

## INDIANA WORKERS' COMPENSATION INFORMATION TABLE

<u>Date of Injury After</u>	<u>Maximum AWW</u>	<u>Maximum TTD</u>	<u>Maximum Compensation</u>
July 1, 2014	\$1,040.00	\$693.33	\$347,000
July 1, 2015	\$1,105.00	\$736.67	\$368,000
July 1, 2016	\$1,170.00	\$780.00	\$390,000
July 1, 2023	\$1,205.00	\$804.00	\$402,000
July 1, 2024	\$1,241.00	\$828.00	\$414,000
July 1, 2025	\$1,278.00	\$852.00	\$426,000
July 1, 2026	\$1,316.00	\$878.00	\$439,000

### PERMANENT PARTIAL IMPAIRMENT

<u>Date of Injury After</u>	<u>Degrees</u>	<u>Dollars per Degree</u>
July 1, 2014	1 through 10	\$ 1,517
	11 through 35	\$ 1,717
	36 through 50	\$ 2,862
	51 through 100	\$ 3,687
July 1, 2015	1 through 10	\$ 1,633
	11 through 35	\$ 1,835
	36 through 50	\$ 3,024
	51 through 100	\$ 3,873
July 1, 2016	1 through 10	\$ 1,750
	11 through 35	\$ 1,952
	36 through 50	\$ 3,186
	51 through 100	\$ 4,060
July 1, 2023	1 through 10	\$ 1,803
	11 through 35	\$ 2,011
	36 through 50	\$ 3,282
	51 through 100	\$ 4,182
July 1, 2024	1 through 10	\$ 1,857
	11 through 35	\$ 2,071
	36 through 50	\$ 3,380
	51 through 100	\$ 4,307
July 1, 2025	1 through 10	\$ 1,913
	11 through 35	\$ 2,133
	36 through 50	\$ 3,481
	51 through 100	\$ 4,436
July 1, 2026	1 through 10	\$ 1,970
	11 through 35	\$ 2,197
	36 through 50	\$ 3,585
	51 through 100	\$ 4,569

### BODY PART VALUES

<u>Body parts</u>	<u>Value in Degrees</u>
Eye (vision)	35 both 100
Ear (hearing)	15 both 40
Thumb	12
Index Finger	8
Second Finger	7
Third Finger	6
Fourth Finger	4
Hand	40 both 100
Arm	50
Great Toe	12
Second Toe	6
Third Toe	4
Fourth Toe	3
Fifth Toe	2
Foot	35 both 100
Leg	45
Person as a whole	100

Mileage Reimbursement Rate = \$0.49 per mile

Amputation - values doubled

Burial allowance maximum \$10,000

Credit against impairment for TTD payments beyond 125 weeks

#### Medical Fee Schedule

If unable to negotiate, 200% Medicare  
Medical implants- 25% above invoice

#### Repackaged Medication Maximum

Average wholesale or lowest generic cost

**Jurisdiction**

1. Injuries and O.D. contracted in State
2. Contract of employment in State, or
3. Employment principally localized in State

**Limitations**

1. Maintain claim within 2 years of injury or death or within 2 years after last payment of compensation. Medical bill payments are not considered compensation for statute purposes

**Burden of Proof**

1. Accident/exposure might have or could have caused or aggravated the condition and must be a contributing factor – preponderance of evidence required
2. Repetitive trauma --- treated same as accident, date of manifestation is date reasonable person would know nature of condition and its work relatedness

**Notice of Injury**

1. Notice of accident shall be given to employer as soon as practicable within 30 days.
  - a. If defective notice given, then employer must show undue prejudice

**AWW/Rate (see Form 1043)**

1. AWW --- 52 weeks preceding injury, does include OT and bonuses
2. Rate – TTD/PTD/Death – 2/3 AWW subject to max and min. (see rate chart)

**Benefits**

1. Medical --- reasonably required to cure and relieve the effects of the injury
  - a. Employer directs and controls medical treatment (Sec. 22-3-3-4)
  - b. Mileage – local mileage paid for treatment directed outside of the county of employment
  - c. Fee Schedule Fees determined by contracted agreement or fee schedule. (Sec 22-3-3-5)
2. TTD (Sec. 22-3-3-7)
  - a. 125 weeks maximum and anything greater is applied to the PPI rating at MMI
  - b. Waiting period --- 7 working days if disability lasts more than 21 days – first 7 days retroactive is due
  - c. Basis for termination (form 38911 and/or 54217 must be filed)
    - i. Return to work
    - ii. Reaches MMI
    - iii. Refusal of work offered within restrictions

- d. Memo of TTD (from 1043) required from employer to Employee within 14 days of first date of entitlement or if denied, denial within 30 days to Board and employee

3. TPD

- a. If working light duty or earning less than if employed in full capacity, receive 2/3 difference between amount earned and gross amount earned in modified job but not to exceed TTD amount if employee was off work.

4. PPI

- a. AMA ratings state using either 5<sup>th</sup> or 6<sup>th</sup> edition.
- b. Defendant obligated to obtain PPI rating.
- c. A zero rating is a rating.
- d. See rate chart for values and calculations

5. PTD Section 22-3-3-32

- a. The maximum award for PTD is 500 weeks of benefits at the TTD rate subject to the maximum allowed for that date of injury (see Rate Chart)

6. Death

- a. Burial expense – actual costs up to \$10,000
- b. Dependents 22-3-3-18, 22-3-3-19
- c. Three classes
  1. Presumptive-spouse, unmarried children or children suffering from a Physical or mental handicap. Terminated upon marriage with minimum of 104 weeks
  2. Total Dependents
  3. Partial Dependents

**Affirmative Defenses-** Section 22-3-2-8

1. Knowingly self- inflicted
2. Intoxication
3. Commission of an offense
4. Knowing failure to use safety appliance
5. Knowing failure to obey reasonable written or printed rule
6. Knowing failure to perform any statutory duty
7. The burden of proof is on the Defendant
8. It must be filed and pled within 45 days before the hearing date.

**Subrogation (22-3-2-13)**

- a. Employer/carrier entitled to subrogation of 3<sup>rd</sup> party recovery minus pro rata costs and 25% of gross recovery for attorneys' fees if suit is not filed but 33 1/3 % attorney fees if suit has been filed
- b. Employer may not be brought into 3<sup>rd</sup> Party Action by 3<sup>rd</sup> party defendant.
- c. If employee does not file suit employer can file suit for up to one-year post expiration of the Statute of Limitations