

Workers' Compensation Benefits Summary

For dates of injury occurring on or after July 1, 2016 through June 30, 2017

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INTRODUCTION

The information in this pamphlet is a summary of the most commonly requested information on workers' compensation wage loss and medical benefits available to covered employees injured on the job. It is not all-inclusive of every situation in workers' compensation.

GENERAL INFORMATION

What is Workers' Compensation?

Workers' compensation is a program designed to:

- provide without regard to fault, wage loss benefits and medical benefits to workers suffering from a work-related injury or occupational disease;
- return the worker to the work force as soon as possible;
- be easy to access without professional help; and
- provide coverage at reasonably constant rates to employers.

Who is covered?

Workers' compensation insurance is required for most types of employment. If you are injured on the job, you may be eligible for workers' compensation benefits provided you provide notice and submit the proper claim form on time.

REPORTING REQUIREMENTS

What do I have to do?

Report all on-the-job injuries to your supervisor, insurer, or employer, as soon as possible. You must give notice within **30 days** after the occurrence of the accident. The notice must include the time and place where the accident occurred and the nature of the injury. This 30 - day notice requirement does not apply to occupational diseases. We recommend you report all accidents and injuries to your employer whether or not you receive medical treatment.

You must submit a signed First Report of Injury (FROI) within **12 months** from the date of the accident. You can submit this form to your employer, the workers' compensation insurer, or the Department of Labor and Industry, Employment Relations Division. FROI forms are available from your employer, insurer, or the Department of Labor and Industry's Employment Relations Division website <http://erd.dli.mt.gov>.

To claim an occupational disease you must submit a signed First Report of Injury (FROI) in writing to your employer, insurer, or the department within 1 year from the date you knew, or should have known your condition resulted from an occupational disease. An occupational disease is a condition caused by events occurring on more than a single day or work shift. The condition must be established by objective medical findings, and your employment must be the major contributing cause of the condition.

Upon receipt of your signed FROI, the insurer has **30 days** to either accept or deny your claim.

MEDICAL BENEFITS

What medical benefits are provided?

Once the insurer accepts your injury or occupational disease claim, you are entitled to reasonable doctor, hospital, prescription, and medical care costs. Allowable charges are paid according to a medical fee schedule. You do not have to pay the balance between what the medical provider charges and the insurance company pays.

You may choose the treating physician for initial treatment. However, any time after acceptance of liability by an insurer, the insurer may designate a different treating physician, or approve your choice of the treating physician.

The treating physician is responsible for the management and coordination of your medical care and must treat you within the recommendations of the Montana Utilization and Treatment Guidelines. An insurer is not responsible for treatment or services that do not fall within the utilization and treatment guidelines adopted by the department, unless the provider obtains prior authorization from the insurer. If prior authorization is not requested or obtained from the insurer, an injured worker is not responsible for payment of the medical treatment or services.

Are my medical benefits open forever?

No. Medical benefits terminate 60 months from the date of injury or diagnosis of an occupational disease. A worker may request reopening of terminated medical benefits within five years of the termination. A request must be filed with the department and a medical panel will review the request and make a recommendation whether or not medical care should be reopened. Repair or replacement of a prosthesis or permanently totally disabled workers are exempt from closure of medical benefits.

What charges do I have to pay?

After your first visit to an emergency room, you are responsible for \$25 of the cost of each subsequent visit to an emergency room. An insurer will only pay for the purchase of generic name drugs if the generic product is a therapeutic equivalent, unless the generic product is unavailable. You may be required to pay the difference between name-brand drugs and the generic if you choose to use the name-brand product.

If I have to travel for treatment of my injury or occupational disease, who pays for the travel?

The insurer is required to pay reasonable travel expense. Your first 100 miles of travel per month are excluded. Travel outside your community is not paid if comparable treatment is available within the community, unless the insurer requests you to attend a medical appointment. You will not be paid if you are incurring travel to unauthorized or disallowed treatment or procedures.

What do I have to do to be reimbursed for travel expenses?

You **must** submit the travel claim to the insurer within **90 days** of the travel.

WAGE LOSS

If your physician doesn't permit you to return to work because of your injury or occupational disease, and your claim has been accepted by the insurer, you may be eligible for wage loss benefits.

If you are eligible for compensation benefits, no compensation may be paid for the first **32 hours** or **four days** loss of wages, whichever is less. You are eligible for compensation starting with the **33rd hour** or **fifth day of wage loss**. If you are totally disabled and unable to work for 21 days or longer, compensation may be paid retroactively to the first day of total wage loss. Additional rules may apply depending on if sick leave, vacation leave or paid time off is used while you are away from work.

What if I can't work at all an extended period of time?

If you suffer a total loss of wages due to your injury or occupational disease, you may be eligible for temporary total disability (TTD) benefits until your physician determines you have reached maximum medical improvement or you are released to return to the employment in which you were injured or a job with similar physical requirements. You may receive weekly compensation of 66 2/3% of your gross wages at the time of injury – up to the maximum rate of \$756 a week. These benefits are payable after 4 days or 32 hours of wage loss, whichever is less. If you also receive social security disability benefits as a result of

your workers' compensation claim, your weekly compensation benefits may be reduced by up to 1/2 of your social security payment.

If I can work with a temporary work restriction, am I eligible for benefits?

Possibly. If, prior to reaching maximum healing, you have a physical restriction, suffer an actual wage loss and are approved to return to modified or alternative employment, you may be eligible for temporary partial disability benefits (TPD). The benefits are:

- the difference between your average weekly wage at the time of injury, subject to the maximum of 40 hours a week, and the actual wages you earn in the modified or alternative employment and;
- may not exceed your temporary total disability rate or \$756 a week;

If you continue to be disabled you may re-qualify for temporary total disability (TTD) benefits if a modified or alternate position is no longer available. (Some restrictions apply)

What happens if I am partially disabled because of the injury or occupational disease?

If your physician determines you have reached maximum medical improvement (MMI), you may be eligible for **permanent partial disability** (PPD) benefits if you have an actual wage loss resulting from the injury or occupational disease and an impairment rating of Class 2 or greater. If there is no wage loss, you are entitled to an impairment rating only. Contact your insurer for more information.

What if I can no longer work because of the injury or occupational disease?

If your physician determines you have reached maximum medical improvement (MMI) and you can't return to any regular employment, you may be eligible for **permanent total disability** (PTD) benefits. Regular employment means recurring work performed for remuneration in a trade, business, profession or other occupation in the state.

The benefit rate is the same as for temporary total disability (TTD). Benefits are available until you are eligible to receive social security retirement benefits, or retirement benefits from a system that is an alternative to social security retirement. Benefits are subject to a cost of living increase. If you also receive social security disability payments as a result of your worker's compensation claim, your weekly compensation payments may be reduced by up to 1/2 of your social security payment.

Stay At Work / Return To Work.

The Montana Department of Labor and Industry and workers' compensation insurers assist Montana workers in efforts to stay at work or return to work quickly after a work related injury. Staying at work or returning to work reduces the impact of workplace injuries on workers, their families, their employers and their communities. To request stay at work or return to work assistance, contact your workers' compensation insurer or the Department of Labor and Industry by visiting <http://erd.dli.mt.gov/> by phone, (406) 444-1752 or by email at sawrtwrquest@mt.gov.

DEATH BENEFITS

If an on-the-job injury or an occupational disease is the cause of death, contact the workers' compensation insurance provider or the Department of Labor and Industry, Employment Relations Division for information.

REHABILITATION BENEFITS

You may be eligible for rehabilitation benefits if:

- you have a permanent medical impairment resulting from your injury or occupational disease and cannot return to your time of injury job or a job with similar physical requirements and;
- you suffer an actual wage loss; or
- you have a permanent medical impairment rating 15% or greater and have no actual wage loss.

MISCELLANEOUS

What if I give false information?

When you sign your FROI, you are confirming the information on the claim is true. If you obtain benefits to which you are not entitled, you may be guilty of theft and criminal proceedings can be initiated. Helping someone else to fraudulently obtain benefits is also a crime.

Can I report suspected fraud?

Yes, you can report suspected fraud by calling the Montana State Fund Fraud Hotline at (888) 682-7463 or the Department of Labor and Industry at (406) 444-6543. You do not have to give your name.

The Department of Labor & Industry, Employment Relations Division may make certain claimant information available to the Unemployment Insurance Division (UI) for the purpose of investigating UI fraud and abuse cases. You are obligated to report receipt of workers' compensation benefits if you apply for unemployment compensation.

Who provides coverage for my claim?

Ask your employer for the name of the company providing coverage for the employer or you may contact the Employment Relations Division at (406) 444-6543.

RIGHTS & REMEDIES

If you disagree with a decision made by your insurer regarding benefits, you may request mediation through the Montana Department of Labor and Industry – Employment Relations Division, at (406) 444-6534.

Within 2 years of the insurer's denial of benefits and upon satisfying the mediation requirements, you may petition the workers' compensation judge for a determination of the dispute.

If you have questions regarding your claim, you may contact the Employment Relations Division at (406) 444-6543. Visit our website for information on various topics concerning workers' compensation - <http://erd.dli.mt.gov>.