

# Facts about Workers' Compensation Benefits

## MATRIX

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### What is worker's compensation?

Workers' compensation is insurance that your employer must carry in order to assist you in the event that you are injured or ill from an injury that arises out of your employment and occurs in the course of your employment. In the California workers' compensation system employers are insured, self-insured or legally uninsured.

Any injury or illness is covered if it arose out of and occurred in the course of your employment. The injury can be caused by an event such as a fall, or can be caused by repeated exposure, such as a repetitive motion injury, over time.

### Who is entitled to workers' compensation benefits?

Aside from a few exceptions, all employees working in the State of California are covered by some form of workers' compensation. Individuals who are self-employed or unpaid volunteers may not be covered. Some injuries from voluntary, off-duty recreational, social or athletic activity may not be covered. Check with your supervisor or the claim administrator referenced at the end of this document if you have questions.

### Is there a time limit for filing a workers' compensation claim?

You may not be able to obtain workers' compensation benefits if you do not file a workers' compensation claim within one (1) year of the date of injury, the date you knew the injury was work-related, or the date benefits were last provided. You should inform your supervisor of your injury or illness as soon as possible. Delay in reporting a claim may delay workers' compensation benefits.

### Is workers' compensation the same as State Disability Insurance?

No, Workers' Compensation is not the same as State Disability Insurance. State Disability Insurance provides benefits for injuries or illnesses that are not work-related. Workers' compensation is only for injuries or illnesses that arose out of and occurred in the course of your employment. If you are not receiving workers' compensation benefits, you may be eligible to receive State Disability benefits. For information regarding State Disability benefits, call the local office of the state Employment Development Department listed in the government pages of your phone book, or go online to [www.edd.ca.gov/disability/](http://www.edd.ca.gov/disability/).

### What benefits does workers' compensation provide?

Workers' compensation provides the following benefits:

**Temporary Disability (TD):** You are entitled to payments for your lost wages due to your inability to work for at least three days (including weekends) as a result of your injury or illness. You will not receive payments for the first three days unless you are hospitalized as an inpatient or unable to work more than 14 days. Once payments begin, you will receive your temporary disability checks every two weeks if you remain unable to work. The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the California State Legislature. For dates of injury on or after January 1, 2008, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of injury, absent a few exceptions. 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 obtain these benefits if your TD is delayed or denied. There are time restrictions, however on receipt of EDD benefits. Contact EDD at 1-800-480-3287 or [www.edd.ca.gov](http://www.edd.ca.gov) for more information on the time limits and application process.

**Permanent Disability (PD):** If it is medically determined that your injury or illness has resulted in permanent disability, you may receive permanent disability payments. In California Workers' Compensation, a permanent disability rating involves the use of a formula that considers the injured body part/body system, your occupation on the date of injury, your age on

the date of injury and other factors. If you are eligible to receive permanent disability benefits, the amount of your PD benefit depends on a number of things including the medical reporting and how much of your permanent disability is the direct result of your injury at work. If your employer has 50 or more employees, the amount of your benefit payment will also be affected by whether or not your employer makes a suitable return-to-work offer to you. The minimum and maximum amounts of PD are set by state law, and vary by injury date. If you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. Generally, you should receive your first payment within 14 days after the final temporary disability payment, or within 14 days after your doctor concludes your condition is permanent and stationary. Once you receive your initial PD benefit payment, you will be paid every 14 days until you reach your maximum duration of benefits or you settle your case and receive a lump sum payment.

**Supplemental Job Displacement Benefit:** If your illness or injury results in permanent disability causing you to be unable to return to work for your employer within 60 days of when temporary disability ends and your employer does not offer suitable modified or alternative work, you may be eligible for a supplemental job displacement benefit. This supplemental job displacement benefit will be in the form of a nontransferable voucher for education-related retraining or skill enhancement at a state-approved school. Depending on your level of permanent disability, these vouchers range from up to \$4,000 to up to \$10,000.

**Death Benefits:** If the injury or illness causes death, payments may be made to individuals who were financially dependent on you. The amount of these payments will depend on the total number of dependents and will be made at the same rate as temporary disability payments but not less than \$224 per week. In addition, workers' compensation also provides a burial allowance.

**Medical Benefits:** Within one working day after an employee files a claim form, the law requires the employer to authorize all reasonable and necessary medical care, as is defined in the Labor Code [including the requirement that such treatment be consistent with treatment guidelines], for the alleged injury or illness and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Up to the date that the claim is accepted or rejected, the employer's liability for medical treatment is limited to ten thousand dollars (\$10,000.00). If the claim is accepted, the employer will authorize reasonable and necessary medical treatment, as is defined by the Labor Code, to cure or relieve from the effects of the injury. The medical benefits may include physician visits, hospital services, x-rays, MRIs, lab tests, physical therapy, and medication. See also below for additional information regarding Medical Benefits, including information regarding MPNs, predesignation, etc.

If you have been injured, obtaining quality and timely medical care is an important step on the road to recovery. Here are some important things to remember in the event you have an injury at work:

- If you are in need of emergency medical care, call 911 immediately.
- If first aid is available at your workplace, seek immediate treatment. If your injury or illness requires more than simple first aid treatment or results in lost time beyond your work shift, ask your employer for a claim form.
- Complete the "Employee" section of the claim form and return it to your employer representative as soon as possible to make sure your medical bills get paid on time and to avoid any delay in receiving benefits to which you may be entitled.
- The 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, should be familiar with the workers' compensation requirements and report promptly so benefits can be provided.

- 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 representative or by calling the MPN number on the poster.
- The doctor with overall responsibility for the treatment of your injury is called the "primary treating physician" (PTP). The PTP makes recommendations regarding what kind of medical care is needed, what medical limitations or restrictions you have, etc. The PTP will also coordinate any care you receive from other medical providers.
- You can be treated by your personal doctor immediately following the injury if your employer offers group health coverage and if the doctor has treated you before, has your medical records, and has agreed in advance to treat you for work injuries or illnesses. In order to receive treatment for the work injury from your personal doctor you are required to give your employer the doctor's name and address in writing before the injury. This is called "pre-designating a personal physician." To pre-designate, 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 pre-designate 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 pre-designation form (DWC Form 9783) to give your employer the necessary information. In the alternative, you can use optional DWC Form 9783.1 to name a personal chiropractor or acupuncturist, but different rules apply, and you may first need to see an employer-selected doctor.
- If your employer has a MPN, but you have a pre-designated personal physician, you may receive treatment immediately from your pre-designated personal physician. If your employer has an MPN and you did not pre-designate a personal physician prior to your 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 a MPN doctor for your first medical visit, but you may switch to another doctor in the network anytime after your first visit. If you would like to change your PTP 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 a MPN or if you are in an HCO, your employer will provide additional information about the network and your rights under the plan.
- If you do not pre-designate a personal physician prior to the injury, and are not covered by a MPN, you can switch to your own physician 30 days after the injury is reported. If you would like to switch doctors before that time, your claims administrator will give you a list of doctors from which you can choose a physician. If you would like advice regarding medical specialties, you may contact the claims adjuster who works for your claims administrator.
- It is important to make sure that the claims adjuster is provided with information as to which physician is your PTP as soon as possible so that the claims adjuster can provide the PTP with information regarding the duties and responsibilities of the PTP, so that any treatment requests can be processed and bills can be paid.

### Optional Form

#### PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness that arises out of and occurs in the course of your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if:

- your employer offers 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 an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses 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 your personal medical doctor or a doctor of 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 code)

\_\_\_\_\_  
(Telephone number)

Employee Name: \_\_\_\_\_  
(Please print)

Employee's Address: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Physician: I agree to this Pre-designation:

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

(Physician or Designated Employee of the Physician or Medical Group)

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 pre-designated will be required pursuant to Title 8, California Code of Regulations, Section 9780.1(a)(3).

Title 8, California Code of Regulations, Section 9783.

DWC Form 9783 (March 1, 2007)

**Note to Employee:** Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a pre-designation [CCR 9780.1(f)]. If, after receiving this form, you agree your employer or claims administrator may contact your physician, sign below:

Employee Signature: \_\_\_\_\_

Employee I.D. #: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to Physician:** I agree to treat the above named individual should they have a work injury or illness. I understand that medical services in the California workers' compensation system are subject to preauthorization of non-emergency services and fees governed by the Official Medical Fee Schedule promulgated by the Division of Workers' Compensation.

Office Manager/Billing Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Physician License #: \_\_\_\_\_

Physician Tax I.D. # \_\_\_\_\_

### Optional Form

#### 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 or 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 knows 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.

#### Your Chiropractor or Acupuncturist's Information:

**Adobe Inc. has a Medical Provider Network ("MPN") in place.**

(Name of chiropractor or acupuncturist) (D.C., L.Ac.) \_\_\_\_\_

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

\_\_\_\_\_  
(Telephone number)

Employee Name (Please Print) \_\_\_\_\_

Employee's

Address \_\_\_\_\_

Employee's

Signature \_\_\_\_\_

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

Title 8, California Code of Regulations, Section 9783.1

(DWC Form 9783.1 – Effective Date March 2006)

**Note to employee:** Your personal licensed chiropractor (D.C.) or personal licensed acupuncturist (L.Ac.) who previously directed your treatment and retains your chiropractic treatment records, including your chiropractic history. A personal acupuncturist must be your regular, licensed acupuncturist (L.Ac.) who previously directed your treatment and who retains your acupuncture treatment records, including your acupuncture history.

If your employer offers a workers' compensation Medical Provider Network (MPN), you may only switch to a personal chiropractor or acupuncturist within the MPN. If you are a member of a workers' compensation Health Care Organization (HCO) different rules apply, so check with your employer or claims administrator if that is the case.

**What should I do if I have any more questions?**

If you have additional questions about your workers' compensation rights and benefits, contact your employer representative or contact your workers' compensation claims administrator (the name and phone number are listed at the end of this document and are posted at your workplace). You may also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance (I&A) officer. I&A officers are available at no charge to you to answer questions and provide additional information about workers' compensation. The local I&A office is listed at the end of this document and is posted at your workplace, or you can call 1-800-736-7401, 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](http://www.dwc.ca.gov).

**WORKERS' COMPENSATION FRAUD IS A FELONY**  
Anyone who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers' compensation benefits or payments is guilty of a felony.

**What should I do if a workplace injury or illness occurs?**

1. Immediately seek first aid treatment. If your injury is an emergency, call 911 or go to the nearest hospital or emergency room.
2. Report your injury or illness immediately to your supervisor or employer representative Adobe's Employee Resource Center (ERC) at 408.536.4357 (or ext. 6-HELP) (telephone).

Your employer is required to provide you with a claim form within one working day of learning of an injury which results in lost time beyond your work shift on the date of injury or which results in medical treatment beyond first aid.

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 for treatment. 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.

3. Call your employer representative or claims administrator if you have questions or problems.

Note: 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 may be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Claims Administrator:

Name Matrix Absence Management, Inc.

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (408) 361-7212

DWC Information & Assistance Office:

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_