your employer**

Tell your supervisor right away no matter how slight the injury may be. Don't delay-there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

### **EMPLOYER REPRESENTATIVE**

Insurance & Risk Management  
Workers' Compensation  
10920 Wilshire Blvd., #860  
Los Angeles, CA 90024-1352  
Tel: 310-794-6948 (UCLA is self-insured)

### **CLAIMS ADMINISTERED BY:**

Sedgwick  
P.O. Box 14533  
Lexington, KY 40512-4533  
Tel: 310-253-7500

### **Get emergency treatment if needed**

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related.

## **EMERGENCY PHONE NUMBERS**

Doctor: Occupational Health Facility 310-825-6771

Fire:

Police:

Hospital:

Ambulance:



**911 (cell phone 310-825-1491)**

### **Fill out DWC 1 claim form and give it to your employer**

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you “benefit notices” that will advise you of the status of your claim.

#### MORE ABOUT MEDICAL CARE

##### What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

##### What is a Medical Provider Network (MPN)? **UCLA does not have an MPN**

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

##### What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

#### Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers’ compensation claim
- Intend to file a workers’ compensation claim
- Settle a workers’ compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers’ compensation benefits, and costs and expenses set by state law.

#### What Are The Benefits?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab test and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 10 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it’s going to.
- **Permanent disability benefits:** Payments if you don’t recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor’s medical reports
  - Your age
  - Your occupation

- **Supplemental job displacement benefits:** This is the voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability
  - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor’s report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children, or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers’ compensation provides a burial allowance.

**OTHER BENEFITS**

**Contact your department Human Resources Representative for information regarding UC sponsored disability and supplemental disability benefits if your Workers’ Compensation benefits are delayed, denied or have ended.**

You may also need to file a claim with the Employment Development Department (EDD) to get state disability benefits when workers’ compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site [www.edd.ca.gov](http://www.edd.ca.gov).

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation’s special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to [www.dwc.ca.gov](http://www.dwc.ca.gov) and look under “Workers’ Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at [www.dir.ca.gov](http://www.dir.ca.gov).

**Workers’ compensation fraud is a crime**

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers’ compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer. State law does not allow a chiropractor to continue as your treating physician after 24 visits.

**WHAT IF THERE IS A PROBLEM?**

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

**Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit**

All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California’s workers’ compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at: **DWC INFO & ASSISTANCE OFFICE**  
 4720 Lincoln Blvd.  
 Marina del Rey, CA 93117  
 Tel: 310-482-3858

**Consult with an attorney**

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

#### Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

#### Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the information requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 12/20/12 and effective for dates of injuries on or after 1/1/13

**PREDESIGNATION OF PERSONAL PHYSICIAN**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- You have group health coverage;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your “personal physician” may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates and integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illness and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor’s name and business address.

You may use this form to notify your employer if you wish to have you personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

**NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN**

**Employee: Complete this section.**

To: \_\_\_\_\_ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

\_\_\_\_\_  
(name of doctor)(M.D., D.O., or medical group)

\_\_\_\_\_  
(street address, city, state, ZIP)

\_\_\_\_\_  
(telephone number)

Employee Name (please print):

Employee’s Address:

\_\_\_\_\_  
Employee’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician’s agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

**NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST**

If your employer or your employer’s insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer know of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

State law does not allow a chiropractor to continue as your treating physician after 24 visits.

**Your Chiropractor or Acupuncturist’s Information:**

\_\_\_\_\_  
(name of chiropractor or acupuncturist)

\_\_\_\_\_  
(street address, city, state, zip code)

\_\_\_\_\_  
(telephone number)

Employee Name (please print):

\_\_\_\_\_  
Employee’s address:

\_\_\_\_\_  
Employee’s  
Signature

\_\_\_\_\_  
Date:

## WORKERS' COMPENSATION NOTIFICATION

### Pharmacy Benefit Network

Your employer and your workers' compensation claims administrator have selected Helios as their workers' compensation pharmacy benefit network (PBN), to provide medications for your work-related injury through their pharmacy network, Tmesys.

**This plan provides that drugs (and other services) prescribed for treating your work injury can be obtained only from providers specified in your plan network.**

**If you have any questions about how to obtain prescribed medications, call the following toll free number 866.599.5426.**

#### Locating a Plan Pharmacy

##### More Than 5,000 Locations In CA

- ▶ Go to the Helios Tmesys website at [www.tmesys.com/pharmacy-center](http://www.tmesys.com/pharmacy-center)
- ▶ Click on Pharmacy Locator
- ▶ Choose your preferred search method and follow the instructions
- ▶ Call 866.599.5426 to speak to a customer care specialist

#### Plan Limitations

- ▶ You must present your workers' compensation pharmacy card to a participating network pharmacy in order to receive medications.
- ▶ Only medications used to treat your work-related injury are covered.
- ▶ Some medications may not be on the authorized list, in which case the pharmacy will contact Helios to try to obtain approval while you are at the pharmacy.
- ▶ If a pharmacy that is part of the participating network charges you for medications, you are not subject to plan limitations.
- ▶ Your prescribed medication may be subject to Utilization Review at the request of your claims administrator.

### HOW TO OBTAIN MEDICINES

Please read the following information carefully as it contains instructions on the required use of a participating plan/network pharmacy to receive your medications.

#### New Injuries

1. Upon receiving notice of injury, your employer will provide you with a First Fill Card to be used at a participating network pharmacy.
2. Give the card to the pharmacist with your prescription.
3. The pharmacist will fill your prescription. By using a participating network pharmacy, you should not receive a bill for your medications.
4. A permanent workers' compensation pharmacy card will be mailed to you.
5. Use the permanent card each time you have a prescription filled for your work-related injury.

#### Existing Injuries

Medications for your work-related injury will continue to be provided (subject to limitations) by the new network effective immediately.

1. You will receive a permanent workers' compensation pharmacy card in the mail.
2. If you are receiving your work-injury related medications from a non-network provider, your prescriptions must be transferred to a network pharmacy before your next fill. Simply go to a network pharmacy with your pharmacy card and request that they transfer your prescription(s) to their pharmacy.
3. If you are already using a network pharmacy, take this card in the next time you need a refill or have a new prescription related to your work injury.
4. The card will identify you to the pharmacist for our workers' compensation program.
5. The pharmacist will fill your prescription. By using a participating plan/network pharmacy, you should not receive a bill for your medications.

**We look forward to serving you. If you have any questions about how to obtain prescribed medications, call 866.599.5426.**



## NOTIFICACIÓN DE COMPENSACIÓN

### de Beneficios de Farmacia de redes

Su empleador y sus trabajadores administrador de reclamaciones de indemnización ha seleccionado Helios como de sus trabajadores de la red de compensación de beneficios de farmacia (PBN), para proporcionar medicamentos para su lesión relacionada con el trabajo a través de la red de farmacias Helios, Tmesys.

**Este plan prevé que las drogas (y otros servicios) prescrita para el tratamiento de su lesión en el trabajo sólo se puede obtener de las empresas y proveedores de servicios especificados en su plan. Si usted tiene alguna pregunta acerca de cómo obtener los medicamentos recetados, llame al siguiente número sin cargo 866.599.5426.**

### Localización de un Plan de Farmacia Más de 5,000 hoteles en CA

- ▶ Lr a la página web de Helios en [www.tmesys.com/Pharmacy-Center](http://www.tmesys.com/Pharmacy-Center)
- ▶ Haga clic en "Pharmacy Locator"
- ▶ Elija una opción de búsqueda
- ▶ Llame al 866.599.5426 para hablar con un especialista en atención al cliente

### Plan de limitaciones

- ▶ Usted debe esentar su tarjeta de trabajadores de farmacia una indemnización a un plan de participantes / farmacia de la red para recibir los medicamentos.
- ▶ Sólo los medicamentos utilizados para tratar su lesión relacionada con el trabajo están cubiertos.
- ▶ Algunos medicamentos pueden no estar en la lista autorizada, en cuyo caso la farmacia

se pondrá en contacto Helios para tratar de obtener la aprobación, mientras usted está en la farmacia.

- ▶ Si una farmacia que es parte de la red participantes que los gastos de medicamentos, no están sujetos a las limitaciones del plan.
- ▶ Su medicación prescrita puede ser objeto de revisión de la utilización, a petición de su administrador de reclamaciones.

## CÓMO OBTENER MEDICAMENTOS

**Por favor, lea atentamente la siguiente información, ya que contiene instrucciones sobre el uso requerido de un plan de participación farmacia de la red/a recibir sus medicamentos.**

### Nueva Lesiones

1. Al recibir aviso de la lesión, su empleador le proporcionará una tarjeta de Primero de relleno a utilizar en un farmacia de la red.
2. Darle la tarjeta a la farmacia con su receta.
3. El farmacéutico se surtir su receta. Mediante el uso de un farmacia de la red, usted no debe recibir una factura por sus medicamentos.
4. Tarjeta permanentes de trabajadores de farmacia será enviado por el correo.
5. Usa la tarjeta permanente cada vez que tenga una receta médica para su lesión relacionada con el trabajo.

### Las lesiones existentes

Los medicamentos para su lesión relacionada con el trabajo seguirá siendo siempre (sujeto a limitaciones) en el marco del nuevo plan o la red con efecto inmediato.

1. Usted recibirá una tarjeta permanentes de trabajadores de farmacia de compensación en el correo.
2. Si usted está recibiendo sus medicamentos de lesiones relacionadas con el trabajo de un proveedor fuera del plan, sus recetas deben ser transferidos a un plan/farmacia de la red antes de su llenado siguiente. Sólo tienes que ir a una farmacia plan de red o con su tarjeta de la farmacia y pedir que la transferencia de su receta (s) a la farmacia.
3. Si usted está utilizando ya un plan/farmacia de la red, tener esta tarjeta en la próxima vez que necesite un nuevo relleno o presentar una nueva receta relacionada con su lesión de trabajo.
4. El tarjeta le identifica con el farmacéutico de nuestro programa de compensación de trabajadores.
5. El farmacéutico se surtir su receta. Mediante el uso de un plan de participantes farmacia de la red, usted no debe recibir una factura por sus medicamentos.

**Esperamos poder servirle. Si usted tiene alguna pregunta acerca de cómo obtener los medicamentos recetados, llame al 866.599.5426.**

