

ADMINISTRATIVE CIRCULAR NO. 69

Legal Services Division

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: April 14, 2015

To: All School Principals, Child Development Center Administrators,
Division and Department Heads

Subject: REVISED MANDATED POSTERS

**Department and/or
Persons Concerned:** School Principals, Child Development Center Administrators,
Division and Department Heads, Supervisors, Managers and
Secretaries

Due Date: Immediately

Action Requested: Print and post attached revised posters and return verification form

Brief Explanation:

State law requires that California employers conspicuously display the mandatory posters where their employees can read them. The posters listed below have been revised and must be displayed *immediately*. Please remove the existing posters and replace with these current editions. The posters are also available online at <https://www.sandi.net/staff/risk-management/mandated-posters>.

1. Access to Medical Care and Exposure Records
2. California Law Prohibits Workplace Discrimination and Harassment
3. Notice to Employees - EDD
4. Safety and Health Protection on the Job
5. WellComp – Access to Medical Care
6. Whistleblowers are Protected

Failure to replace the existing posters with these revisions may result in state-imposed monetary penalties. Risk Management will be monitoring sites/departments for compliance throughout the year. If you have any questions, please call Risk Management at (858) 627-7345.

Ashley K. Fenton
Manager, Insurance & Risk Services
Risk Management

APPROVED:



Andra Donovan
General Counsel
Legal Services Division

AKF:cg

Attachments: 6 Revised Mandated Posters and Verification Form



Revised Mandated Posters Verification Form

School Site / Department

Cost Center

Area / Room Where Posted

I verify that the existing Mandated Posters posted in an area where employees regularly congregate have been replaced with the revised version listed below:

- Access to Medical Care and Exposure Records
- California Law Prohibits Workplace Discrimination and Harassment
- Notice to Employees - EDD
- Safety and Health Protection on the Job
- WellComp – Access to Medical Care
- Whistleblowers are Protected

I understand that Risk Management will monitor these postings and that failure to post the information could result in fines for the school site/department.

Principal / Department Head

Signature

Return this verification form to Risk Management

Fax: 858-627-7353

Email: risk-management@sandi.net

District Mail: Risk Management, Revere Center Room 7

ACCESS TO MEDICAL AND EXPOSURE RECORDS

**BY CAL/OSHA REGULATION
- GENERAL INDUSTRY SAFETY ORDER 3204 -
YOU HAVE THE RIGHT TO SEE AND COPY:**

- Your medical records and records of exposure to toxic substances or harmful physical agents.
- Records of exposure to toxic substances or harmful physical agents of other employees with work conditions similar to yours.
- Safety Data Sheets (SDS) or other information that exists for chemicals or substances used in the workplace, or which employees may be exposed.

THESE RECORDS ARE AVAILABLE AT:

Human Resources Division – Medical records and records of exposure
Risk Management Department – “Right to Know” information

**A COPY OF THE GENERAL INDUSTRY SAFETY ORDER 3204
IS AVAILABLE FROM:**

Safety Management Department – Safety Data Sheets (SDS)

The above information satisfies the requirements of GISO [3204](#) (g), which may be fulfilled by posting this placard in the workplace, or by any similar method the employer chooses.

CALIFORNIA LAW PROHIBITS WORKPLACE DISCRIMINATION AND HARASSMENT

The California Department of Fair Employment and Housing (DFEH) enforces laws that protect you from illegal discrimination and harassment in employment based on your actual or perceived:

- **Ancestry**
- **Age** (40 and above)
- **Color**
- **Disability** (physical and mental, including HIV and AIDS)
- **Genetic information**
- **Gender, gender identity, or gender expression**
- **Marital status**
- **Medical condition** (genetic characteristics, cancer or a record or history of cancer)
- **Military or veteran status**
- **National origin** (includes language use restrictions)
- **Race**
- **Religion** (includes religious dress and grooming practices)
- **Sex** (includes pregnancy, childbirth, breastfeeding and/or related medical conditions)
- **Sexual orientation**

The California Fair Employment and Housing Act (Government Code sections 12900 through 12996) and its implementing regulations (California Code of Regulations, title 2, sections 7285.0 through 8504):

- **Prohibit harassment** of employees, applicants, and independent contractors by any persons and require employers to take all reasonable steps to prevent harassment. This includes a prohibition against sexual harassment, gender harassment, harassment based on pregnancy, childbirth, breastfeeding and/or related medical conditions, as well as harassment based on all other characteristics listed above.
- **Prohibit employers from limiting or prohibiting the use of any language** in any workplace unless justified by business necessity. The employer must notify employees of the language restriction and consequences for violation.
- **Require that all employers provide information** to each of their employees on the nature, illegality, and legal remedies that apply to sexual harassment. Employers may either develop their own publications, which must meet standards set forth in California Government Code section 12950, or use a brochure from the DFEH.
- **Require employers with 50 or more employees and all public entities to provide sexual harassment prevention training** for all supervisors.
- **Require employers to reasonably accommodate** an employee or job applicant's religious beliefs and practices, including the wearing or carrying of religious clothing, jewelry or artifacts, and hair styles, facial hair, or body hair, which are part of an individual's observance of his or her religious beliefs.
- **Require employers to reasonably accommodate employees or job applicants with a disability** to enable them to perform the essential functions of a job.
- **Permit job applicants and employees to file complaints** with the DFEH against an employer, employment agency, or labor union that fails to grant equal employment as required by law.

• **Prohibit discrimination** against any job applicant or employee in hiring, promotions, assignments, termination, or any term, condition, or privilege of employment.

• **Require employers, employment agencies, and unions** to preserve applications, personnel records, and employment referral records for a minimum of **two years**.

• **Require employers to provide leaves** of up to four months to employees disabled because of pregnancy, childbirth, or a related medical condition.

• **Require an employer to provide reasonable accommodations** requested by an employee, on the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.

• **Require employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave** in a 12-month period for the birth of a child; the placement of a child for adoption or foster care; for an employee's own serious health condition; or to care for a parent, spouse, or child with a serious health condition. The law also requires employers to post a notice informing employees of their family and medical leave rights.

• **Require employment agencies to serve all applicants equally**, refuse discriminatory job orders, and prohibit employers and employment agencies from making discriminatory pre-hiring inquiries or publishing help-wanted advertisements that express a discriminatory hiring preference.

• **Prohibit unions from discriminating** in member admissions or dispatching members to jobs.

• **Prohibit retaliation** against a person who opposes, reports, or assists another person to oppose unlawful discrimination.

The law provides for remedies for individuals who experience prohibited discrimination or harassment in the workplace. These remedies include hiring, front pay, back pay, promotion, reinstatement, cease-and-desist orders, expert witness fees, reasonable attorney's fees and costs, punitive damages, and emotional distress damages.

Job applicants and employees: If you believe you have experienced discrimination, you may file a complaint with the DFEH.

Independent contractors: If you believe you have been harassed, you may file a complaint with the DFEH.

Complaints must be filed within one year of the last act of discrimination/harassment or, for victims who are under the age of 18, not later than one year after the victim's eighteenth birthday.

For more information contact (800) 884-1684; TTY (800) 700-2320; videophone for the hearing impaired (916) 226-5285; contact.center@dfeh.ca.gov; or www.dfeh.ca.gov.

Government Code section 12950 and California Code of Regulations, title 2, section 7287, require all employers to post this document. It must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, and other places employees gather.

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or voice recording as a disability-related accommodation for an individual with a disability. To discuss how to receive a copy in an alternative format, please contact the DFEH at the telephone numbers or e-mail address above.

Notice to Employees:

THIS EMPLOYER IS REGISTERED UNDER THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE AND IS REPORTING WAGE CREDITS THAT ARE BEING ACCUMULATED FOR YOU TO BE USED AS A BASIS FOR:

UI

Unemployment Insurance

(funded entirely by employers' taxes)

When you are unemployed or working less than full time and are ready, willing, and able to work, you may be eligible to receive Unemployment Insurance (UI) benefits. There are three ways to file a claim:

Internet

File online with eApply4UI—the fast, easy way to file a UI claim! Access eApply4UI at <https://eapply4ui.edd.ca.gov/>.

Telephone

File by contacting a customer service representative at one of the toll-free numbers listed below:

English 1-800-300-5616	Spanish 1-800-326-8937
Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058
Mandarin 1-866-303-0706	TTY (non voice) 1-800-815-9387

Mail or Fax

File by mailing or faxing UI Application, DE 11011, by accessing the paper application online at www.edd.ca.gov/unemployment. The paper application can be filled out online and printed, or printed and completed by hand. Then the application can be mailed or faxed to an EDD office for processing.

Note: File promptly. If you delay in filing, you may lose benefits to which you would otherwise be entitled.

DI

Disability Insurance

(funded entirely by employees' contributions)

When you are unable to work or reduce your work hours because of sickness, injury, or pregnancy, you may be eligible to receive Disability Insurance (DI) benefits.

Your employer must provide a copy of Disability Insurance Provisions, DE 2515, to each newly hired employee and to each employee leaving work due to pregnancy or due to sickness or injury that is not job related.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim and obtain claim status information.
- **By mail**, obtain the data capturing Claim for Disability Insurance Benefits (Optical Character Recognition), DE 2501, from your employer, physician/practitioner, hospital, by calling us at 1-800-480-3287, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for DI coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT DI, PLEASE VISIT www.edd.ca.gov/disability OR CONTACT DI CUSTOMER SERVICE BY PHONE AT 1-800-480-3287.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-866-352-7675.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-563-2441.

PFL

Paid Family Leave

(funded entirely by employees' contributions)

When you stop working or reduce your work hours to care for a family member who is seriously ill or to bond with a new child, you may be eligible to receive Paid Family Leave (PFL) benefits.

Your employer must provide a copy of Paid Family Leave Program Brochure, DE 2511, to each newly hired employee and to each employee leaving work to care for a seriously ill family member or to bond with a new child.

To file a claim:

- **Online**, create an account at www.edd.ca.gov/disability. This is the easiest and fastest way to file a new claim.
- **By mail**, obtain the data capturing Claim for Paid Family Leave Benefits (Optical Character Recognition), DE 2501F, from your employer, physician/practitioner, hospital, by calling us at 1-877-238-4373, or online at www.edd.ca.gov/forms.

Note: If your employer maintains an approved Voluntary Plan for PFL coverage, contact your employer for assistance.

FOR MORE INFORMATION ABOUT PFL, PLEASE VISIT www.edd.ca.gov/disability OR CONTACT CUSTOMER SERVICE BY PHONE AT 1-877-238-4373.
STATE GOVERNMENT EMPLOYEES SHOULD CALL 1-877-945-4747.
TTY (FOR DEAF OR HEARING-IMPAIRED INDIVIDUALS ONLY) IS AVAILABLE AT 1-800-445-1312.

NOTE: SOME EMPLOYEES MAY BE EXEMPT FROM COVERAGE BY THE ABOVE INSURANCE PROGRAMS. IT IS ILLEGAL TO MAKE A FALSE STATEMENT OR TO WITHHOLD FACTS TO CLAIM BENEFITS. FOR ADDITIONAL GENERAL INFORMATION, VISIT THE EDD WEBSITE AT www.edd.ca.gov.

SAFETY AND HEALTH PROTECTION ON THE JOB

State of California
Department of Industrial Relations



California law provides job safety and health protection for workers under the Cal/OSHA program. This poster explains the basic requirements and procedures for compliance with the state's job safety and health laws and regulations. The law requires that this poster be displayed. (Failure to do so could result in a penalty of up to \$7,000.)

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective injury and illness prevention program for your employees to follow.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in serious injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify the nearest Cal/OSHA office of any serious injury or fatality occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee. Failure to report a serious injury or fatality within 8 hours can result in a minimum civil penalty of \$5,000.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA law.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN RIGHTS IN WORKPLACE SAFETY & HEALTH:

As an employee, you (or someone acting for you) have the right to file a complaint and request an inspection of your workplace if conditions there are unsafe or unhealthful. This is done by contacting the local district office of the Division of Occupational Safety and Health (see list of offices). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator making an inspection of your workplace. Upon request, Cal/OSHA will withhold the names of employees who submit or make statements during an inspection or investigation.

Any employee has the right to refuse to perform work that would violate a Cal/OSHA or any occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or using any other right given to you by Cal/OSHA law. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the Department of Industrial Relations, Division of Labor Standards Enforcement (State Labor Commissioner) or the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the State Labor Commissioner.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace and your coworkers safe, you should tell your employer about any hazard that could result in an injury or illness to people on the job.

While working, you must always obey state job safety and health laws.

HELP IS AVAILABLE:

To learn more about job safety rules, you may contact the Cal/OSHA Consultation Service for free information, required forms and publications. You can also contact a local district office of the Division of Occupational Safety and Health. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

SPECIAL RULES APPLY IN WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance listed as a hazardous substance in Section 339 of Title 8 of the California Code of Regulations, or subject to the Hazard Communications Standard (T8 CCR Section 5194), must provide employees with information on the contents on Safety Data Sheets (SDS), or equivalent information about the substance that trains employees to use the substance safely.

Employers shall make available on a timely and reasonable basis a Safety Data Sheet on each hazardous substance in the workplace upon request of an employee, an employee collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposures in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee has the right to observe monitoring or measuring of employee exposure to hazards conducted pursuant to Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may periodically visit the workplace to make sure your company is obeying job safety and health laws.

An inspection will also be conducted when a legitimate complaint is filed by an employee with the Division of Occupational Safety and Health.

Cal/OSHA also goes to the workplace to investigate a serious injury or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification from the Division of Occupational Safety and Health.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. A representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS & PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, then the Division of Occupational Safety and Health issues a citation. Each citation specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Citations carry penalties of up to \$7,000 for each regulatory or general violation and up to \$25,000 for each serious violation. Additional penalties of up to \$7,000 per day for regulatory or general violations and up to \$15,000 per day for serious violations may be proposed for each failure to correct a violation by the abatement date shown on the citation. A penalty of not less than \$5,000 nor more than \$70,000 may be assessed an employer who willfully violates any occupational safety and health standard or order. The maximum civil penalty that can be assessed for each repeat violation is \$70,000. A willful violation that causes death or permanent impairment of the body of any employee results, upon conviction, in a fine of not more than \$250,000, or imprisonment up to three years, or both and if the employer is a corporation or limited liability company the fine may not exceed \$1.5 million.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

Call the FREE Worker Information Hotline - 1-866-924-9757

OFFICES OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

HEADQUARTERS: 1515 Clay Street, Ste. 1901, Oakland, CA 94612 — Telephone (510) 286-7000

District Offices

American Canyon	3419 Broadway St., Ste. H8, American Canyon 94503	(707)649-3700
Bakersfield	7718 Meany Ave., Bakersfield 93308	(661)588-6400
Foster City	1065 East Hillsdale Blvd. Suite 110, Foster City 94404	(650)573-3812
Fremont	39141 Civic Center Dr. Suite 310, Fremont 94538	(510) 794-2521
Fresno	2550 Mariposa St. Room 4000, Fresno 93721	(559) 445-5302
Los Angeles	320 West Fourth St. Room 670, Los Angeles 90013	(213) 576-7451
Modesto	4206 Technology Dr. Suite 3, Modesto 95356	(209) 545-7310
Oakland	1515 Clay St. Suite 1303, Oakland 94612	(510) 622-2916
Redding	381 Hemsted Dr., Redding 96002	(530) 224-4743
Sacramento	2424 Arden Way Suite 165, Sacramento 95825	(916) 263-2800
San Bernardino	464 West Fourth St. Suite 332, San Bernardino 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr. Suite 207, San Diego 92108	(619) 767-2280
San Francisco	455 Golden Gate Ave. Rm. 9516, San Francisco 94105	(415) 557-0100
Santa Ana	2000 E. McFadden Ave. Ste. 122, Santa Ana 92705	(714) 558-4451
Torrance	680 Knox St. Suite 100, Torrance 90502	(310) 516-3734
Van Nuys	6150 Van Nuys Blvd. Suite 405, Van Nuys 91401	(818) 901-5403
West Covina	1906 West Garvey Ave. S. Suite 200, West Covina 91790	(626) 472-0046

Regional Offices

San Francisco	455 Golden Gate Ave., Rm 9516, San Francisco 94102	(415)557-0300
Sacramento	2424 Arden Way Ste. 300, Sacramento 95825	(916)263-2803
Santa Ana	2000 E. McFadden Ave. Ste. 119, Santa Ana 92705	(714)558-4300
Monrovia	750 Royal Oaks Drive, Ste. 104, Monrovia 91016	(626)471-9122

Cal/OSHA Consultation Service

Headquarters: 2000 E. McFadden Ave. #214, Santa Ana, CA 92705 (714) 558-4411

Area & Field Offices

• Fresno/Central Valley	1901 North Gateway Blvd. Suite 102, Fresno 93727	(559) 454-1295
• Oakland/Bay Area	1515 Clay St. Suite 1103 Oakland 94612	(510) 622-2891
• Sacramento/Northern CA	2424 Arden Way Suite 410 Sacramento 95825	(916) 263-0704
• San Bernardino	464 West Fourth St. Suite 339 San Bernardino 92401	(909) 383-4567
• San Diego/Imperial Counties	7575 Metropolitan Dr. Suite 204 San Diego 92108	(619) 767-2060
• San Fernando Valley	6150 Van Nuys Blvd. Suite 307 Van Nuys 91401	(818) 901-5754
• La Palma/Los Angeles /Orange County	1 Centerpointe Dr. Suite 150 La Palma 90623	(714) 562-5525

Enforcement of Cal/OSHA job safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations, which has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anyone desiring to register a complaint alleging inadequacy in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor (Tel: 415-975-4310). OSHA monitors the operation of state plans to assure that continued approval is merited.

August 2014

Access to Medical Care

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's MPN implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, you may carry this pamphlet with you to present to your medical service provider for access to care.

This pamphlet is not required to receive medical services

■ Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

■ Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

■ Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

■ Hospital and Specialty Care

Your primary treating provider in the WellComp Network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

■ Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the Medical Access Assistant in the WellComp Patient Services Department or discuss your options with your initial care provider.

■ Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

■ Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

■ Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact your Medical Access Assistants in the WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

■ Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.

If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network.

If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp.

If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.
- For a complete copy of the Transfer of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

■ Care Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible.

If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN.

If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision.

If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

If the Second/Third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed MPN Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician if MPN contains a physician who can provide the recommended treatment. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

Any physician chosen outside of the WellComp Network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN/IMR.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care



WellComp Provider Directroy

For more information about the MPN including access to a roster of all treating physicians in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

For questions about the use of MPN's or complaints The MPN contact is: Gale Chmidling, MPN Manager (800)544-8150

WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants are available to assist with finding an MPN physicians of your choice, including scheduling and confirming physician appointments. Assistants are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

WellComp Patient Services Department

P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.com



Employee Notification

This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp

MPN Identification Number:

This pamphlet is available in Spanish. For a free copy, please contact WellComp Medical Provider Network.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp Medical Provider Network

Bienvenidos a WellComp

Su empleador ha elegido proveerle a usted con una amplia selección de servicios médicos en casos de lesiones y enfermedades relacionadas con su trabajo, y para ello ha establecido una Red de Proveedores Médicos (MPN por sus siglas en inglés), llamada WellComp. WellComp suministra cuidado médico de calidad a través de su elección de un proveedor médico que esta afiliado a una red exclusiva de proveedores de asistencia sanitaria, donde cada uno posee un profundo entendimiento del sistema del Seguro de Indemnización por Accidentes de Trabajo del estado de California y el impacto que sus decisiones tienen en su persona. Su empleador ha recibido aprobación del Estado de California para cubrir sus necesidades de cuidado médico relacionadas con el Seguro de Indemnización por Accidentes de Trabajo a través de la Red WellComp. Usted está protegido automáticamente por la Red WellComp si la fecha de su lesión o enfermedad es en o después de la fecha del establecimiento de WellComp por parte de su empleador, y si usted no ha pre-designado un doctor personal antes de su lesión o enfermedad.

En caso de que usted tenga una herida o la enfermedad, usted puede llevar este folleto con usted para presentar a su abastecedor de servicio médico para el acceso preocuparse.

No se requiere que este folleto reciba servicios médicos

■ Cuidado Inicial

En caso de emergencia usted debe llamar al 911 o ir a la sala de emergencia más cercana.

En caso de que sufra una lesión o enfermedad relacionada con su trabajo, notifique inmediatamente a su supervisor y obtenga autorización médica de su empleador para designar un proveedor médico dentro de la Red, para el cuidado inicial. Si usted no puede comunicarse con su supervisor o empleador, por favor comuníquese con el Departamento del Servicio al Paciente de WellComp. Para servicios que no sean de emergencia, el MPN tendrá que asegurar que usted es proveído(a) una cita o tratamiento inicial dentro de 3 días de negocio de que su empleador o el MPN a recibido un pedido de tratamiento dentro del MPN.

Accesibilidad al Cuidado Médico

■ Cuidado Subsiguiente

Si usted aún necesita atención después de la evaluación inicial, usted puede ser atendido por un doctor de su agrado, o el doctor inicial puede referirle a usted a un especialista médicamente y geográficamente apropiado dentro de la Red, el cual puede proveer el tratamiento adecuado para su lesión o condición. Su empleador es requerido a proveerle de por lo menos 3 médicos de cada especialidad esperada para tartar lecciones experimentadas por empleados lecionados basado en su ocupacion o industria. Estos medicos estaran disponibles dentro de 30 minutos o 15 millas de su lugar de trabajo o residencia y especialistas estaran disponibles dentro de 60 minutos o 30 millas de su lugar de trabajo. Para conseguir un directorio de los proveedores médicos, por favor visite www.WellComp.com o llame al Servicio al Paciente de WellComp.

■ Cuidado de Emergencia

En una emergencia, definida como una condición médica que se manifiesta de forma imprevista, con síntomas severos, los cuales sin atención médica inmediata pueden poner en sumo riesgo su salud, vaya al proveedor de atención médica más cercano sin importar si participan en la Red de WellComp. Si su lesión está relacionada con su trabajo, pídale al proveedor del cuidado de emergencia, que se comunique con WellComp para preparar la transferencia de su atención médica, a un proveedor de WellComp cuando sea el tiempo médicamente adecuado para hacerlo.

■ Cuidado Especializado y de Hospital

El proveedor principal de la Red WellComp de su tratamiento, puede hacer todos los arreglos y referencias necesarias para los especialistas, hospitales, centro de cirugía de servicio ambulatorio y servicios de cuidados auxiliares.

■ Elección de Doctor para el Tratamiento

Si aún necesita tratamiento después de su evaluación inicial con el proveedor designado de su empleador, puede acceder al directorio WellComp y seleccione a un apropiado médico de su elección que puede proporcionar el tratamiento necesario para su condición o enfermedad. Para asistencia en obtener opciones de medicos, favor de contactar al Asistente de Acceso Medico en el Departamento de Servicios al Paciente de WellComp o discutir las opciones con el medico inicial.

■ Cambiando el Doctor Principal de su Tratamiento

Si usted está teniendo dificultades para programar una cita con su medico inicial o posterior, favor de comunicarse con el Asistente de Acceso Médico en el Departamento de Servicios al Paciente de WellComp o con el ajustador de reclamos que maneja su caso.

■ Reservación de Citas

Si usted tiene problemas haciendo sus reservaciones de citas con el proveedor inicial o el proveedor subsiguiente, por favor comunicarse con el Departamento de Servicio al Paciente de WellComp.

■ Obteniendo una Recomendación a un Especialista

Siempre y cuando usted continúe necesitando cuidado médico para su lesión o enfermedad, hay varias alternativas para obtener una recomendación a un especialista:

1. Su proveedor principal en la Red de WellComp puede hacer todos los trámites necesarios para la recomendación a un especialista. Esta recomendación será echa dentro de la Red y si es necesario fuera de la Red.
2. Usted puede seleccionar un especialista adecuado usando el Directorio de WellComp.
3. Usted puede comunicarse con el Asistente de Acceso Medico de WellComp quien le puede ayudar a coordinar arreglos necesarios.

Si su proveedor de tratamiento primario hace un referido a una clase de especialista que no esta incluido dentro la red, usted puede seleccionar un especialista fuera de la red.

Para servicios que no sean de emergencia, el MPN tendrá que asegurar que usted es proveído(a) una cita dentro de 20 días de negocio de que su empleador o el MPN a recibido un referido a un especialista dentro del MPN.

■ Continuidad de su Cuidado

¿Que pasa si estoy siendo tratado por un doctor de Wellcomp y el doctor deja a Wellcomp?

Su empleador ha suscrito una póliza de “Continuidad de Cuidado” que puede permitirle a usted continuar el tratamiento con su doctor, si su doctor no está actualmente participando en WellComp.

Si usted está siendo tratado dentro de la Red WellComp por una lesión relacionada con su trabajo y su doctor deja de tener un contrato con WellComp, su doctor puede continuar tratándolo siempre y cuando su lesión o enfermedad satisfice una de las siguientes condiciones

- **(Aguda)** Condición médica que incluye síntomas que se manifiestan de forma imprevista y que requieren pronta atención médica, y tiene duracion menos de 90 dias.
- **(Seria o Crónica)** Su herida o enfermedad son el que que es serio y sigue durante al menos 90 días sin la cura llena o empeora y requiere el tratamiento en curso. Se le puede permitir que siga siendo tratado por el doctor que actualmente lo esta tratando por un período de hasta un año, hasta que una transferencia de cuidado pueda ser efectuada de una manera sana y salva.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía u otro procedimiento autorizado por su empleador o seguro de salud y el cual ocurrirá dentro de los 180 días de la fecha efectiva de la Red de Proveedores Médicos (MPN por sus siglas en inglés).

Si cualquiera de las condiciones antes mencionadas existe, Wellcomp puede requerir que su doctor acepte por escrito los mismos términos que el había aceptado cuando era un proveedor del Red de Wellcomp. Si el doctor no está de acuerdo o no acepta los términos, no podría continuar tratándolo.

Si el contrato con su doctor fue clausurado o no fue renovado por Wellcomp por razones relacionadas con causas de disciplina médica, fraude o actividad criminal, no le será permitido completar el tratamiento con ese doctor. Para obtener una copia completa de la póliza de Continuidad de Cuidado en inglés o en español, por favor visite www.WellComp.com o llame a servicios al paciente de WellComp.

■ Transferencia del Cuidado Actual y Corriente

¿Qué pasa si usted ya está siendo tratado por una lesión relacionada con su trabajo, antes de comenzar el programa Red de WellComp?

Su empleador tiene una póliza de “Transferencia de Cuidado” que describe lo que pasará si usted esta actualmente siendo tratado por una lesión relacionada con su trabajo, por un doctor que no es miembro de la Red de WellComp.

Si su doctor actual del tratamiento es un miembro participante de Wellcomp, entonces usted puede continuar el tratamiento con su doctor y su tratamiento se hará bajo la Red de Wellcomp. Se le puede permitir ser miembro de WellComp a su doctor actual.

Si su médico tratante actual no es un médico participante dentro de WellComp, y si aún no ha sido transferido a la red de proveedores medicos, su médico puede hacer remisiones a prestadores dentro o fuera de la red de proveedores medicos. Se le puede permitir a su medico actual convertirse en un miembro de WellComp.

Usted no será transferido a un doctor de Wellcomp si su lesión o enfermedad satisfice cualquiera de las siguientes condiciones:

- **(Aguda)** El tratamiento de su lesión o enfermedad será completado en menos de 90 días.
- **(Seria o Crónica)** Su lesión o enfermedad es seria y continuará por mas de 90 días sin cura completa o empeorando y requiere tratamiento continuo. Se le puede permitir que siga siendo tratado por el doctor que actualmente lo esta tratando por un período de hasta un año de la fecha de notificacion que usted tiene una condicion seria o cronica.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos. Tratamiento medico sera proporcionado por la duracion de la enfermedad terminal.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía o procedimiento autorizado por su empleador o seguro de salud y el cual ocurrirá dentro de los 180 días de la fecha efectiva de la Red de Proveedores Médicos (MPN por sus siglas en inglés).
- Para obtener una copia completa de la poliza de Transferencia de Cuidado en español o en ingles, por favor visite www.WellComp.com o llame a servicios al paciente de WellComp.

■ Disputas de Cuidado

Anuncio de la determinación, proveniente del empleador, o del ajustador encargado del caso, debiera ser enviada a la dirección del empleado y una copia de la carta deberá ser enviada al medico principal del empleado cubierto. La notificación será escrita en inglés y español y los términos del lego de uso en el mayor grado posible.

Si Wellcomp va a transferir su cuidado médico y usted no está de acuerdo, usted puede pedirle al doctor que lo está tratando actualmente, un informe o parte médico alegando que su condición pertenece o está dentro de una de las condiciones antes mencionadas. Su doctor que lo esta tratando actualmente si le proveera un informe dentro de veinte dias del calendario de la fecha de sollicitacion. Si su doctor que lo esta tratando actualmente no logra emitir el informe, entonces usted sera requerido a seleccionar un nuevo proveedor dentro el MPN.

Si Wellcomp o usted no está de acuerdo con el informe del doctor que lo está tratando, esta disputa será resuelta de acuerdo a la Sección 4062 del Código del Trabajo. Usted tiene que notificar al Departamento del Servicio al Paciente de WellComp, si usted no está de acuerdo con el informe o parte médico.

Si el doctor que lo está tratando está de acuerdo de que su condición no pertenece o no está dentro de las condiciones antes mencionadas, se continuará con la transferencia de su cuidado médico, aún cuando usted no está de acuerdo con la decisión.

Si su doctor cree que su condición satisfice una de las condiciones antes mencionadas, usted puede continuar el tratamiento con ese doctor hasta que la disputa sea resuelta. Para obtener una copia completa de la póliza de Transferencia de Cuidado, por favor visite www.Wellcomp.com o llame al Servicio al Paciente de Wellcomp.

Proceso para Segunda Opinión, Tercera Opinión y Examen

Médico Independiente:

Si usted no está de acuerdo con su doctor o no le gusta su doctor sea cual sea la razón, usted siempre puede elegir otro doctor en el MPN (Red de Proveedores).

■ Obteniendo Segunda y Tercera Opiniones

Si usted no está de acuerdo con el diagnóstico o con el plan de tratamiento de su doctor actual o con el doctor de la segunda opinión, y quisiera una segunda o tercera opinión, usted debe de tomar los siguientes pasos:

- ✓ Notificar al Administrador(a) de su reclamo a quien le proveerá una lista de doctores y/o especialistas en el área regional dentro de la Red de WellComp, quienes tienen pericia reconocida para evaluar o tratar su lesión o condición.
- ✓ Elija un doctor o especialista de la lista.
- ✓ Dentro de los 60 días de recibir la lista, reserve una cita con el doctor o especialista seleccionado de la lista proporcionada a través del por Administrador(a) de su reclamo. Si, dentro de los 60 días, decide usted en no confirmar cita, su derecho en buscar otra opinión puede ser renunciado.
- ✓ Informe al Administrador(a) de su reclamo de su elección, y de la fecha de su cita, para así asegurarnos de que sus archivos médicos se pueden enviar antes de la fecha de su cita. Usted también puede pedir una copia de sus archivos médicos.
- ✓ Usted será proveído(a) con información y un impreso de pedido referente al proceso de Examinación de Médico Independiente (IMR) en el momento que usted selecciona un médico de tercera opinión. Información del proceso del IMR se puede encontrar en el Manual del MPN para el Empleado.

Si el segundo/tercer doctor de opinión siente que su herida es fuera del tipo de herida él o ella normalmente trata, el consultorio del doctor notificará a su patrón o asegurador. Usted conseguirá otra lista de doctores MPN o especialistas entonces usted puede hacer otra selección.

Si la 2da/3ra opinión médica está de acuerdo con su necesidad de un tratamiento o algún examen, se le permitirá obtener ese tratamiento o examen con un proveedor que este dentro o fuera de la red de proveedores médicos, incluyendo el médico quien proporcione la 2da/3ra opinión.

■ Obteniendo un Examen Médico Independiente (IMR por sus siglas en inglés)

Si usted no está de acuerdo con el diagnóstico o plan de tratamiento decidido por el médico de la tercera opinión, usted podría completar y presentar el impreso de la Aplicación para Examinación de MPN Médico Independiente con el Director Administrativo de la División de Indemnización de Trabajadores. Se puede comunicar con su Administrador(a) de reclamo, o al Departamento de Servicios para el Paciente de WellComp para información sobre la Examinación de Médico Independiente y el impreso para pedir una Examinación de Médico Independiente.

Si la segunda opinión, tercera opinión o la revisión médica independiente, coincide con el médico que le está tratando, y la red de proveedores médicos contiene un médico que pueda proporcionar el tratamiento recomendado, usted tendrá que continuar su tratamiento con un médico dentro de la red de proveedores médicos. Si la revisión médica independiente no está de acuerdo con su médico tratante de la red, se permitirá recibir ese tratamiento médico de un proveedor dentro o fuera de la red de WellComp.

Cualquier médico seleccionado fuera de la red de proveedores médicos WellComp debe estar a una distancia geográfica razonable. El tratamiento o examen de diagnóstico está limitado a la recomendación provista por el médico dentro de la red de proveedores médicos o por la revisión médica independiente.

■ Tratamiento Fuera del Área Geográfica

WellComp tiene proveedores por todo California. Si llega alguna situación que podría llevarlo fuera del área de cobertura, tales como trabajo temporal, viaje relacionado al trabajo, o vivir temporalmente o constantemente fuera del área de servicios geográficos del MPN, por favor pongase en contacto con el Departamento de Servicios para Pacientes de WellComp, su examinador de reclamos, su proveedor primario de tratamiento, y ellos le proveerán con una selección de por lo menos 3 proveedores aprobados fuera de la red de los que usted pueda obtener tratamiento o recibir segunda o tercera opinión de la selección de médicos referidos.

Servicios Médicos Proveídos:

A continuación es un resumen de los servicios médicos del Seguro de Indemnización por Accidentes de Trabajo disponibles para usted por la Red de WellComp.

Tratamiento principal o primario y servicios especiales incluyendo las consultas y recomendaciones

Ejemplos de proveedores de tratamientos primarios o proveedores de especialización incluyen: doctores de medicina general, quiroprácticos, dentistas, ortopedistas, cirujanos, psicólogos, psiquiatras, cardiólogos, neurólogos.

Servicios de Hospital, y Centros de Cirugía Ambulatoria

Ejemplos de servicios de proveedores de servicios de hospital, y centros de cirugía ambulatoria incluyen: servicio agudo de hospital, cuidado general de enfermera, salas de operaciones y facilidades relacionadas, unidad de cuidado intensivo y sus servicios, laboratorios para diagnósticos o servicio de rayos-x y los tratamientos de terapias necesarias.

Servicios de Cuidado Complementarios

Ejemplos de proveedores de servicios de cuidado complementarios incluyen: laboratorios para diagnósticos o servicio de rayos-x, medicina física, terapia de ocupación, equipos médicos y de cirugía, consejeros, enfermeras, cuidado médico apropiado en casa, medicación.

Servicios de Emergencia incluye el servicio ambulatorio y servicio fuera del área de la Red.



Directorio de Proveedores de WellComp

Para obtener más información acerca de la red de proveedores médicos, incluyendo el acceso a una lista de todos los médicos en la red, vaya a www.WellComp.com donde se puede buscar por especialidad médica, el código postal, grupo médico o proveedor. Para asistencia a través del internet o para obtener acceso a una copia impresa de la lista de proveedores por zona regional y/o una copia electrónica del directorio completo de WellComp, favor de contactarse con WellComp (quien fue asignado por su empleador para administrar la red de proveedores médicos):

Información de WellComp

Para preguntas sobre el uso de la red de proveedores médicos o para denuncias, la persona a contactar es: Gale Chmidling, MPN Manager (800) 544-8150.

WellComp tiene personas disponibles para responder a sus preguntas, proporcionar asistencia con el sitio web y para generar listas de proveedores. Asistentes están disponibles para ayudar a encontrar un médico de su elección dentro de la red de proveedores, incluyendo programación y confirmación de las citas. Los asistentes están disponibles de 7am a 8pm hora del Pacífico, de lunes a sábado. Información de contacto aparece a continuación:

WellComp Departamento de Servicios al Paciente

P.O. Box 59914
Riverside, CA 92517
Gratis al (800) 544-8150
fax: (888) 620-6921 o
e-mail: info@WellComp.com



Notificación al Empleado

Este folleto contiene información importante para el acceso en la Red de Proveedores Médicos WellComp.

- ✓ Entérese si está protegido
- ✓ Acceso a cuidado médico
- ✓ Aprenda acerca de la continuidad de su cuidado
- ✓ Seleccione su propio doctor
- ✓ Transferencia dentro de la Red de WellComp
- ✓ Comunicarse con WellComp

Número de identificación del MPN:

Este folleto está disponible en Inglés. Para una copia gratis, por favor llame la Red de Proveedores Médicos de WellComp.

The Division of Labor Standards Enforcement believes that the sample posting below meets the requirements of Labor Code Section 1102.8(a). This document must be printed to 8.5 x 14 inch paper with margins no larger than one-half inch in order to conform to the statutory requirement that the lettering be larger than size 14 point type.

WHISTLEBLOWERS ARE PROTECTED

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcement agency, person with authority over the employee, or another employee with authority to investigate, discover, or correct the violation or noncompliance, and to provide information to and testify before a public body conducting an investigation, hearing or inquiry, when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a local, state or federal rule or regulation.

Who is protected?

Pursuant to [California Labor Code Section 1102.5](#), employees are the protected class of individuals. "Employee" means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. [[California Labor Code Section 1106](#)]

What is a whistleblower?

A "whistleblower" is an employee who discloses information to a government or law enforcement agency, person with authority over the employee, or to another employee with authority to investigate, discover, or correct the violation or noncompliance, or who provides information to or testifies before a public body conducting an investigation, hearing or inquiry, where the employee has reasonable cause to believe that the information discloses:

1. A violation of a state or federal statute,
2. A violation or noncompliance with a local, state or federal rule or regulation, or
3. With reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment.

A whistleblower can also be an employee who refuses to participate in an activity that would result in a violation of a state or federal statute, or a violation of or noncompliance with a local, state or federal rule or regulation.

What protections are afforded to whistleblowers?

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
2. An employer may not retaliate against an employee who is a whistleblower.
3. An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
4. An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Under [California Labor Code Section 1102.5](#), if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages, and take other steps necessary to comply with the law.

How to report improper acts

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, **call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225**. The Attorney General will refer your call to the appropriate government authority for review and possible investigation.