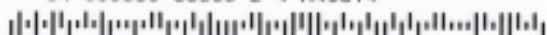




THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

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January 16, 2019

ALDERAC ENTERTAINMENT GROUP, INC.  
555 N EL CAMINO REAL STE A393  
SAN CLEMENTE CA 92672-6740

## Policy Information:

### Policy Holder Details:

ALDERAC ENTERTAINMENT GROUP, INC.

### Policy Number

72 WEC ZI7251

### Policy Term

04/01/18 to 04/01/19



## Contact Us

Business Service Center

**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)

**Phone:** (877) 853-2582

**Fax:** (888) 443-6112

**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)

**Website:** [www.thehartford.com](http://www.thehartford.com)

Dear Policyholder,

Enclosed are posting notices for your Hartford Worker's Compensation policy listed in the below snapshot. Your policy documents have been delivered in accordance with your policy delivery preferences, which can be managed on [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter). As a courtesy, we have mailed your posting notices directly to you. We recommend that you post these documents in accordance with your state requirements.

If you misplace them or need additional copies, please contact your agent at (951) 674-0675.

On behalf of your agent, **R DAVID BULEN INSURANCE AGENCY** and The Hartford, we appreciate your business.

Sincerely,

Your Hartford Service Team

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS  
Division of Workers' Compensation

Notice to Employees - Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

**Benefits.** Workers' compensation benefits include:

- o **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- o **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- o **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- o **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- o **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group before you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

**If You Get Hurt:**

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
  - o If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
  - o If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
  - o If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: \_\_\_\_\_

MPN Effective Date: \_\_\_\_\_

MPN Identification number: \_\_\_\_\_

If you need help locating an MPN physician, call your MPN access assistant at: \_\_\_\_\_

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: \_\_\_\_\_

**Discrimination.** It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

**Questions?** Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator \_\_\_\_\_

Phone (800) 327-3636

Workers' compensation insurer The Hartford Insurance Co of the Midwest

(Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: \_\_\_\_\_ or

by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: [www.dwc.ca.gov](http://www.dwc.ca.gov) and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

**False claims and false denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.





## WORKERS' COMPENSATION - WRITTEN NOTICE TO NEW EMPLOYEES

This notice includes some of your rights, benefits and obligations under the workers' compensation law.

### EVENTS, INJURIES AND ILLNESSES COVERED BY WORKERS' COMPENSATION

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over). You may not be entitled to workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social or athletic activity that is not part of your work-related duties.

### RIGHTS AND BENEFITS

You may have the right to the following:

- o Medical Care Benefits which include: Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines as reasonably necessary to treat your injury.
- o Temporary Disability (TD) Benefits: Payments if you lose wages while recovering. For most injuries that occur on or after Jan 1, 2008, temporary disability (TD) benefits may not extend for more than 104 compensable weeks within five years from the date of injury. For a few long term injuries, such as severe burns or chronic lung disease, benefits may not extend for more than 240 weeks within five years from the date of injury. Filing a timely Employment Development Department claim may result in additional state disability benefits when TD benefits terminate.
- o Permanent Disability (PD) Benefits: Payments if your injury causes a permanent disability.
- o Supplemental Job Displacement Benefits: A nontransferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work.
- o Death Benefits: Paid to dependents of a worker who dies from a work-related injury or illness.

Temporary disability, permanent disability, vocational rehabilitation maintenance allowance and death benefits are all payable based on 2/3 of your average weekly wage subject to state minimum and maximum rates in effect on your date of injury. Your benefits are paid every two weeks while you are eligible.

### CHOOSING YOUR OWN DOCTOR

You may be able to choose the doctor who will treat you for a job injury or illness during the first 30 days after the injury. If eligible, you must tell your employer, in writing, the name and address of your personal physician **before** you are injured. 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:

- o your employer offers group health coverage;
- o 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;
- o your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- o **prior** to the injury your doctor agrees to treat you for work injuries or illnesses;
- o **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.

**Pages 3 and 4 of this notice are forms which can be used for this purpose.**

If you do not choose a doctor, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days, which may include your personal chiropractor or personal acupuncturist. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network (MPN).

Contact your employer for more information.

### ROLE OF THE PRIMARY TREATING PHYSICIAN

Your Primary Treating Physician will decide what type of medical care you will receive for your injury or illness, determine when you can return to work, help identify the kinds of work you can do safely while recovering, refer you to specialists, if necessary, and write medical reports that will affect the benefits you receive. It is important to get good medical care to help you recover. You should be treated



by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also, describe your job and your work environment.

**IF YOU GET HURT – GET MEDICAL CARE.** If you need first aid, contact your employer. If you need emergency medical treatment, call 911 or one of the numbers listed below. Tell the health care provider who treats you that your injury or illness is job related.

Ambulance \_\_\_\_\_  
Fire Dept. \_\_\_\_\_  
Police \_\_\_\_\_  
Doctor \_\_\_\_\_  
Hospital \_\_\_\_\_

### REPORT YOUR INJURY OR ILLNESS

Report the injury immediately to your supervisor or to:

Employer Representative \_\_\_\_\_  
Phone Number \_\_\_\_\_

Tell your supervisor right away. If your injury or illness developed gradually, report it as soon as you learn it was caused by your job. Reporting promptly helps prevent problems and delays in receiving benefits, including medical care you may need to avoid further injury. If your employer does not learn of your injury within 30 days, you could lose your right to receive workers' compensation benefits.

Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

**False Claims and False Denials.** Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payment is guilty of a felony and may be fined and imprisoned.

### ADDITIONAL INFORMATION

You can get free information from a State of Workers' Compensation Information & Assistance Officer. To hear recorded information including a list of local offices, call toll-free (800) 736-7401. Learn more online: <http://www.dir.ca.gov>

The nearest Information & Assistance Officer is at:

Address \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

Your employer's compensation carrier at the time of your hire is:

The Hartford Insurance Co of t \_\_\_\_\_

### DISCRIMINATION

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to the limits set by the state.

### MEDICAL PROVIDER NETWORKS

Your employer may be using an MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If you have pre-designated a personal physician prior to your work injury, then you may receive treatment from your pre-designated doctor. If you have not pre-designated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. Contact your employer for more information.

## PREDESIGNATION OF PERSONAL PHYSICIAN

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.) or doctor of osteopathic medicine (D.O.) or medical group if:

- o your employer offers group health coverage;
- o 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;
- o your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- o prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- o 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.

### NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

**Employee: Complete this section.**

To: \_\_\_\_\_ (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's Address:

\_\_\_\_\_  
Employee's  
Signature

Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

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 predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.



## NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a 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 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.

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)

Employee Name (Please Print):

\_\_\_\_\_  
Employee's address:

\_\_\_\_\_  
Employee's  
Signature

\_\_\_\_\_  
Date:



**Important Information about  
Medical Care if you have a Work-Related Injury or Illness  
Complete Written MPN Employee Notification**  
(Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network ("MPN"). The claims for this MPN are administered by Hartford Fire Insurance Company. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

**o What happens if I get injured at work?**

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

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

**o What is a MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

MPNs must allow employees to have a choice of provider(s).

**o What MPN is used by my employer?**

You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN. Your employer is using The Hartford Select Network MPN with the MPN identification number 3044.

General information regarding the MPN can also be found at the following website: The MPN informational website address is: <https://www.thehartford.com/ca-workers-compensation>.

**o How do I find out which doctors are in my MPN?**

First, you could access the Provider Directory as set out below. Alternative resources are available as follows: by calling your Claim Handler, the Network Referral Unit, or the Medical Access Assistant also set out below under Provider Directories. A roster of all treating physicians in the MPN is available at <http://www.thehartfordselectnetworkmpn.com/>.

The MPN contact listed in this notification will be able to answer your questions about the MPN and will help you obtain a regional list of all MPN doctors in your area. At minimum, the regional listing must include a list of all MPN providers within fifteen (15) miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive.

You can get the list of MPN providers by calling the MPN Contact. Or, you may contact The Hartford to locate a participating provider or obtain a regional listing as follows:

**Provider Directories:**

On-line Directories – if you have internet access, you may obtain a regional directory or locate a participating provider near you by visiting <http://www.thehartfordselectnetworkmpn.com/>.



If you do not have internet access, you may request assistance in locating an MPN provider or obtaining a regional listing by calling:

- o Your Claim Handler @ 866.401.9222, or
- o The Network Referral Unit at 1.800.327.3636, prompt 4, or  
The Medical Access Assistant @ 866-758-7256.

#### **Statewide Treating Provider List:**

You also have the right to a complete listing of all of the MPN providers upon request. You may generate the list yourself via the internet, go to <http://www.thehartfordselectnetworkmpn.com/>.

If you need assistance with finding an available MPN provider, or would like help in scheduling and confirming provider appointments, our MPN Medical Access Assistant can be reached, toll free, at 866-758-7256, 7 am – 8 pm Pacific Time (Monday – Saturday) (excluding Sundays and holidays); by fax at 916-293-5025; or by email at [thehartfordmaa@primehealthservices.com](mailto:thehartfordmaa@primehealthservices.com). At least one MPN Medical Access Assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical Access Assistants will respond to calls, faxes or messages by the next day, excluding Sundays and holidays. Medical Access Assistants work in coordination with the MPN Contact and the Claim Handler(s) to ensure timely and appropriate medical treatment is available to you, the injured worker. Assistance provided by the Medical Access Assistants is available in English and Spanish.

#### **o How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with a MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

#### **o Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact your MPN Contact or your Claim Handler if you want to change your treating physician.

#### **o What standards does the MPN have to meet?**

The MPN has providers for the entire state of California.

The MPN must give you a regional list of providers that includes at least three available physicians of each specialty to treat common injuries based on your occupation or industry. The MPN must have at least three available primary treating physicians and a hospital or emergency healthcare service provider within fifteen (15) miles or thirty (30) minutes of your residence or workplace. The MPN must have providers of occupational health services and specialists within thirty (30) miles or sixty (60) minutes of your residence or workplace.

The MPN must provide initial treatment within three (3) days. You must receive specialist treatment within twenty (20) business days of your request for an appointment through an MPN Medical Access Assistant. If an MPN Medical Access Assistant is unable to schedule a timely medical appointment (i.e. scheduled within twenty (20) business days) with an appropriate specialist within ten (10) business days of an employee's request, the employer shall permit the employee to obtain necessary treatment with an appropriate specialist outside of the MPN. If you have trouble getting an appointment, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.



**o What if there are no MPN providers where I am located?**

If you are a current employee:

- o living in a rural area or temporarily working or living outside the MPN service area, or
- o you are a former employee permanently living outside the MPN service area, or
- o you are an injured worker who decides to temporarily reside outside the MPN service area during recovery.

Your Claim Handler, the MPN, or your treating doctor will give you a list of at least three physicians who can treat you. Your Claim Handler may also allow you to choose your own doctor outside of the MPN network.

**o What if I need a specialist not in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

**o What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN Contact or your Claim Handler and tell them you want a second opinion. The MPN should give you at least a regional MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within sixty (60) days. You must tell your Claim Handler of your appointment date, and your Claim Handler will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within sixty (60) days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second 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 and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within sixty (60) days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN contact person will give you information on requesting an Independent Medical Review and a form at the time you request a third opinion.

If either the second or third opinion doctor agrees with your need for a treatment or test, you will be allowed to receive that medical service from a provider inside the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

If the Independent Medical Reviewer supports your need for a treatment or test you may receive that care from a doctor inside or outside of the MPN.

**o What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "Transfer of Care" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.



If you have properly pre-designated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about pre-designation, ask your supervisor.) If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are in the box below.

#### ***Can I Continue Being Treated By My Doctor?***

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- o **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- o **(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.
- o **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- o **(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, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has twenty (20) days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within twenty (20) days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in either English or Spanish, ask your MPN Contact.

#### o **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "Continuity of Care" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continuing your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are set forth in the box above, "***Can I Continue Being Treated By My Doctor?***"

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has twenty (20) days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within twenty (20) days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.



You will need to give a copy of the report to your employer or Claim Handler if you wish to postpone the selection of another MPN doctor for your continued treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy in either English or Spanish, ask your MPN Contact.

o **Who do I contact if I have questions about my MPN?**

- o **MPN Contact:** You may always contact the MPN Contact or Claim Handler assigned to your case, if you need help or an explanation about your medical treatment for your work-related injury or illness at:

P.O. Box 14475, Lexington, KY 40512

Toll-free Telephone Number for Claim Handler: 866.401.9222

Toll-free Telephone Number of MPN Contact: 866.401.9222, x2304195

Toll-free Telephone Number of Network Referral Unit for a list of MPN providers and/or MPN

Pharmacies: 1.800.327.3636, prompt 4

E-Mailbox: [CAMPN.Claim@thehartford.com](mailto:CAMPN.Claim@thehartford.com)

If you have questions concerning your:

- 1) medical prescriptions, or
- 2) physical therapy, occupational therapy, work hardening or chiropractic services need for your work-related injury or illness, please contact your Claim Handler at 866.401.9222.

If you have a complaint about the MPN, please contact your MPN Contact.

o **MPN Medical Access Assistant (MAAs):**

If you need assistance with finding an available MPN provider, or would like help in scheduling and confirming provider appointments, our Medical Provider Network Medical Access Assistants can be reached, toll free, at 866-758-7256, 7 am – 8 pm Pacific Time (Monday – Saturday) (excluding Sundays and holidays); by fax at 916-293-5025; or by email at:

[TheHartfordMAA@Primehealthservices.com](mailto:TheHartfordMAA@Primehealthservices.com). At least one MPN Medical Access Assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical Access Assistants will respond to calls, faxes or messages by the next day, excluding Sundays and holidays. Medical Access Assistants work in coordination with the MPN Contact and the Claim Handler(s) to ensure timely and appropriate medical treatment is available to you, the injured worker. Assistance provided by the Medical Access Assistants is available in English and Spanish.

**Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call DWC's Information and Assistance at 1.800.736.7401. You can also go to DWC's website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on "medical provider networks" for more

- o information about MPNs.
- o **Independent Medical Review:** If you have questions about the Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit

P.O. Box 71010

Oakland, CA 94612

510.286.3700 or 800.794.6900

**Keep this information in case you have a work-related injury or illness.**

# **NOTICE**

## **WORKERS' COMPENSATION ACCIDENT REPORTING**

**You Have Workers' Compensation Insurance  
with  
THE HARTFORD**

**WHEN AN EMPLOYEE IS INJURED ON THE JOB, OR  
DOES NOT REPORT FOR WORK:**

- 1. Inquire as to cause of absence, if unknown.**
- 2. If employee is injured on the job, or, if absence may be due to injury or illness related to employment:**
  - a. Provide proper medical attention.**
  - b. Complete the Employer's First Report of Injury or Disease form in duplicate at once. This form can be obtained from the following website: [dwd.wisconsin.gov/dwd/forms/wkc/WKC\\_12\\_E.htm](http://dwd.wisconsin.gov/dwd/forms/wkc/WKC_12_E.htm).**
  - c. Mail original immediately to:**

The Sentinel Insurance Company  
4245 Meridian Parkway  
Aurora IL 60504
  - d. If employee is, or will be, off work more than three days, mail copy to:**

**Department Of Workforce Development  
Workers' Compensation Division  
P.O. Box 7901  
Madison, Wisconsin 53707-7901**