



## COMMONWEALTH OF KENTUCKY WORKERS COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Compensation Act (KRS Chapter 342). Conspicuous posting of this notice is required by law.

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EMPLOYER NAME: **Northern Kentucky Health Department**  
ADDRESS: **8001 Veterans Memorial Drive – Florence, KY – 41042**

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WORKERS COMPENSATION CARRIER: **KACo Workers Compensation Fund (US&C-TPA)**  
POLICY #: **2013WC2439**  
EFFECTIVE: **7/1/2013 until cancellation**  
ADDRESS: **400 Englewood Drive – Frankfort, KY 40601**  
TELEPHONE: **800-264-5226** CONTACT PERSON: **Mark Miller**

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The employer (NKY Health) is participating in a managed care plan for medical care.  
THE NAME OF THE MANAGED CARE PLAN: **Bluegrass Health Network (BHN)/KACo Health Network**  
ITS REPRESENTATIVE: **Claim Service Representative**  
TELEPHONE: **866.367.5226**  
PROVIDER LIST: **By phone or at “<http://www.uscky.com/advwcsearch.asp>”**

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**EMPLOYEES: IF INJURED – NOTIFY** your supervisor **IMMEDIATELY**; when possible, notice should be in writing. **FAILURE** to notify your supervisor could result in denial of benefits. **OBTAIN MEDICAL CARE**. Your employer (NKIDHD) must pay for **ALL NECESSARY MEDICAL CARE** to treat a workplace injury. The employee may select the physician or medical facility to render care. Your employer (NKIDHD) is enrolled in an approved Managed Care Plan, meaning that the employee’s selection of physicians to treat a work-related injury is **LIMITED** to the approved Provider Network, except in certain emergencies. **FOR INJURIES REQUIRING CONTINUING CARE**, the **EMPLOYEE MUST DESIGNATE A TREATING PHYSICIAN**; a form to do so will be furnished by the insurance carrier.

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**DISABILITY BENEFITS** to replace wages lost due to workplace injury are payable under the Workers Compensation Act after seven (7) days of disability. **A CLAIM MUST BE** filed with the Department of Workers Claims **WITHIN TWO YEARS** of the date of injury or the last payment of temporary disability benefits.

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**NEED ASSISTANCE?** Contact your employer’s claim representative. If your questions about workers’ compensation rights are not promptly answered call The Kentucky Department of Workers Claims at 1-800-554-8601 and speak to an Ombudsman or Workers Compensation Specialist.

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**EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORTS CAN BE MADE AS REQUIRED BY LAW.**



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