Worker Guide

Managing my claim

At SAIF, we consider it our job to help manage your claim and provide you with the benefits you're entitled to. But with rights come responsibilities: Knowing about injured worker benefits and rights, and how the system works, can make recovery easier for you.

How your claim is processed

Do you want to know how long it might take to process your claim, what a certain claim status means, or when SAIF will contact you?

Injured worker benefits

Learn how you will be compensated during your treatment, what "time loss" means, and what other benefits you might be eligible for.

You can contact your SAIF claim adjuster directly for information about your claim. If you don't know who that is, call us at 800.285.8525; please have your claim number handy when you call.

More resources for workers

If your previously accepted workplace injury becomes worse, read about reopening your claim.

If you've never had a workplace injury or illness before, get general information about the workers' comp system.

To us, every injured worker is a customer who deserves to be treated with fairness and respect. We're committed to being as responsive and helpful as possible throughout the claim process.

Process

The process

We begin evaluating a claim as soon as it is received. We will notify you and your employer in writing when the claim has been accepted or denied. A claims adjuster may contact you by telephone or in writing to ask questions or discuss your claim. Remember to have your claim number with you when you complete any forms, see a medical provider, or call SAIF.

A certified SAIF claims adjuster will be assigned to assist you with your claim and may contact you. Be sure to ask your adjuster questions if you don't understand something or have questions about a form or letter you receive.

Timeline: Generally, you will know if your claim has been accepted or denied within 60 days of the date you told your supervisor of the claim (unless it happened before January 1, 2002).

And please remember, the status of your claim may change as you progress through your recovery.

Questions: If you have a question or need help with your claim, please call us at 800.285.8525.

Deferred

Deferred

While your claim is being evaluated (before it is accepted or denied) it is placed in

"deferred status." During this time:

- Information, such as medical reports and statements, is gathered.
- You may be asked to see an independent medical examiner for another medical opinion.
- We will work with your attending physician or authorized nurse practitioner to help you return to your regular job, or a temporary job approved by your doctor, as soon as possible.

While your claim is deferred, you will receive wage replacement benefits if a qualified attending physician or authorized nurse practitioner states that you cannot work and are unable to work for more than three calendar days. (These benefits will not be paid if the claim is denied within 14 days of the day the injury was reported to your employer.)

Medical expenses

Medical providers cannot bill you for medical expenses while the claim is in a deferred status. If SAIF accepts the claim, we will pay your medical providers for medically reasonable and necessary care related to your accepted conditions.

By law, if you have filed a workers' comp claim and are receiving medical care in Oregon, the medical provider may not ask you for payment during the time the claim is being evaluated (or if your treatment is related to an accepted condition).

You should also know that during the time the claim is being evaluated (deferred), SAIF will not make payment for any medication the doctor may prescribe or for any other expenses such as transportation costs for visits to the doctor's office. You definitely should keep receipts for these expenses - they and related medical bills will be reviewed for payment by SAIF if your claim is accepted. If we send you for an examination during this "deferred" period, we will reimburse the expenses incurred to attend the appointment (s).

Helpful contacts

For more help with your claim, don't hesitate to contact us at 800.285.8525.
Department of Consumer and Business Services Injured Workers' Hotline, 800.452.0288.
State Ombudsman for Injured Workers, 800.927.1271.

Accepted

Accepted

If your claim is accepted, you will receive a letter that lists your accepted medical condition(s) and states whether your claim is disabling or nondisabling. Your claim then will be transferred to an adjuster who specializes in managing claims.

For disabling claims (if you missed time from work and/or have a permanent disability), your new adjuster will contact you within three days and your claim will be enrolled in an MCO (managed care organization).

If you have a nondisabling claim (if you received medical treatment only), your medical treatment relating to the accepted condition will be paid.

Your responsibilities

It is your responsibility to do all you can to recover and to follow your attending physician's or authorized nurse practitioner's advice. Cooperate fully with those who are helping you to return to work. Keep your medical appointments, follow your attending physician's or authorized nurse practitioner's treatment plan, and avoid any activities tha will slow or stop recovery.

Keep your employer informed about your condition and pass on any information about your ability to work that you receive from your attending physician or authorized nurse practitioner after each medical visit. When you are released for work, contact your employer immediately. Be sure to obtain a written copy of the work release to give to your employer.

Your SAIF claims adjuster is here to help. Keep us up to date on your recovery progress.

Helpful contacts

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Denied

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According to Oregon workers' compensation law, it is up to you to prove that an injury occurred as a result of your work or that an illness was due to job-related factors.

If your claim is denied, you will receive a call from your adjuster explaining why the denial was issued. A letter explaining the decision will follow. All benefits will stop, and you will have 60 days to file a written appeal with the Workers' Compensation Board.

Appealing a denial

If you disagree with the denial decision, you may appeal it. If your date of injury is after January 1, 2002 and while the claim is on appeal, some medical benefits may be paid for medical treatment that occurs between the date you reported the injury and the date of the denial (if you had health insurance). Your adjuster can help provide you more information on these "interim medical" benefits.

Some claim denials are resolved through a disputed claim settlement (DCS). If a claim is settled, it means the denial is final and you will not receive any future benefits for the denied condition.

Medical expenses

If a claim is denied, you or your private health insurer will be responsible for payment of all medical bills. Your medical provider may bill your health insurance company for medical treatment. If we are aware of your health insurer, we will notify them of your claim denial.

If you appeal the denial, you do not have to pay for medical services while the appeal is in process and/or the denial is final.

Fraud

A worker who knowingly files a workers' compensation claim for an injury that was not a result of the person's work, or who attempts to collect benefits for one job while failing t report earnings at another, may be committing fraud and could be prosecuted.

Helpful contacts

For more help with your claim, don't hesitate to contact us at 800.285.8525.
Department of Consumer and Business Services Injured Workers' Hotline, 800.452.0288
State Ombudsman for Injured Workers, 800.927.1271.

Closed

Closed

Your claim is ready to be closed when you have reached maximum medical improvement from your injury, or it also may be closed if you have not sought medical treatment for more than 30 days. If this happens, you will receive a letter stating that your claim qualifies for closure. Your adjuster also will call you to discuss the closure process and answer any questions.

If you have a permanent disability due to your injury, your permanent disability will be rated according to a schedule determined by law.

After we receive your closing information, we will send you a notice of closure within 14

days. If you disagree with the decision to close your claim, you will have 60 days to appeal the closure decision. Information about how to appeal is included in the notice of closure.

If the accepted condition worsens at a later time, you may be able to reopen your claim.

Helpful contacts

For more help with your claim, don't hesitate to contact us at 800.285.8525.
Department of Consumer and Business Services Injured Workers' Hotline, 800.452.0288
State Ombudsman for Injured Workers, 800.927.1271.

Reopening my claim

If a previously accepted workplace injury becomes worse, you may be able to reopen your claim and qualify for additional workers' compensation benefits.

Once your claim closes, your accepted condition may worsen and require additional medical treatment or time away from work. This worsening is called an "aggravation."

Up to five years from the date your claim was first closed, your claim can be reopened by the insurance company based on a request from you and information on your worsened condition from a qualified attending physician. (Treatment after claim closure can be provided by an M.D., D.O., or D.D.S., or a member of your managed care organization.)

If your accepted condition worsens more than five years after the first closure date on a disabling claim or five years from the date of injury on a nondisabling claim, you may be entitled to additional benefits under a separate process called "Board's Own Motion."

Contact us at 800.285.8525 to see if you qualify.

Benefits

Workers injured on the job may be eligible for several kinds of benefits, including time-loss benefits, coverage of medical treatment, and more. SAIF works side by side with you and your employer to be sure you receive the appropriate care and payment.

Overview

Time loss

If your injuries require you to miss work, you may be eligible for temporary disability benefits (also called time loss benefits) if your attending physician authorizes you to be away from work.

The formula for calculating time loss benefits is determined by the state and is described on the wage benefits page.

Medical coverage

If your claim is accepted, your medical providers will be reimbursed for treatment related to your accepted condition. (In Oregon, the amount of the payment is determined by the Oregon Workers' Compensation Fee Schedule.)

If your claim is denied, all benefits will stop. You are not eligible for benefit payments while your claim is in a denied status, except for interim medical benefits if you are also covered by a qualified health plan. Contact your adjuster if you have questions about this benefit.

Managed care organizations (MCOs)

MCOs contract with doctors and other health care providers for medical services to covered employees with work-related injuries or illnesses. MCOs emphasize quality medical care, disability management, and cost containment.

If your claim is accepted, you will generally be required to seek treatment from an MCO provider or a qualified general practitioner, family practitioner, authorized nurse practitioner, or internist with whom you have a history of prior treatment.

Benefit table

Benefit calculations for injured workers

The amount of benefits is established by the state legislature. The date of the accident determines the benefits to be paid. If you receive temporary disability, a cost of living adjustment occurs on July 1 of each year. The increase is tied to the average weekly wage in Oregon. See Benefit table below.

Remember, an attending physician or authorized nurse practitioner must verify you are physically unable to work in order to receive this benefit.

Timeline

If SAIF has received notification of the injury, the initial check will be mailed no later than 14 days from the date you inform your employer of the injury and became unable to work because of the injury (unless the claim is denied by the 14th day). Subsequent checks are mailed every two weeks.

Types of benefits

There are several types of benefits paid for replacement of wages or loss of income:

Temporary total disability (TTD)

When an attending physician or authorized nurse practitioner authorizes you to remain totally off work during your recovery, the benefits you receive are called temporary total disability. If authorized, time loss benefits are paid during the time the claim is deferred and then continue if the claim is accepted. If the claim is denied, the benefits are stopped as of the date of the denial.

The amount you receive is determined by your average weekly wage. There are minimum and maximum biweekly benefits.

Supplemental Disability

If you had additional Oregon subject jobs at the time of your injury, you may be eligible to receive additional disability payments. You must notify us about the other jobs within 30 days of our receipt of the initial claim and provide proof of wages paid on the other jobs: check stubs or payroll records.

Temporary partial disability (TPD)

As you recover from your condition, your doctor may release you to resume some work. At the time you return to transitional work, if you are not earning your pre-injury average weekly wage, you are eligible for temporary partial disability benefits. These benefits continue while you are recovering and have not been released to return to your regular

work while you are not earning your full wage and your claim remains open.

Permanent partial disability (PPD)

When you are determined to be medically stationary, your claim is ready for closure. An examination is done to determine whether you have a permanent loss of use or function as a result of your injury. This permanent loss of function is determined as a percentage of whole body impairment for benefit calculations.

Permanent total disability (PTD)

If you are unable to return to any form of gainful and suitable employment held in the past, you may qualify for PTD benefits. These benefits are based on your average weekly wage at the time of the injury but are paid monthly instead of biweekly. Generally, they are for significant and serious injuries, such as paraplegia, quadriplegia, or traumatic brain injuries.

Fatal or survivor's benefits

When a worker is fatally injured on the job and leaves behind a spouse or registered domestic partner, dependent child, or other qualified beneficiary they will receive benefits if the claim is accepted. These benefits also will include a burial allowance.

Benefit table

Effective July 1, 2012	
Temporary Total Disability (TTD) for workers entitled to TTD benefits on or after July 1, 2012	
Injured Worker	66 2/3% wages paid weekly
Maximum	$2,237.76 biweekly
Minimum	90% wages or $100 biweekly, whichever is less
Permanent Partial Disability (PPD) Dates of injury or after July 1, 2012	
Impairment	Percent of whole body impairment x 100 x Oregon Average Weekly Wage ($841.26).
Work Disability (Cannot return to regular work due to the accepted condition.)	• Percent of whole body impairment + factor for age, education and adaptability x 150 x worker's weekly wage. • Maximum worker wage factor = 133 percent of Oregon Average Weekly Wage ($1,118.88). • Minimum worker wage factor = 50 percent of Oregon Average Weekly Wage ($420.63) *Note: Workers may qualify for both Impairment and Work Disability awards.*
Permanent Total Disability (Date of injury on or after July 1, 2012)	

Note: Benefits based on state average weekly wage in effect at the time of injury	
Injured Worker	66-2/3% wages paid monthly
Maximum	$3,659.48 / monthly
Minimum	90% of worker's weekly wage at the time of injury or $217.50 / month, whichever is less.
Spouse and children after death of PTD	Same as Fatal below
Fatal (Date of injury on or after July 1, 2012)	
Spouse or registered domestic partner	$2,439.78 / monthly
Each child	$365.95/ monthly
Maximum spouse and children	$4,879.19 / monthly
Each child (when no spousal benefit paid)	$914.87 / monthly
Children age 18 to 23 – without a living parent	$2,439.78 / monthly, while attending higher education.
Burial allowance	$16,825.20 (unpaid balance paid to the worker's estate)
Remarriage allowance	36 times the spouse or domestic partner’s monthly benefit payable in a lump sum
Oregon Average Weekly Wage	
	$841.26

What is workers' compensation?

Workers' compensation insurance (often referred to as "workers' comp") provides benefits for workers like you who are injured as a result of your work.

How it works

Workers' compensation insurance protects you by paying for medical treatment and lost wages, and it protects employers by shielding them from liability lawsuits that might result from work-related injuries or illnesses.

Employers pay premiums to workers' compensation insurance companies like SAIF, and those premiums pay for most of the benefits workers receive if they are injured (or suffer an occupational disease) as a result of their work.

It is the worker's responsibility to prove that an injury or disease is job-related.

How workers' comp rules are made

By law, Oregon employers must carry workers' compensation insurance or be self-insured.

The state legislature makes laws relating to the workers' compensation system, such as determining the level of benefits and how workers qualify for them.

The Oregon Department of Consumer and Business Services (DCBS), which regulates the workers' compensation system, applies those laws, primarily through administrative rules (OARs). In general, DCBS makes certain that employers obtain workers' compensation insurance and ensure that injured workers receive the benefits to which they are entitled.

The Management/Labor Advisory Committee (MLAC) studies workers' comp issues and makes recommendations about workers' comp policy to the legislature and the governor. Five labor representatives and five management representatives serve on the committee.

SAIF's role

SAIF Corporation, the leading workers' compensation insurance provider in Oregon, is a not-for-profit, state-chartered company.

We issue more than 50 percent of the workers' compensation policies in the state—

including policies for thousands of small businesses—and we protect over half-a-million workers every day.

Our mission is to constantly improve Oregon's workers' compensation system by setting the industry standard for affordability, availability, innovation, efficiency, and service quality.

Our vision is that SAIF will be an industry innovator that makes Oregon the safest place to work. We exist to serve and protect the Oregon workforce, meeting the needs of workers and employers and strengthening Oregon's economy

Your contribution to DCBS

Although all benefits are paid from employers' premiums, both workers and employers also contribute a few cents per hour worked into the Workers Benefit Fund (WBF).
Your contribution is required by law (however individuals do not have their own benefit account). The WBF is used to fund injured worker programs such as re-employment assistance for injured or disabled workers, the retroactive benefit program, and more.

Your key contacts

- Oregon Dept. of Consumer & Business Services, Workers' Compensation Division | 503.947.7810
- Oregon Workers' Compensation Board | 503.378.3308
- Oregon OSHA (Occupational Safety and Health Act) | 800.922.2689
- State Ombudsman for Injured Workers | 800.927.1271
- Oregon Bureau of Labor and Industries | 971.673.0761
- Oregon Management/Labor Advisory Committee | 503.947.7866