

BENEFITS

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BENEFIT ASSISTANCE ADDRESS/PHONE INFORMATION **2:1**

FLEXIBLE REIMBURSEMENT ACCOUNTS **2:1.1** (medical and/or dependent care accounts)

Fringe Benefit Management Company
P. O. Box 1878
Tallahassee, FL 32302-9967
Customer Service: 1-800-342-8017
Webcustomerservice@fbmc-benefits.com

COST ALLIANCE and KEY ADVANTAGE **2:1.2**

Anthem Blue Cross Blue Shield
Commonwealth of Virginia Service Unit
P. O. Box 27401
Richmond, VA 23279
<http://www80.anthem.com>
1-800-552-2682 - medical, dental and prescription drug information
1-866-786-1616 - Employee Direct (ED)
<http://edirect.state.va.us>
1-800-242-7277 - hospital admission review and comprehensive case management
1-800-238-1857 - well baby care for mothers-to-be

Magellan Behavioral Health
Mental Health and Substance Abuse Care
Commonwealth of Virginia Service Unit
P. O. Box 25891
Richmond, VA 23260-5891
1-800-775-5138
www.magellanassist.com

VIRGININA RETIREMENT SYSTEM

2:1.3

Virginia Retirement System
P. O. Box 2500
Richmond, VA 23218-2500

| | |
|-------------|---|
| Main Number | 1-804-649-8059 |
| Toll-Free | 1-888-827-3847 |
| Fax | 1-804-786-1541 |
| e-mail | vrs@state.va.us |
| Internet | http://www.state.va.us/vrs/vrs.htm |

BENEFIT FORMS **2:2**

The following benefit forms are available in the Human Resources Office

HEALTH INSURANCE FORMS **2:2.1**

- BC/BS Claims Forms
- Claims Appeals Forms
- Coordination of Benefits Questionnaire
- Health Benefits Program Enrollment/Waiver for Active Employees
- Key Advantage Claim Exception (Out of Area Participants)
- Name/Address Change

PRESCRIPTION DRUG FORMS **2:2.2**

- Prescription Drug Program – Prior Authorization Request
- Trigon BC/BS Prescription Drug Coordination of Benefits
- Trigon BC/BS Prescription Drug Direct Reimbursement Claim
- Trigon BC/BS Prescription Drug Mail Service Program

VIRGINIA RETIREMENT SYSTEM (VRS) FORMS **2:2.3**

- Beneficiary Change
- Enrollment Application for Optional Group Life Insurance
- Member Benefit Profile Error Reporting
- Member Information Change
- Purchase of Service Credit

FAMILY MEDICAL LEAVE

2:3

An employee requesting Family Medical Leave (FML) should be referred to Human Resources, 831-5584, to schedule an appointment for counseling on FML conditions, guidelines, and application forms. Employees applying for FML will be scheduled for counseling as soon as possible.

ELIGIBILITY

2:3.1

Full-time employees who have been employed by the *Commonwealth* for at least one year and have worked at least 1,250 hours over the previous 12 months are eligible for 12 weeks (480 hours) of unpaid, job-protected leave. Family Medical Leave often runs concurrent with paid leave.

Wage employees must have been employed at *Radford University* for at least one year and have worked at least 1,250 hours over the previous 12 months to be eligible for Family Medical Leave. If a wage employee works 20 hours per week, s/he is eligible for 20 X 12 weeks or 240 hours of Family Medical Leave.

Family Medical Leave may be used for:

1. the birth of a child (to be taken within 12 months of the child's birth);
2. the placement of a child with the employee for adoption or foster care (to be taken within 12 months of the date of the placement);
3. the care of a child up to age 18, a dependent son or daughter over 18 years of age who is incapable of self-care because of a mental or physical disability, a spouse, or a parent who has a serious health condition;
4. a serious personal health condition that renders the employee unable to perform the functions of his or her position. Certification from the medical health provider stating the employee is unable to work or is unable to perform the essential functions of the employee's position within the definition of the Americans with Disabilities Act will be required.
5. A serious health condition of an employee's spouse, child, or parent that requires the presence of the employee to provide care and assistance.

For medical necessity (items 3, 4, and 5 above), family medical leave may also be taken intermittently or on a reduced schedule which cannot exceed the maximum time the employee is eligible for in a calendar year. Supervisors may approve or disapprove intermittent leave of leave on a reduced schedule for items 1 and 2.

A FML request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent requires medical certification from a health care provider.

PROCEDURES

2:3.2

The employee's department is responsible for initiating and processing a [Personnel Action Request Form \(PR 40\)](#) to place the employee on LWOP. If Family Medical Leave is initiated, Human Resources will note the beginning and ending dates on the [PR40](#).

If FML is not approved, the employee will be notified and the leave time will be charged to the employee according to leave policy.

While an employee is out on approved Family Medical Leave, any relevant information pertaining to the employee should be communicated to Human Resources immediately.

Employee completes application and provides medical certification to Human Resources. The [FMLA packet](#) is available on the Human Resources website.

If the leave is without pay and will extend beyond 14 calendar days, the employee's department is responsible for initiating and processing a PR40 to place the employee on LWOP.

WORKER'S COMPENSATION

2:4

Under the Virginia Workers' Compensation Act, medical bills and compensation for loss of pay are paid if injuries were received on the job or while on official University business. Such injuries must be reported immediately to Human Resources on forms available from Human Resources (See [Worker's Compensation Packet for Supervisors Instructions](#) for filing work-related injuries).

GENERAL INFORMATION

2:4.1

Human Resources coordinates claims for you or your injured employee with the workers' compensation carrier representatives; however the following issues are of special concern to supervisors:

The Code of Virginia states that employers may be fined if injuries are not reported within seven days. The clock for reporting an injury/occupational illness begins when the supervisor/employer is made aware that an injury/occupational illness has occurred.

The supervisor should complete and forward the original [Employer's First Report of Accident \(EAR\)](#) to Human Resources within **24 hours** from the time a work-related injury/illness is reported to the supervisor or employer. The supervisor or higher reporting official will sign the **EAR**. The injured employee should **never** be permitted to prepare the **EAR**. If additional routing is required within your department, a copy of the

EAR should be used for internal coordination so as not to delay submission of the original *EAR* to Human Resources.

The supervisor should initiate the [Supervisor's Incident Report for Workers' Compensation](#) form (PR37, page 1 of 2) and ask the employee to complete and sign the *Description of Incident* portion of the form. The supervisor signs and dates the form in the space provided. Send the completed form to Human Resources.

Important. Do not delay submission of the *EAR* in order to complete the *Supervisor's Incident Report*. The *Supervisor's Incident Report* may be submitted to Human Resources separate from the *EAR*.

If the injury was witnessed by other individuals, ask the witness(s) to complete and sign the [Supervisor's Incident Report for Workers' Compensation Witness Statement Form](#) (PR37, page 2 of 2).

The employee must select a physician from the University panel of physicians and must schedule appointments for medical treatment related to the work-related injury with the panel physician. (See listing on [Instruction Sheet for Supervisors](#)). If the employee requires emergency treatment, s/he may go to the hospital emergency room, but a panel physician must still be selected for future/follow-up treatment.

Important. Because compensation issues are not determined at the agency level, advise the employee to contact their selected PCP (primary care physician) in case s/he may later need to file the claim under their managed health care plan, i.e., Key Advantage, Cost Alliance, Mamsi, etc.

It is the employee's responsibility to present written excuses (office visits, physical therapy, etc.) for work time missed to his/her supervisor. If you suspect more time is being used than necessary for travel and treatment, you can require the employee to get a departure time and signature from the medical provider. Employees can also be asked to schedule appointments to fit as conveniently as possible into the workday.

All medical documentation must be sent to the Human Resources office for forwarding to the workers' compensation carrier. If the medical documentation indicates restricted and/or light duty, the supervisor should make every effort to accommodate restrictions if possible and get the employee back to work. If accommodations cannot be made, the employee is sent home.

Important. The employee must use his/her personal leave balances for time missed pending acceptance of the claim by the workers' compensation carrier. Upon acceptance of the claim by the carrier and receipt of an ***Agreed Statement of Facts***, Human Resources will restore leave balances to employees not on the Virginia Sickness and Disability Program (VSDP) following university, state, and federal regulations. The Leave Technician will notify the supervisor when leave balances have been restored. Additional time missed must also be charged to the employee's personal leave balances until certified through MCI and may only be charged to Worker's Compensation (WC) leave by authorized persons in the Human Resources Office.

While it is ultimately the employee's responsibility to adhere to medical restrictions upon return to light or restricted duty, supervisors must closely monitor the employee to ensure s/he does not work out of his/her primary classification or not perform the essential functions of the job for more than 180 days.

Refer to the ***Instruction Sheet for Supervisors*** for additional procedural information.

The most important component to our workers' compensation program is prevention of injuries. Please continue emphasizing safety by using posters, videos, training, verbal reminders, etc. For a current listing of training materials available in the Human Resources library, please refer to our web site at:

<http://www.radford.edu/~pers-web/Library/res-lib.htm>

SUPERVISOR'S CHECKLIST FOR WORKERS' COMPENSATION ISSUES

2:4.2

The supervisor's checklist should be followed when a work-related injury/illness is reported. This checklist can be found on the Human Resources website at:

<http://www.radford.edu/~pers-web/forms.htm>

INSTRUCTION SHEET FOR SUPERVISORS – WORKERS’ COMPENSATION

2:4.3

When a work-related injury/illness is reported, this instruction sheet will provide the supervisor with information regarding the proper procedures to follow. The information sheet can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

EMPLOYER’S FIRST REPORT OF ACCIDENT FORM (EAR) 2:4.4

When a work-related injury/illness is reported the supervisor must complete and forward the *Employer’s First Report of Accident (EAR) Form* to the Human Resources office within 24 hours from the time the injury/illness is reported. The form submitted to Human Resources **must** be printed on **BROWN PAPER**. This form is available on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

The brown paper can be obtained from Printing Services.

HOW TO COMPLETE THE EMPLOYER’S FIRST REPORT OF ACCIDENT (EAR)

2:4.5

A line-by-line description of the information needed to properly complete the **EAR** can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

PANEL OF PHYSICIANS

2:4.6

If the employee requires emergency treatment, s/he may go to the hospital emergency room, but a panel physician must still be selected for future/follow-up treatment. A current listing of panel physicians can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

WORKERS' COMPENSATION FACT SHEET FOR FULL-TIME EMPLOYEES

2:4.7

All Radford University employees are eligible to receive compensation for lost wages and medical benefits under the Virginia Workers' Compensation Act for a work related injury/illness. A copy of the *Workers Compensation Fact Sheet for Full-Time Employees* should be provided to the injured employee at the time the injury/illness is reported. A copy of this fact sheet can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

WORKERS' COMPENSATION FACT SHEET FOR WAGE EMPLOYEES

2:4.8

All Radford University wage employees are eligible to receive compensation for lost wages and medical benefits under the Virginia Workers' Compensation Act for a work-related injury/illness. A copy of the *Workers' Compensation Fact Sheet for Wage Employees* can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

SUPERVISOR'S INCIDENT REPORT FOR WORKER'S COMPENSATION

2:4.9

The supervisor should initiate the *Supervisor's Incident Report for Worker's Compensation* form (PR37, page 1 of 2) and ask the employee to complete and sign the *Description of Incident* portion of the form. A copy of this form can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

SUPERVISOR'S INCIDENT REPORT FOR WORKERS' COMPENSATION WITNESS STATEMENT

2:4.10

If the injury was witnessed by other individuals, ask the witness(s) to complete and sign the *Supervisor's Incident Report for Workers' Compensation Witness Statement Form* (PR37, page 2 of 2). A copy of this form can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

WORKERS' COMPENSATION REQUEST FOR MILEAGE REIMBURSEMENT

2:4.11

Employees who use their personal vehicle for transportation to/from doctor's offices for follow-up visits or physical therapy may request mileage reimbursement from the Workers' Compensation carrier. This request must be made on the *Request for Mileage Reimbursement Form* and submitted to the Human Resources office. Mileage requests will be audited by Human Resources. A copy of this form can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

WORKERS' COMPENSATION REQUEST FOR PRESCRIPTION DRUG REIMBURSEMENT

2:4.12

When a physician prescribes medication for an employee as the result of a work-related injury/illness, the employee may take the written prescription to a local pharmacy, have it filled using the regular health care insurance card and pay the appropriate co-payment. For those employees who do not have health care insurance, they may pay for the prescription. In either case, the employee may request reimbursement for out-of-pocket expenses for prescription drugs by completing the *Workers' Compensation Request for Prescription Drug Reimbursement* form and attaching receipts to this form. The completed forms and receipts should be submitted to Human Resources for forwarding to the Workers' Compensation carrier. A copy of this form can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm

WORKERS' COMPENSATION TIME MISSED/ RETURN TO WORK NOTIFICATION

2:4.13

When an employee begins missing work due to a work-related injury/illness, the supervisor should complete *Section I* of the *Workers' Compensation Time Missed/Return to Work Notification* form and forward this form, along with any doctor's excuses, to the Human Resources Office.

When an employee returns to work at light or full duty from a work-related injury/illness, the supervisor should complete *Section II* of the *Workers' Compensation Time Missed/Return to Work Notification* form and forward this form, along with any doctor's excuses, to the Human Resources Office. A copy of this form can be found on the Human Resources website at:

www.radford.edu/~pers-web/forms.htm