This brochure must be given to all injured workers seeking medical care

TEHAMACOUNTY

Facts about Workers' Compensation Brochure

TRINDEL RISK MANAGEMENT FOR RURAL COUNTIES

(Tehama County's Workers Compensation Insurance Company-Third Party Administrator)

P.O. BOX 2069, WEAVERVILLE, CA 96093
PHONE: (530) 623-2322; FAX: (530) 623-5019

Getting hurt on the job is hard enough.
We want to help you recover and get back to work as soon as possible.

Workers' Compensation is a confusing process, but with the help of your employer and claims examiner, we can make the process easier and less stressful.

What is workers' compensation?
Workers' compensation is a benefit provided to you if you are injured on the job or if you become ill due to your job.
It is our job to manage work injury claims from the minute an injury occurs until bringing you back to full-time productive duty and ensure that you get the quick and appropriate medical treatment you need to get you healed and back to your normal activities.

What is Trindel Joint Powers Authority?
We are the Joint Power Authority (JPA) that administers your employer's workers' compensation insurance. We have more than 30 years of experience as a JPA. Our members include Alpine, Colusa, Del Norte, Lassen, Modoc, Mono, Plumas, San Benito, Sierra, Sutter, Tehama, and Trinity Counties.

What is a workers' compensation injury or illness?
It is an injury or illness that arises because of your employment or in the course of your employment. In California, workers' compensation is a "no fault" benefit. Various injuries and illnesses are covered by workers' compensation. You could get hurt by a specific incident, such as hurting your knee in a fall. You could also sustain a repetitive motion injury from doing the same motion over and over.

What is a first-aid injury?
A "First Aid" injury is one where the medical treatment provided to the injured employee does not include x-rays, prescription medications, sutures, or work restrictions. Treatment can be administered by a physician and can include one follow-up visit. Any treatment beyond this is not "First Aid'; and a formal injury claim would need to be filed.

Does this coverage affect my own health insurance coverage?
No. Your personal healthcare insurance is completely separate. Workers' compensation insurance only covers work-related injuries and illnesses and pays for all preapproved medical treatment to cure or relieve the effects of the work-related injury or illness.

What do I do if I have an industrial injury, or think I have had an injury or illness caused by my work?
It is important that you report your injury to your supervisor as soon as possible after it occurs. If your injury is a simple first-aid injury, you still must report it to your employer. An incident report will be completed to document your injury in the event that medical treatment beyond first aid is required at a later date. If you require more extensive treatment, your employer will provide you with an Employee Claim Form (form DWC-1). Your employer will complete questions 9, 1 0, 11, 12, 14, 15, 16, and 17 before giving you the form. You have to complete the "Employee" section at the top of the form and return it to your employer as soon as possible. Upon receipt of the completed form, your employer will then complete question #13 and report your claim to Trindel Risk Management.

What are My Benefits and Rights

Medical Treatment
Within 24 hours after an employee files a completed Employee Claim Form, the law requires the employer to authorize appropriate medical treatment until the claim is accepted or rejected, up to a maximum limit of $10,000. All medical treatment is provided in accordance with the Medical Treatment Utilization Schedule (MTUS). The MTUS is a schedule adopted by the Department of Workers' Compensation Administrative Director that all insurance carriers must use when authorizing, modifying, or denying medical treatment requested for a work-related injury.

Medical care is paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests, 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 (hard max of 24 visits)**.

What is Utilization Review {UR)?
When your primary treating physician requests medical treatment for your injury, that request must be reviewed by a licensed medical physician to make sure it is the appropriate treatment for your injury, and the stage of the injury.

How long should it take for a decision to be made when medical treatment is requested by my doctor?
The Utilization Review department has five working days to make a decision about a medical treatment request. If additional information is needed from your physician to make the decision, then UR has up to 14 days to make the decision. You will be notified by mail of any modified or denied treatment request, along with the reason for the modification or denial.

Temporary Disability Benefits
Temporary disability is a benefit paid to you if you lose time from work because of your work injury. There is a three-day waiting period, however, this is waived if you are off work for fourteen calendar days or are hospitalized. Temporary disability is a weekly benefit that is paid every two weeks. The weekly benefit rate is based on your average weekly wages. There are minimum and maximum payment limits set by state law. You must be medically disabled by your primary treating physician in order to receive temporary disability benefits. This benefit stops when you return to work, your doctor releases you for work, or says your injury has improved as much as possible. There is also a limit on the number of weeks that you can collect temporary disability benefits. For dates of injury on or after

January 1, 2008, there is a **maximum number of 104 weeks within a five-year period from the date of injury that benefits are paid**.

- TTD rate that remains in effect as of 7/2026 is Minimum: **$264.61/week** Maximum: **$1,764.11/week**

You may 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 EDD or go to their website www.edd.ca.gov.

Permanent Disability Benefits
The words, "Permanent Disability" do not mean you are permanently disabled. They mean you may have some permanent limitations in your ability to work caused by your work injury. There may be some compensation for these limitations. The amount depends on how much of the permanent disability is directly caused by your work injury. Other factors are also taken into consideration, such as your age and occupation. Permanent disability benefits are a fixed amount and are paid in two-week intervals until the fixed amount is paid in full. This is not a life-long benefit, and the weekly benefit amount ranges from $230-$290, depending on your date of injury and percentage of disability.

Death Benefits
Benefits are paid to the spouse, children, or other dependents if a work injury or illness causes the death of the employee. The benefit amount is based on the total number of dependents the employee has. The weekly benefit is paid every two weeks at a rate of at least $224 per week. In addition, the death benefit provides for a burial allowance for up to $10,000.

Supplemental Job Displacement Benefits
This is a voucher for $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 claim's administrator receives a doctor's report saying you have made a maximum medical recovery.

Early Return-to-Work Program
Every day that you are off work means you are losing much needed income. Temporary disability benefits are two-thirds of your average weekly wage. It does not take long to get behind on your mortgage payments and other bills. Statistics show that employees that return to work as soon as they are medically able recover quicker from their injury. Your employer is committed to helping you stay working and return to work if you sustain an industrial injury that leaves you unable to do your usual and customary job duties. You can help with this process by actively communicating with your treating doctor, employer, and claims examiner about the kinds of work you can do while recovering. Efforts will be made to return you to modified duty work or alternate work that is medically appropriate. Depending on the nature of your injury or illness, modified or alternate work may be temporary or may be extended. Refusal to accept modified or alternative assignment that is within restrictions will result in ineligibility to receive TTD benefits.

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.

What is a Primary Treating Physician (PTP)?
A primary treating physician is the doctor with the 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 a 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 choose after the first 30 days if your employer does not have an MPN.

Employer Designated Physician:
Your employer currently does not have a Medical Provider Network; however, they do have a designated physician/facility that you are to go to should you sustain a work-related injury. You must treat with this physician/facility for the first 30 days of your injury. After 30 days, you may change treating physicians by putting in a request with your claim's examiner. The only exception that allows you to be seen by a physician of your choice from the beginning of your injury is if you have pre-designated a physician prior to the injury, and it must be on file with your employer.

What is pre-designation?
Pre-designation 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 Medical (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. You may pre-designate a doctor if your employer offers group health coverage and 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.
If an employee opts to pre-designate a chiropractor as their primary care physician, they will need to find a new treating primary care doctor as their treatment is nearing 24 visits.
You may use the "Pre-designation of Personal Physician" form included with this pamphlet. After you fill in the form it **must be signed by the physician** and given to your employer.

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.

PRE-DESIGNATION OF PERSONAL PHYSICIAN

(Optional-must be submitted prior to an injury to be valid)

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:

- On the date of your work injury, you have health care coverage for injuries or illnesses that are not work related;
- 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 Doctor of Medicine or osteopathy, which operates an Integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational 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.

EMPLOYEE NOTICE OF PRE-DESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____(List 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 Address:

_____

Name of Ins. Company, Plan, or Fund providing health coverage for non-occupational injuries or illnesses:

_____

Employee's Signature: _____Date: _____

REQUIRES A PHYSICIAN SIGNATURE TO BE VALID

Physician: I agree to this pre-designation:

_____

Physician 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).

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

(Optional-must be submitted prior to an injury to be valid)

If your employer or your employer's insurer does not have a Medical Provider Network (Tehama County does not have an MPN/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.

NOTE: If your date of injury is January 1, 2004, or later, a chiropractor cannot be your treating physician after you have received twenty-four (24) chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers'
Compensation's Medical Treatment Utilization Schedule. You may use this form to notify your employer of 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:

_____
(Name of chiropractor or acupuncturist)

_____
(Street Address, City, State, Zip Code)

_____
(Telephone Number)

REQUIRES A PHYSICIAN SIGNATURE TO BE VALID
Physician: I agree to this pre-designation:

Chiropractor/Acupuncturist Signature: _____

Date: _____

Employee Name **(please print):** _____

Employee Address:

_____

_____

Employees' Signature: _____

Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014

What Should I Do If I Have an Injury?

1. Report your injury to your employer right away, no matter how slight the injury may be. Do not delay-- there are time limits, and when you delay reporting an injury it makes it more difficult to get you the help that you need. 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 do not hear from the claims administrator after you have reported your Injury, contact the claims administrator yourself.**
2. Get emergency treatment if needed. If it is a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow-up treatment.
3. If your injury only requires "First Aid" treatment, you do not need to complete an Employee Claim Form. You and your supervisor will complete a Hazard/Incident Report to document the incident.
4. If your injury requires more than First Aid treatment, you will need to complete an Employee Claim Form (DWC-1) and a Hazard/Incident form with your supervisor.
5. Your supervisor will help facilitate your medical treatment with the employer-designated physician and may even accompany you to the appointment.
6. Your employer has an "Early Return-to-Work" policy. They are committed to providing you with modified duty or alternate work to help you continue to work so you do not lose any of your usual income. Please be sure to communicate with your employer regarding modified duty so that you do not lose any time from work.
7. It is especially important that you communicate with your Risk Manager, supervisor, and claims examiner throughout your recovery period. If you have questions, do not be afraid to ask.

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.

What if there is a problem?

If you are concerned, speak up. Talk to your employer or claims administrator handling your claim and try to solve the problem. If this does not work, get help by trying the following: **Contact the Division of Workers' Compensation (DWC) Information and Assistance (I &A) Unit.** Ail 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 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.

Information and Assistance Officer:
250 Hemstead Dr., 2nd Floor, Ste. B
Redding, CA 96002
(530) 225-2047

You May 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 CA at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Your Workers' Compensation Claim is Handled by:

TRINDEL RISK MANAGEMENT FOR RURAL COUNTIES	PO BOX 2069	WEAVERVILLE CA 96093	Phone: (530) 623-2322 Fax: (530) 623-5019	Claims Examiner Christine Gumbert cgumbert@trindel.org
TRINDEL RISK MANAGEMENT FOR RURAL COUNTIES	PO BOX 2069	WEAVERVILLE CA 96093	Phone: (530) 623-2322 Fax: (530) 623-5019	Claims Supervisor Anita Cooper acooper@trindel.org

Your Employer Approved County Designated Occupational Medical Facilities

Agile Occupational Medical	1710 Churn Creek Road	Redding, CA 96002	(530) 646-4242
Pulse Urgent Care	100 East Cypress Avenue	Redding, CA 96002	(530) 722-1111
Nearest emergency room for emergencies only			
Tehama County does not have a Medical Provider Network (MPN)			

Tehama County Workers' Compensation Contacts

Tehama County Personnel	727 Oak Street, Suite 105	Phone: (530) 527-4183 ext. 3019 Fax: (530) 527-9562	WC Coordinator Gina Warner gwarner@tehama.gov
Tehama County Personnel	727 Oak Street, Suite 105	Phone: (530) 527-4183 ext. 3020 Fax: (530) 527-9562	Personnel Director Coral Ferrin cferrin@tehama.gov

WORKERS' COMPENSATION FRAUD IS A FELONY.

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying 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.