



## **YOUR WORKERS' COMPENSATION BENEFITS**

Your guide to workers' compensation benefits for injuries and occupational diseases.

## **I'M INJURED. NOW WHAT?**

No one ever plans to get hurt on the job. But when an unfortunate incident occurs, Montana State Fund (MSF) and your employer want to make sure you receive the appropriate workers' compensation benefits, medical treatment and personalized assistance you need to get you back to work. We understand that coping with an injury or occupational disease while trying to learn about your benefits can be difficult. Don't worry, we are here to help you mend and put your mind at ease. We created this brochure to give you some general information on your workers' compensation benefits.

This brochure is not all-inclusive. Please be aware that each claim may vary. For complete answers to your questions, we encourage you to consult your MSF claims examiner at 800-332-6102.

## **THE BASICS: WHAT IS WORKERS' COMPENSATION INSURANCE?**

Workers' compensation insurance is required for most types of employment. If you have an occupational disease or are injured on the job, you may be eligible for workers' compensation benefits provided that you report the event to your supervisor and submit the proper claim form on time.

## **REPORTING REQUIREMENTS**

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. You must submit a written and signed First Report of Injury (FROI) form within 12 months from the date of the accident. You can submit this form to your employer, the workers' compensation insurer or the Montana Department of Labor & Industry (DLI). An occupational disease claim must be presented in writing to your employer, insurer or DLI within one year from the date you knew or should have known your condition resulted from an occupational disease. 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 form, the insurer generally has 30 days to either accept or deny your claim.

### **Workers' compensation is a program designed to:**

- Provide, without regard to fault, wage-loss benefits and medical benefits to employees suffering from a work-related injury or occupational disease.
- Return the employee to the workforce as soon as possible.
- Be easy to access without hiring professional help to assist you.
- Provide coverage at a reasonable cost to employers.

### **IF YOUR CLAIM IS ACCEPTED**

Once MSF 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 state of Montana medical fee schedule and applicable statutes and rules. Generally, you do not have to pay the balance between what the medical provider charges and what MSF pays. These benefits are applied only toward medical conditions directly related to your industrial injury or occupational disease claim.

### **WHAT IF I PROVIDE FALSE INFORMATION?**

When you sign your First Report of Injury form, you have declared that the information on the claim is true. If you receive benefits for a claim you are not entitled to, you may be guilty of theft and criminal proceedings can be initiated. Helping someone else to gain benefits fraudulently is also a crime.

If you know of or suspect fraud, you can call our Fraud Hotline at 888-MTCRIME (888-682-7463) or visit [montanastatefund.com](http://montanastatefund.com).

## **WHAT ARE MY RESPONSIBILITIES?**

We want to help you mend, but we need your cooperation to succeed. The best thing you can do is keep open lines of communication with your MSF claims examiner, doctor and employer. If you are off work more than two weeks, please contact your claims examiner every few weeks to check in and let your claims examiner know your status.

## **A NUMBER TO KNOW**

In your first contact with MSF you were given your own unique claim number. It is extremely important that you use this number whenever you contact your MSF claims examiner, or visit your medical provider or pharmacist for conditions related to your reported injury.

## **CHOOSING A MEDICAL PROVIDER**

Workers' compensation law does not allow you complete freedom of choice of medical providers.

You may choose the treating physician for initial treatment. 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 Montana's 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 DLI, unless the provider obtains prior authorization from the insurer. If your physician fails to request and obtain prior authorization when

required and the insurer denies payment for the services, the injured employee is not responsible for payment of the medical treatment or services.

## **ARE MY MEDICAL BENEFITS OPEN FOREVER?**

With certain exceptions, for claims with a date of injury of 7/1/2011 and after, medical benefits terminate 60 months from the date of injury or diagnosis of an occupational disease. An employee may request reopening of terminated medical benefits within five years of the termination. A request must be filed with the Department of Labor & Industry and the Department's Medical Director or medical panel will review the request and make a recommendation whether or not medical benefits should be reopened.

For claims with a date of injury prior to 7/1/2011, medical benefits terminate if they are not used for a period of 60 consecutive months.

## **HOW DO I GET PRESCRIPTION DRUGS FILLED?**

MSF contracts with a Pharmacy Benefit Manager. The PBM works directly with participating Montana pharmacies to fill your prescriptions. The pharmacies in the PBM network will be the only pharmacies you can use to fill your MSF prescriptions. Please take note that filling prescriptions at nonparticipating pharmacies may require that you pay for your medications. Once MSF receives your claim, you will be provided with a list of participating pharmacies. The list is also posted on our website. When you go to a participating pharmacy, you simply give your pharmacist the information provided by MSF.

The pharmacist will process and submit the billing electronically to the PBM. Your prescription will be filled with the generic equivalent of the brand name drug

unless it is not the therapeutic equivalent. You may be required to pay the difference between brand name drugs and the generic product if you choose to use the brand name product.

## **ARE TRAVEL EXPENSES REIMBURSED?**

You may be reimbursed for reasonable travel, lodging, meals and miscellaneous expenses, all at the state of Montana designated rates. Claims for reimbursement of travel expenses must be submitted within 90 days of the travel on a form furnished by MSF.

### **You will not be reimbursed for:**

(A) 100 miles of automobile travel for each calendar month unless the travel is requested or required by MSF.

(B) Travel to a medical provider within the community in which the worker resides.

(C) Travel outside the community in which the worker resides if comparable medical treatment is available within the community in which the worker resides, unless the travel is requested by MSF.

(D) Travel for unauthorized treatment or disallowed procedures.

## **AM I ENTITLED TO COMPENSATION FOR LOST WAGES?**

If your physician does not release you to return to work because of your injury or occupational disease, you may be eligible for wage-loss benefits. This is a form

of payment while you are losing wages because your treating physician has taken you off work, and you are not able to work in a temporary light-duty assignment. We strongly recommend that you speak with your claims examiner about this important benefit.

## **LIMITATIONS TO WAGE-LOSS BENEFITS**

If you are eligible for compensation benefits, no compensation may be paid for the first 32 hours or four days of loss of wages (whichever is less). Typically 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.

### **Types of wage loss:**

- Temporary partial disability (TPD) benefits are paid to an employee who is temporarily able to work in some capacity, but unable to earn his/her pre-injury wage. The amount cannot exceed the established TTD rate.
- Temporary total disability (TTD) benefits are paid to an employee who is temporarily unable to do any work at all.
- Permanent partial disability (PPD) benefits are paid to an employee who has sustained a permanent impairment because of a work injury and has an actual wage loss. The permanent impairment is established by a physician, in conjunction with the American Medical Association Guide to Evaluation of

Permanent Impairment.

- Permanent total disability (PTD) benefits are paid to an employee who is at maximum medical improvement, but so severely injured he/she can never return to work.

## 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 benefits until your physician determines you have reached MMI or maximum medical improvement, or you are released to return to your former job or to an alternate job. You may receive weekly compensation of 66 2/3 percent of your wages at the time of injury – up to the maximum rate (see chart below). Again, these benefits are generally payable after four days or 32 hours of wage loss (whichever is less). If you also receive Social Security disability benefits, your weekly compensation benefits may be reduced by up to half of your Social Security payment.

Time Frame Covered	Max TTD Rate / Week
07/01/18 – 06/30/19	\$793.00
07/01/17- 06/30/18	\$768.00
07/01/16 – 06/30/17	\$756.00
07/01/15 – 06/30/16	\$733.00
07/01/14 – 06/30/15	\$708.00
07/01/13 – 06/30/14	\$698.00
07/01/12 – 06/30/13	\$672.00
07/01/11 – 06/30/12	\$649.00
07/01/10 – 06/30/11	\$633.00
07/01/09 – 06/30/10	\$626.00
07/01/08 – 06/30/09	\$604.00

If your date of injury or occupational disease falls outside of these dates, please contact your claims examiner.

## **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 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.

TPD benefits may not exceed your temporary total disability rate. They are limited to the period prior to MMI. If you continue to be disabled, you may requalify for 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?**

If your medical provider determines you have reached MMI, you may be eligible for permanent partial disability 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 may be eligible for an impairment award only. Contact your claims examiner for more information.

## **WHAT IF I CAN NO LONGER WORK BECAUSE OF THE INJURY OR OCCUPATIONAL DISEASE?**

If your physician determines you have reached MMI and you cannot return to any regular employment, you may be eligible for permanent total disability benefits. Regular employment means recurring work performed for payment in a trade, business, profession or other occupation in the state. The benefit rate is the same as for temporary total disability. Benefits are available until you are eligible to receive Social Security retirement benefits, or an alternate retirement system. 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 half of your Social Security payment.

## **CAN I GET VOCATIONAL REHABILITATION BENEFITS?**

You may be eligible for vocational rehabilitation benefits if:

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

## **STAY AT WORK / RETURN TO WORK (SAW/RTW)**

A SAW/RTW program is a plan designed to facilitate the earliest possible return of injured employees to

the workplace to perform meaningful, productive work within the realm of their physical capabilities. The objective of the program is to modify injured employees' existing positions or work schedules temporarily to accommodate physical restrictions identified by their medical providers. SAW/RTW generally involves modified or alternative job duties and is temporary (for the duration of the healing period). Please contact your employer and MSF to work on your plan.

## **DEATH BENEFITS**

If an on-the-job injury or an occupational disease is the cause of death, the Workers' Compensation Act provides death benefits for beneficiaries. Additional information can be obtained from Montana State Fund.

## **WHY ARE MY BENEFITS DIFFERENT THAN ANOTHER INJURED EMPLOYEE'S?**

Keep in mind that benefit structures are legislatively determined and they may change. Your benefits are regulated by the laws in place at the time your injury or occupational disease occurred.

## **WHAT IF I DON'T AGREE WITH A DECISION MADE ON MY CLAIM?**

If you disagree with a decision made on your claim you may request mediation through the Employment Relations Montana Division at the Department of Labor & Industry at 406-444-6534 or on the Web at <http://erd.dli.mt.gov>.

## CUSTOMER SERVICE

800-332-6102

406-495-5000

Fax: 406-495-5020

TDD-TTY 406-495-5030

## WEB ADDRESS

[montanastatefund.com](http://montanastatefund.com)

[safemt.com](http://safemt.com)

## FRAUD HOTLINE

888-MTCRIME

888-682-7463

## MAILING ADDRESS

P.O. Box 4759, Helena, MT 59604-4759



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