



Injury on Duty (IOD) Packet

Packet must be sent via e-mail to envoy.iod@aa.com or fax 972-374-5609

Injury on Duty (IOD) claims are administered in accordance with the applicable Workers' Compensation laws for the State in which the injured worker is based. All claims are administered and subject to approval by the company's Workers' Compensation third party administrator (TPA), Sedgwick.

This packet is designed to guide you through the occupational injury/illness process. It is critical that you follow the instructions to ensure that there is no delay in processing your claim. To ensure you receive your benefits and understand your responsibilities while recovering from your IOD, the following information is being provided to you. Included in this package is information regarding the following:

- ✓ Employee Responsibilities-IOD Checklist
- ✓ Benefits
- ✓ Important Information
- ✓ Return To Work
- ✓ Helios/Tmesys Prescription Card

Employee Responsibilities – IOD Checklist

SECTION 1 – Treatment

Obtaining prompt medical care is very important in the treatment of your injury and to prevent any delay in the processing of your claim.

- In the event, you do not seek prompt medical attention and later require medical care you must contact your Supervisor/ Manager in order for them to contact the W/C department to ensure that your claim is processed.
- Consequently, if you are removed from service your date of disability begins the day you receive treatment from the physician.
- Information on local treatment locations can be obtained from the injury on duty page in the Envoy portal at www.my.envoyair.com.

SECTION 2 – Treatment and Release

If you receive treatment at a hospital, clinic, or urgent care facility and you are released to full duty:

- Please fax your work release to Sedgwick at 859-280-3274 or provide to your Supervisor/Manager
- You are responsible to return to work for your next scheduled shift

SECTION 3 – No Treatment

If you decide not to seek treatment at a hospital, clinic, or urgent care facility, you are expected to return to work the following day of you injury.

- Any lost time from work should be substantiated by a work status note. Otherwise, it will be considered a personal absence

SECTION 4 – Treatment with Follow up

Initial Treatment

If you receive treatment at a hospital or urgent care facility and have been placed on restrictions or on an off work status, you will need to do the following:

- Fax your medical documentation to Sedgwick at 859-280-3274 and provide a copy to your Supervisor/Manager
- Contact your Supervisor/Manager to schedule your return to work, if placed on restrictions

Follow up Treatment

- All doctor's appointments/medical treatments should be scheduled outside of your work schedule. It is your responsibility to follow your treatment plan and be aware of any work restrictions
- **After each doctor's appointment**, please fax your work status to Sedgwick at 859-264-4061 and provide to your Supervisor/Manager

SECTION 5 – Nurse Case Management

A Nurse Case Manager may be assigned to your claim

- The Nurse Case Manager's role is to facilitate your workers comp claim by advocating for your medical needs and ensuring a continuous flow of communication occurs among providers, claims examiners, and Envoy.

Section 6 – Follow-up

It is important to communicate any work status changes to your Supervisor/Manager, Nurse Case Manager, and Sedgwick Examiner.

Advise your Supervisor/Manager, Nurse Case Manager, and Sedgwick Examiner immediately or within one (1) business day of your:

- Choice of doctor, (advise your Sedgwick Examiner)
- Changes in your work status/work restrictions (initial and ongoing)
- Estimated return to work date

In order to avoid any delays in the processing of your claim it is vital that you promptly return phone calls, provide any requested medical or other documentation and to fully cooperate with any of your work comp team members.

SECTION 7 – Transitional Duty

The purpose of the Transitional Duty Program is to provide transitional duty to employees who are temporarily unable to perform the essential functions of their regular position due to an approved work-related illness or injury. Transitional Duty is provided to facilitate an employee's rehabilitation and early return to his or her regular position.

- If you are given work restrictions by your treating physician, it is your responsibility to report to work to determine if transitional duty can be accommodated.

Length of Transitional Duty (Applicable unless employee is entitled to a reasonable accommodation. See ADA Policy for details)

- Transitional duty will last no more than ninety one (91) work days. Extensions will be granted under certain conditions on a case by case basis by the Workers' Compensation Department.

SECTION 8 – Prescriptions

If you require a prescription to be filled please refer to the Helios/Tmesys prescription card included in this packet.

Benefits

SECTION 9 – Pay

An employee who becomes sick or injured as a result of an occupational injury or illness shall receive Workers' Compensation benefits in accordance with individual State laws.

Most states have a waiting period during which the employee must wait until they begin receiving Workers' Compensation benefits.

- Please refer to your respective collective bargaining agreement on the use of sick and or vacation for the statutory waiting period.
- For all Management and support staff employees, sick or vacation may be used during the workers compensation waiting period.

After the waiting period, Workers' Compensation benefits begin for compensable injuries. Please contact your Sedgwick Examiner to determine your waiting period and your weekly benefit amount.

SECTION 10 – Sick Pay Supplement While on Leave

- For questions regarding sick pay supplement eligibility contact your Supervisor/Manager.
- If you exhaust your sick leave benefit or you elect not to use sick pay, you will be placed on an unpaid IOD/FMLA leave of absence.
- Please review your collective bargaining agreement to determine whether you are eligible for sick pay supplement.

SECTION 11 – Long Term Disability

You may be eligible for LTD benefits. For more information logon to the Envoy portal. Union members should contact their union representative.

SECTION 12 – FMLA

FML will run concurrently with other applicable leaves, e.g., injury-on-duty and short-term disability or whenever the company has sufficient information to designate the leave as FML. All FML administrative and medical eligibility requirements must be met.

Important Information

Medical Bills

Your health care provider(s) will submit medical bills related to your workers' compensation claim directly to Sedgwick.

- In the event, Sedgwick denies your claim, you may be held responsible for all or some of the medical treatment expense.
- For questions about invoices you may receive related to your occupational injury, please contact your Sedgwick Examiner.
- You may fax to Sedgwick at 859-264-4061

Travel Privileges

If you are on sick or injury status, you may not travel for the duration of your leave.

- This applies to all travel privileges including pass, reduced rate, jump seat (cockpit/cabin), travel on a fellow employee's passes, or any other travel privileges on AA or any other carrier.
- You may continue to authorize D2, registered companion, and D3 pass travel for eligible travelers during your leave.

The exception to such travel must be specifically approved in advance and in writing as follows:

- The Workers' Compensation Department must review travel in advance required for medical treatment related to your injury and not locally available
- The W/C Manager may grant an exception to travel for an A9 qualifying emergency with written verification of emergency

Transitional Duty (TD) or Modified Duty

- Employees working on TD or Modified Duty are eligible for travel privileges as long as travel does not contradict medical restrictions

Other Employment

You must request permission from the Company to commence or continue other employment while out on an occupational injury/illness. If this is your situation, please complete and submit the **Request for Approval for Other Employment form** to your local management. This form may be found on the www.my.envoyair.com. In addition, you must complete the **Secondary Employment Form** found within this packet.

Employee Assistance Plan (EAP)

The Employee Assistance Program (EAP) is available to assist all employees with personal and professional challenges.

ESPYP

866-312-5018

www.espyr.com (password: envoyeap)



ViaOne Express

The ViaOne® express application is specifically designed to give Envoy employees real-time access to claim and pay information.

- ViaOne system is safe, secure and accessible whenever and wherever it is needed, including on mobile devices and tablets.
- Employees can set up a username and password to freely communicate with their claims examiner.
- For more information refer to the ViaOne info sheet located in this packet.

Return to Work

When medical clearance is anticipated you must contact your Supervisor/Manager, as soon as possible, to allow ample time to prepare for your return to work and determine any administrative requirements such as: training, fingerprinting, badging, etc.

Once you are cleared with restrictions or to full duty by your Worker’s Compensation medical provider, you are expected to report to work **that day**, or if after the scheduled shift, the next scheduled workday. You will also need to provide a copy of your clearance note to your supervisor/manager.

✓ **Please sign and return this page to your Supervisor/Manager. This acknowledges my understanding and acceptance of the information contained in the Employee Injury on Duty Information packet. Disclaimer – some benefits outlined in this letter is subject to change.**

Employee Name: _____ Date: _____

Employee #: _____ Date of Injury: _____

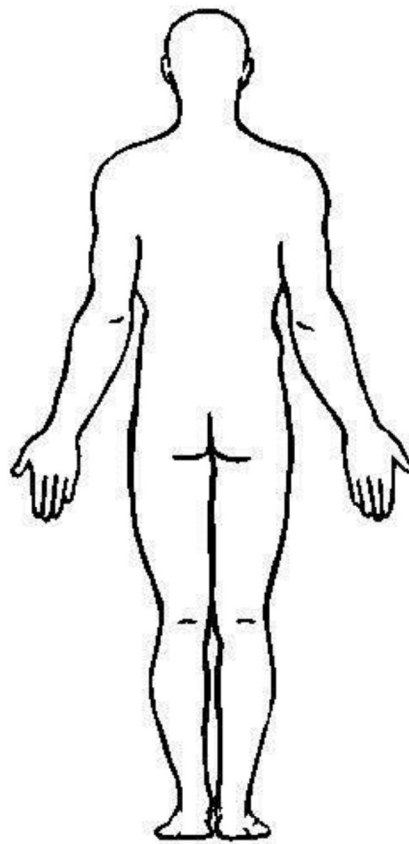
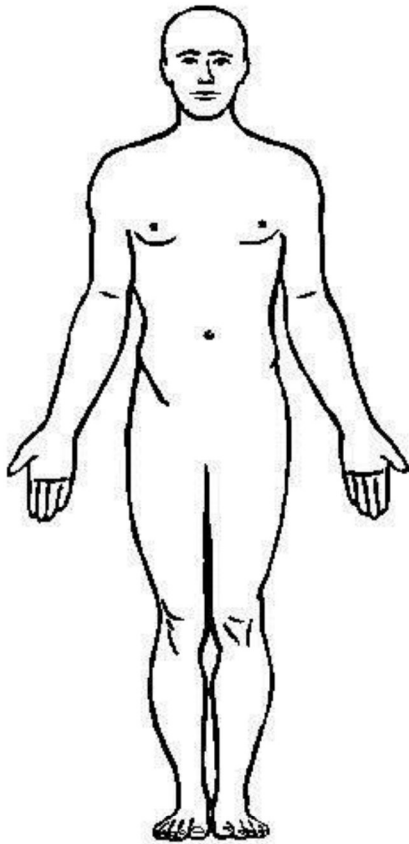
Supervisor Signature: _____ Date: _____

cc: Employee and Employee Personnel File



Injured employee must complete this sheet to indicate body part affected due to injury.

- Circle and initial the Injured Areas related to your reported injury
- Provide brief statement, sign and date below.



Brief statement of how injury occurred and body part injured:

Printed Name: _____

Date: _____

Signature: _____



****Employee must complete and return to Manager. Copy must be provided to employee and w/c department.**

SECONDARY EMPLOYMENT FORM

In the event you are away from work due to a work-related injury, we trust you will take the necessary time to regain your health. If you intend to work for another company or be self-employed at any time during your time away from work while on an injury on Duty (IOD) LOA it is your responsibility to:

1. Obtain two levels of management approval to work for another company or be self-employed
2. Fully comply with your treatment plan, attend all scheduled doctors and or therapy treatments
3. Return the completed copy of this form to your manager

EE Name: _____ EE# _____ Supervisor: _____ City Code: _____

Do you have a secondary employment? Yes No

Please provide the name, address, phone number of your other employer:

Name: _____ Address: _____ Phone #: _____

Start date: _____ Job Title _____ # Days you work weekly: _____ # Hrs: _____

Please describe your duties _____

At your other job how many hours per day do you?

Sit: _____ Stand: _____ Walk: _____ Drive: _____ Keyboard: _____

Do you lift, push, pull or carry anything while at your other job? If yes, how much weight _____ Yes No

Have you advised your treating doctor you are working at your other employment?

Has your doctor provided you with medical restrictions? If so, what are your restrictions? _____

Has your doctor approved you to continue working your other employment while you are physically recovering?

Note:

Your adjuster will be notified in the event you have other employment at any time during your time away from work.

I understand that by signing this form I acknowledge the requirements as stated in this request.

Employee Signature _____ Date _____ Telephone

Original: Personnel File

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

American Airlines, Envoy, PSA, Piedmont, US Airways

Helios has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



On your first visit, please give this notice to any network pharmacy to expedite the processing of your Workers' Compensation prescriptions. With the Tmesys program, you do not need to complete any paperwork or claim forms. Simply present this Tmesys First Fill Form to the pharmacy. You should not incur any costs or co-payments at the pharmacy for prescriptions for a work-related injury.



You will receive a Tmesys card in the mail once your claim has been reported to Sedgwick. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 866.599.5426 or visit www.tmesys.com and click on "Pharmacy Locator."

Questions? Need Help?



866.599.5426

Sedgwick CARRIER/TPA	
American Airlines, Envoy, PSA, Piedmont, US Airways EMPLOYER	
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: www.tmesys.com/pharmacy-locator Download Free Mobile App: www.tmesys.com/MyWorkComp	

Attention Pharmacists: Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker. Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy
Help Desk 800.964.2531**

	<u>NDC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.



The *viaOne*® *express* application is specifically designed to give American Airlines' employees real-time access to their claim information. Some of the core capabilities include:

PAYMENT

DETAIL

An employee can see when the payment is due to them and the authorized amount. They can also view transaction totals and history details.

REPORTING

OF DATA

Employees and supervisors can report items like confirmation of a return-to-work date, or general claim-related updates, which will automatically feed into the JURIS® system and set a diary for their claims examiner.

Access to the *viaOne express* platform is very easy; any employee can set up his/her own user name and password. If you have a claim number and do not already have a login or password to access *viaOne express*, an initial one-time new user registration is required in order to verify your access and allow you to set up your login credentials.

- ➕ From <https://viaoneexpress.sedgwickcms.net/>, click the **create new user** link under the **login** button, or click the **new user** link from the left-hand navigation menu and follow the prompts
- ➕ Enter your claim number and choose **claim**
- ➕ Click **submit** and follow the prompts to complete your request
- ➕ You will receive a confirmation at the email address you supplied during site registration

If you cannot remember your password, click **forgot username or password** and enter your user ID. If your user ID is recognized, Sedgwick will email your password to you. If you cannot remember your user ID, contact the Sedgwick technical applications team at (866) 647-7610.

If you don't want to utilize *viaOne express* but still want real-time notifications, Sedgwick offers **push technology**. With this option, employees can choose to receive emails or text messages with claim status updates, payment notifications, and proactive reminders.

At Sedgwick we work to ensure our *viaOne* system is safe, secure and accessible whenever and wherever it is needed, including on mobile devices and tablets.



CA	Address
(866) 640-8068	P. O. Box 14450
(562) 981-1760	Lexington, KY 40512
TX, CO, OK, and all other states not listed	
(800) 677-1412	P. O. Box 14152
(859) 264-4061	Lexington, KY 40512
AZ, IA, IL, IN, KS, MN, MO, NE, UT, or WI	
(800) 358-2072	P. O. Box 14155
(859) 264-4074	Lexington, KY 40512
CT, MA, ME, NJ, NY, PA or RI	
(800) 826-4338	P. O. Box 14156
(859) 264-4075	Lexington, KY 40512
AL, FL, GA, KY, LA, MA, NC, SC, TN or VA	
(800) 548-1373	P. O. Box 14434
(855) 673-2485	Lexington, KY 40512
Medical Bills	
Fax to applicable office above	P. O. Box 144152
	Lexington, KY 40512
Tmesys/Helios	
(866) 599-5426	
Network Provider	
Texas HCN for Texas based Employees	www.iodmedical.com 1-800-800-3795
CA MPN for California based Employees	www.iodmedical.com
Preferred Provider Network (PPN)	
All other States	www.iodmedical.com

Workers Compensation Department (HDQ)	
Workers Compensation Department	envoy.iod@aa.com