



## AT&T INTEGRATED DISABILITY SERVICE CENTER (IDSC)

### WORKERS' COMPENSATION vs. SHORT-TERM DISABILITY

#### Frequently Asked Questions

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#### Who is responsible for filing a claim?

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**Workers' Compensation:** The AT&T employee's supervisor is responsible for reporting the claim to the AT&T IDSC Customer Service Department.

**Disability:** The AT&T employee is responsible for reporting the claim to the AT&T IDSC Customer Service Department.

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#### How do I learn about qualifications for workers' compensation?

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The AT&T employee should contact his or her assigned Workers' Compensation Examiner at the AT&T IDSC Customer Service Center at **1-866-276-2278**.

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#### How does Workers' Compensation differ from Disability?

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For an injured AT&T employee, the AT&T IDSC sets up two claims (when applicable): A **Workers' Compensation (WC) claim** and a **Disability (DS) claim**.

**WC Claim:** The WC claim is state driven and the AT&T IDSC pays WC benefits in accordance with what the AT&T employee's respective state law requires. AT&T is only required to provide WC benefits that equal a percentage of the employee's salary. The WC claim is managed by a **WC Examiner (WCEX)** along with a **Telephonic Case Manager (TCM)** and **Utilization Review (UR) Nurse**.

**DS Claim:** AT&T is unique from other employers and offers, as a benefit to their employees, an opportunity to receive disability benefits in conjunction with Workers Compensation. The DS claim is managed by a **Disability Specialist** along with the input of a **Physician Advisor (PA)** when needed.

An AT&T Disability Benefits Plan differs from Workers' Compensation because it is a benefit plan provided by AT&T and to be eligible for these benefits the AT&T employee must meet the provisions of his or her applicable plan. Under the AT&T Disability Benefits Plan, employees must submit medical with significant, objective findings that support total disability (unable to perform any work even with reasonable accommodations). Also, it is important that the employee's Treatment Provider is aware that AT&T may have light-duty work available for employees on disability (the decision regarding light duty may be escalated beyond the employee's supervisor in an effort to find light duty at any AT&T job location). An employee's failure to comply with the provisions of his or her applicable AT&T Disability Benefits Plan may result in denial of benefits under the disability claim.

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#### Why do I need to have both claims?

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It is necessary to file for both Workers' Compensation and Disability because if the employee qualifies for Disability under his or her applicable AT&T Disability Benefits Plan as a result of an on-the-job injury and is also eligible for Workers' Compensation benefits, the Disability Benefits will make up the difference between the employee's Workers' Compensation payment and either his or her full- or partial- pay amount. It is important to know that the amount of Workers' Compensation benefits received will be deducted from the disability payment. Furthermore, if the employee receives partial-pay disability payments and the Workers' Compensation payment is more than the partial-pay amount, the employee will not receive a disability payment.

**NOTE:** Group Health Insurance and Job Status may be impacted by Disability Benefits determinations.

\*\*\*\*\*For further information, please refer to Page Nine (9) of your Disability Guide.\*\*\*\*\*

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## Who provides medical information for my claim?

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It is the responsibility of your Treatment Provider to prepare medical documentation. It is ultimately the employee's responsibility in getting the medical information submitted, however, the AT&T IDSC WC Examiner and Disability Specialist will assist the employee in obtaining medical information.

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## What type of medical information is needed for my claim?

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**Workers' Compensation:** An off-work slip from an approved Treatment Provider outlining the specific dates of the AT&T employee's injury may be accepted to begin the benefit approval process in addition to the criteria listed below also being (within the statutory state's waiting period based upon the WC State Law).

**Disability:** Objective medical information including, but not limited to, the severity of the employee's condition and functionality is also necessary in order to support disability based on the employee's applicable plan.

To facilitate the approval process of the disability benefits claim, medical reports should include the following information in addition to the other information necessary to establish the disability claim.

- Current Symptom.
- Other medical conditions that might affect or lengthen the recovery period.
- Existing abnormalities or deficiencies.
- Results from physical examinations.
- Observations made by the treatment provider during office visits/therapy sessions.
- Findings from a formal mental-status examination, including clinical presentation and interaction (for mental health claims).
- Diagnostic tests and their results (for example, lab results, x-rays and MRIs).
- A treatment plan.
- Any prescribed medications and the response to those medications.
- Complication, if any.
- Level of functionality (restrictions and limitations).
- Clinical documentation that supports the rationale that the treatment provider used when determining the level of functionality.
- A description of the impact that the employee's level of functionality has on his or her ability to perform his or her job or any other job assigned by the company.

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## Why would a disability claim be denied when a workers' compensation claim is approved?

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**The criteria for an approved claim differ for each benefit. Workers' Compensation approvals are based on state statutes while Disability approvals are based on plan provisions.**

**Workers' Compensation:** Approved according to state statutes.

**Disability:** Approved if the provisions of the employee's applicable Disability Plan are fulfilled (see your summary plan description for further details).