

# Workers' Compensation Benefits Summary

For dates of injury, or occupational diseases contracted on or after July 1, 2006 through June 30, 2007

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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.

## 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 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 minor injuries to your employer whether or not you receive medical treatment.

You must submit a written and 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. FROI forms are available from your employer, insurer, the Department of Labor and Industry's website <http://erd.dli.mt.gov>

A claim for an occupational disease (a condition caused by your employment and caused by events occurring on more than a single work shift) must be presented in writing to the employer, insurer or the department within 1 year from the date you knew, or should have known, your condition resulted from an occupational disease .

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

**What if I give false information?**

When you sign your first report of injury, 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 fraud hotline at 1-800-922-2873. You do not have to give your name.

The 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.

## 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.

Injured workers have the right to choose their initial treating physician however; workers' compensation insurance policies don't allow you complete freedom of choice of medical providers. An insurer contracting with a Managed Care Organization (MCO) can direct you to the MCO for medical care.

Also, insurers will be able to direct you to preferred provider organizations (PPOs) in addition to, or in conjunction with, managed care organizations. After the date your insurer gives you written notice of a preferred provider, the insurer is no longer liable for charges if you continue to see the non-preferred provider.

Prior authorization from the insurer is required for the following:

- a change of physician, or
- any treatment after you have reached maximum medical improvement (MMI), or
- when there has been no treatment for 6 months, or
- for specialized medical care

**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 following visit to an emergency room.

You may also be required to pay the difference between name-brand drugs and the generic product if you choose to use the name-brand product. If the generic product is not a therapeutic equivalent or is not available, you will not have to pay the difference. Physicians can no longer specify "no substitutions" for name-brand products.

**If I have to travel for treatment of my injury, who pays for the travel?**

The insurer is required to pay reasonable travel expense. Your first 100 miles per month are subtracted and you must submit the travel claim within 90 days. Travel to a medical provider in your community is not reimbursable.

Medical benefits terminate when they are not used for a period of sixty (60) consecutive months.

## WAGE LOSS COMPENSATION

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 4 days loss of wages, whichever is less. You are eligible for compensation starting with the 5th day.

**What if I can't work at all for a while?**

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 \$545 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 worker's compensation claim, your weekly compensation benefits may be reduced by up to ½ 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. 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;
- may not exceed your temporary total disability rate or \$545 a week; and
- are limited to 26 weeks with an extension available from the insurer.

If you continue to be disabled you may requalify 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 a permanent impairment rating greater than zero. If you have no wage loss, you remain eligible for an impairment award 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. Benefits are subject to a cost of living increase. If you also receive social security disability payments, your weekly compensation payments may be reduced by up to ½ of your social security payment.

## DEATH BENEFITS

If an on-the-job injury or an occupational disease is the cause of death, contact your workers compensation insurance provider or the Department of Labor and Industry 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 have a medical impairment rating 15% or greater, or
- you suffer an actual wage loss.

## 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) 444-6543.

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>.