

Your injured worker's health benefits

(effective Sept. 1, 2018)

Under new legislation, employers are required to continue to pay the health benefits of their injured workers while they are absent from work or unable to perform their regular duties due to a work injury for up to one year* following the date of the accident. Injured workers are entitled to the same benefits they had before the accident.

If your worker was paying into the benefit plan before the injury or illness occurred, he or she must also continue paying into the plan.

This legislation applies to all claims with a date of accident on or after Sept. 1, 2018.

Here's what else you need to know about your responsibilities under the legislation:

1. What is the definition of a health care benefit under Policy 04-02, Part II?

A health care benefit includes services covered under basic health plans. It may also include benefits covered under a health spending account for things such as: dental, vision care, medications, hospital services, health services (e.g., nursing care, hearing aids, dressings, foot orthotics, etc.) and paramedical services (e.g., chiropractor, massage therapy, physiotherapy, etc.).

Health care benefits do not include those services covered under a Wellness benefits plan (e.g., fitness equipment, yoga classes, etc.) or other health-related benefits not covered under the worker's health benefit plan (examples could include certain over the counter medications, pensions, spending accounts, life and travel insurance, etc.).

2. What if my injured worker had coverage for dependants?

If a worker's spouse, adult interdependent partner, or dependants were covered under the worker's health benefit plan when the accident occurred, they are eligible for continued coverage after the accident.

If a dependant did not have coverage under the worker's benefit plan before the accident, then the dependant still will not have coverage after the accident.

3. Are there any people excluded from receiving these continued benefits under the legislation?

Yes. This includes:

- Volunteer emergency response positions (e.g., volunteer firefighter, ambulance driver, etc.)
- Personal coverage holders
- Subcontractors—This applies only to individuals who WCB has determined operate a business as a partnership or proprietorship. It doesn't apply to individuals whose relationship with the employer has been determined by WCB to be that of worker/employer.
- Students
- Employers and workers in exempt industries except when an approved application for optional coverage is in effect.

4. What happens if my injured worker doesn't continue paying his or her share of the premiums?

The worker must also continue to contribute to the premiums if he or she was paying them before the accident or illness. If the worker chooses not to continue, he or she won't be covered for any ongoing health care costs.

It is your responsibility to have a process in place for your worker to continue paying his or her contributions if they choose to.

Before ending your contributions, please contact the claim owner associated with your injured worker's claim to discuss what documentation is necessary from your worker to confirm this decision.

5. What happens if I don't extend health benefits to my injured worker?

If you choose not to continue making contributions, you're liable for any out of pocket expenses your worker has that would have been covered by the benefit plan.

You're also subject to an administrative penalty that is the equivalent to your worker's health benefit premiums for one year.

6. What happens if my worker has been terminated for reasons unrelated to the injury. Do I still need to pay their health benefit premiums?

Injured workers are entitled to the same health benefits they had at the time of the accident. This means you need to continue paying your worker's health benefit premiums as long as:

- they are absent from or unable to perform their regular job duties or up to one year from their date of accident, whichever is first,
- the job is not exempt from this legislation,
- they were entitled to the benefits at the time of the accident, and
- they continue paying their portion of the coverage.

7. What happens if the worker has been overpaid for their health care expenses?

To prevent this from happening, we will require the worker to sign a form (The Employer Health Benefit Reimbursement/Declaration form) to confirm the information they provide to us is true and accurate.

Each time the worker is reimbursed for these costs, they will receive a letter detailing this payment and you will be copied on this letter. It is important you notify us promptly if you disagree with an amount paid to the worker.

If it's discovered that the worker was overpaid health care benefits, an overpayment is created on the claim for recovery. You will also receive a credit for the amount of the overpayment.

Still have questions? Please contact us toll-free at 1-866-922-9221.

[Click here](#) for more information about your obligations after a workplace accident.

** If the worker voluntarily ends their employment relationship with you during the coverage period, he or she will no longer be entitled to continued employer paid health benefits past the last day of employment.*

