

## **Aspen Skiing Company**

### **Employee Guide to Workers' Compensation**

Aspen Skiing Company is committed to eliminating workplace injuries wherever possible. This begins with providing employees with a safe workplace and providing training to address hazards that employees will face. This commitment starts with senior managers and continues through the company. We value your contributions towards providing a quality experience for our guests. In the unfortunate situation that you do have a work-related injury, we will help you get proper medical treatment, physical rehabilitation and speedy return to work. If you have any questions, please call Andrew Joy, Workers' Compensation Manager, at 970-355-5546 or [ajoy@aspensnowmass.com](mailto:ajoy@aspensnowmass.com).

#### **Reporting a work-related injury or illness**

Employees who believe they have suffered a work-related injury or illness must report the incident to their manager or supervisor immediately. All work-related injuries or illnesses must be reported regardless of the severity.

All reports of a work-related injury/illness will be subject to investigation of the circumstances surrounding the incident. In accordance with the applicable Idaho laws, Aspen Skiing Company's Third Party Administrator (Creative Risk Solutions & Intermountain Claims) will determine if the employee's injury/illness is compensable. Creative Risk Solutions/Intermountain Claims will notify the employee and the Workers' Compensation Manager as to the status of the injured workers' claim. If the claim is determined to be non-compensable, Creative Risk Solutions/Intermountain Claims will notify the employee and Workers' Compensation Manager in writing of the denial.

#### **Medical Treatment**

If you are unsure whether you need to see a doctor, discuss the matter with your manager or contact Andrew Joy, Workers' Compensation Manager. The nearest medial facility to the Limelight Hotel in Ketchum is the St. Luke's Wood River Medical Center in Ketchum.

St. Luke's Wood River Medical Center  
100 Hospital Drive  
Ketchum, ID 83340  
(208) 727-8800

**Scheduling Medical Appointments** – The injured employee should make every effort to schedule appointments with physicians and other health care providers before or after their work shifts or on days when they are not scheduled to work. **Time lost to attend physician appointments or therapy is not covered by work comp.**

If further treatment is required, your designated provider will refer you for this. Treating with orthopedic, physical therapy, chiropractic, and other medical providers must be referred by your physician and approved by the claims adjuster.

#### **Medical Documentation**

You must notify your doctor that your treatment is due to a workers' compensation injury and your doctor must provide restrictions, if any, for your return to work. This form must state if you are able or unable to perform normal work duties based on your job description, the projected length of inability to return to work, or the ability to return to work in a modified or restricted capacity. **The form must be provided to your supervisor.**

#### **Covered Expenses**

All medical treatment prescribed by the authorized treating physician, including prescriptions, X-rays and physical therapy (PT) are covered by workers' compensation if the services rendered are reasonable and necessary in order to treat and relieve the effects of the on-the-job injury. The employee should not pay a deductible to the designated provider.

Employees needing a prescription as a result of a work-related injury or illness will be issued a pharmacy card by Creative Risk Services once the claim has been accepted. If a prescription is required before a pharmacy card has been received, employees are provided with PriorityRx Prescription Payment Authorization Form (at the end of this document) at the time of reporting their claim to their manager. Employees may provide the prescription information to their pharmacy.

An employee will be reimbursed for any out-of-pocket expenses for a prescription providing the physician's order for the prescription is attached to the original receipts and submitted. **Only** prescriptions ordered by the treating physician will be eligible for reimbursement.

#### **Third Party Administrator – Creative Risk Services (CRS) & Intermountain Claims**

Creative Risk Services provides Aspen Skiing Company with claims handling services including but not limited to claim investigation, state filings, lost time payments, and medical treatment reviews. The adjusters are contracted from

Intermountain Claims. You may be contacted by a claims adjuster from Creative Risk Services/Intermountain Claims to discuss your claim. If you will miss time from work, the adjuster will likely need to record a statement from you on how the claim occurred.

If you have a change in address, phone number, or need to add information, you may do so by notifying the Workers Compensation Manager as well as the adjuster on your claim. **If you move or leave the area in the off-season and have an open claim, it is important that you notify the Workers' Compensation Manager as well as the CRS/Intermountain Claims adjuster of where you will be and how you can be reached.**

#### **Lost Time from Work**

If you miss time from work due to a work-related injury, you will be compensated by Aspen Skiing Company's third party administrator, Creative Risk Services. Lost time from work must be due to a doctor's restrictions as noted in the medical documentation above. Lost wages will be paid at a rate of 2/3 of the employee's average weekly wage at the date of injury. If you miss time from work outside of Aspen Skiing Company, you must notify the adjuster of this immediately.

#### **Modified Duty Work**

Studies have shown that it is extremely important to help get injured employees back to work in some capacity, even if it is some other job. To assist employees in recovering from on-the-job injuries, Aspen Skiing Company will make a reasonable effort to offer modified duty assignments to injured workers who are capable of working light duty.

Aspen Skiing Company will make every reasonable effort to offer modified duty assignments in your home department and to provide for hours equivalent to your current work schedule. The availability of modified duty assignments, however, depends on the changing labor needs of the Aspen Skiing Company. A modified duty assignment may be within another department or division within the company.

If an injured employee is offered a modified duty assignment, the employee may accept or decline the offer; however, failure to accept appropriate modified job assignments may jeopardize the employee's disability benefits.

Employees who accept modified duty assignments will be expected to perform the assignment in a satisfactory manner within the limitations of their injuries. If the employee fails to perform, the supervisor may treat the employee like any other employee who fails to do his/her job and disciplinary action, including termination may result.



**CC Industries, Inc.**  
**Compensación de Trabajadores**  
**PriorityRx Formulario de Pago de Prescripción**

☞ Por favor mantenga este Formulario de Autorización en el archivo con el script para fines de auditoría.

**Farmacéutico:**

Este es un formulario temporal de autorización de pago de compensación de trabajadores Rx. Por favor, envíe la receta utilizando la información de procesamiento que se indica a continuación.

Comuníquese con Atención al Cliente de CPS al (866) 429-1116 si tiene alguna pregunta.

Para transmitir una reclamación de receta, utilice la siguiente información:

**Procesamiento de Información**

Procesador: EHO (Employer Health Options)  
Bin #'s: 004527 (la mayoría de las farmacias utilizan este número)  
Envoy/WebMD = 003241  
CVS Condor Code = 15721

(Estas cadenas de farmacia específicas requieren números especiales para transmitir recetas. Todas las principales cadenas y la mayoría de las farmacias independientes aceptan este plan.)

Versión: D.O

**Información del Paciente**

Apellido: [Redacted]

Nombre: [Redacted]

Grupo#: 71030                      Sexo: Masculino  Femenino

ID #/SSN#: [Redacted]

Fecha de Nacimiento: [Redacted] / [Redacted] / [Redacted]

Autorización previa: [Redacted] (retenga este número para futuro uso)

\*\* Número previo de autorización= Fecha de la herida en formato AAMMDD [por ejemplo: 20 de julio de 2014 sería: 140720] \*\*

Fecha de envío: [Redacted]

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