

Overview of Workers' Compensation Benefits

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Team Leaders - Claims Services Department

Benefits Under the Act

- **Wage Loss Benefits**
 - Temporary Total, Temporary Partial, Permanent Total and Fatal
- **Permanent Partial Disability Benefits**
 - Loss of Use, Amputation, Disfigurement, Vision Loss, and Hearing Loss
- **Lifetime Medical Benefits**
 - Panel of Physicians, Treatment, Transportation, Prescriptions, Prosthetic Devices and Vocational Rehabilitation
- **Cost of Living Adjustment**
 - Eligibility and Requirements
- **20-Day Orders**
 - Payments Made vs. Claim Filed
- **General Information**
 - Employer Medical Examinations, Occupational Diseases and 20% Penalty

Wage Loss Benefits

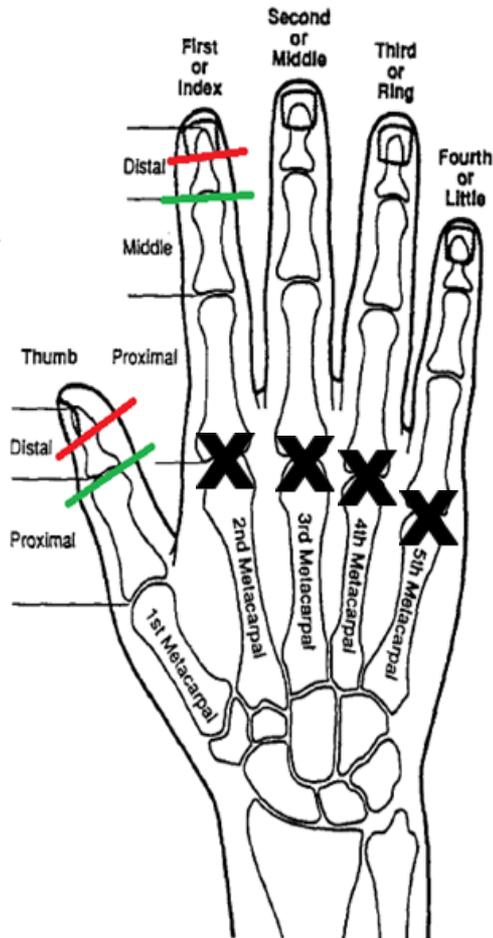
- **Temporary Total** §65.2-500, §65.2-501
- **Temporary Partial** §65.2-502
- **Permanent Total** §65.2-503(C)
- **Fatal** §65.2-512
 - Burial expenses not to exceed \$10,000
 - Transportation expenses not to exceed \$1,000

Permanent Partial Disability §65.2-503

PPD is when an injury results in loss or loss of use of specific body part, loss of vision, loss of hearing or disfigurement

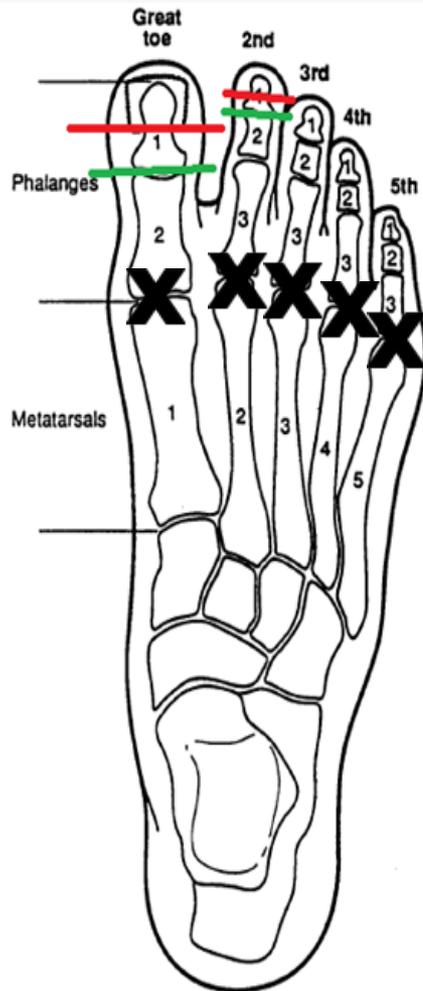
Loss	Compensation Period
Thumb	60 weeks
First finger (index finger)	35 weeks
Second finger	30 weeks
Third finger	20 weeks
Fourth finger (little finger)	15 weeks
First phalanx of the thumb or any finger is equal to one-half compensation for loss of entire thumb or finger. Loss of more than one phalanx of a thumb or any finger is deemed the loss of the entire thumb or finger. Amounts received for loss of more than one finger shall not exceed compensation provided for loss of a hand.	
Great toe	30 weeks
A toe other than a great toe	10 weeks
First phalanx of any toe is equal to one-half compensation for loss of entire toe. Loss of more than one phalanx of a toe is deemed loss of the entire toe.	
Hand	150 weeks
Arm	200 weeks
Foot	125 weeks
Leg	175 weeks
Permanent loss of vision of an eye	100 weeks
Permanent loss of hearing of an ear	50 weeks
Severely marked disfigurement of the body	not exceeding 60 weeks
First stage of pneumoconiosis, silicosis & asbestosis	50 weeks
Second stage of pneumoconiosis, silicosis & asbestosis	100 weeks
Third stage of pneumoconiosis, silicosis & asbestosis	300 weeks
Byssinosis	50 weeks

Amputation Percentage Guide for Hand



- From tip of bone to red line equals 25%
- From red line to green line equal 50%
- From green line to X equals 100% of digit
- Combined loss of digits should not exceed 100% loss of use of hand

Amputation Percentage Guide for Foot



- From tip of bone to red line (bottom of the nail bed) equals 25%
- From red line to green line equal 50%
- Loss of more than one phalanx of a toe is deemed loss of the entire toe

Vision Loss (Rule 13)

Loss of Vision

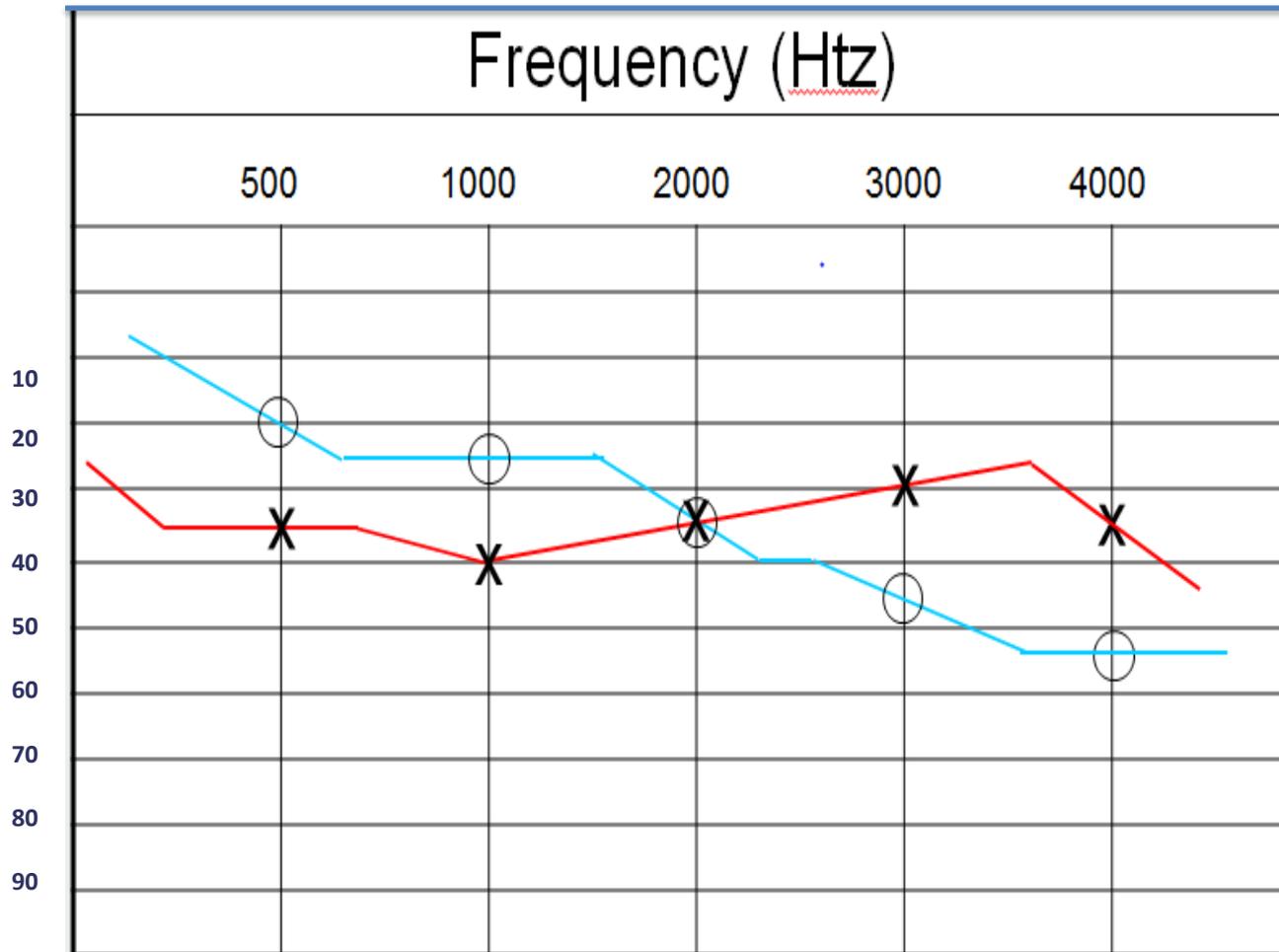
- The percentage of visual acuity is based on the Snellen's Chart
- If the claimant had pre-existing loss of vision, it is subtracted from the post injury reading prior to determination of the percentage of loss

Snellen's Chart Readings	Percentage of Loss of Visual Acuity
20/20	0
20/25	5
20/30	10
20/40	20
20/50	25
20/60	33 1/2
20/70	40
20/80	50
20/90	62 1/2
20/100	75
20/110	80
20/120	85
20/130	87
20/140	89
20/150	91
20/160	93
20/170	95
20/180	97
20/190	99
20/200	100

The Hearing Loss Table (Rule 12)

Average Decibel Loss	Percent of Compensable Hearing Loss	Average Decibel Loss	Percent of Compensable Hearing Loss
27	0.8	60	55.0
28	2.2	61	56.7
29	3.6	62	58.3
30	5.0	63	60.0
31	6.7	64	61.7
32	8.3	65	63.3
33	10.0	66	65.0
34	11.7	67	66.7
35	13.3	68	68.3
36	15.0	69	70.0
37	16.7	70	71.7
38	18.3	71	73.3
39	20.0	72	75.0
40	21.7	73	76.4
41	23.3	74	77.8
42	25.0	75	79.2
43	26.7	76	80.6
44	28.3	77	82.0
45	30.0	78	83.4
46	31.7	79	84.8
47	33.3	80	86.2
48	35.0	81	87.6
49	36.7	82	89.0
50	38.3	83	90.4
51	40.0	84	91.8
52	41.7	85	93.2
53	43.3	86	94.6
54	45.0	87	96.0
55	46.7	88	97.4
56	48.3	89	98.8
57	50.0	90 and over	100
58	51.7		
59	53.3		

Audiogram Example



R= 20.
 25.
 35.
45.
 $125. \div 4 = 31.25$

Average decibel
 loss = 6.7%

L= 35.
 40.
 35.
30.
 $140. \div 4 = 35$

Average decibel
 loss = 13.3%

Lifetime Medical Benefits §65.2-603

- **Panel of Physicians**
- **Diagnosis and Treatment**
- **Transportation**
- **Prescriptions**
- **Prosthetic Devices**
- **Vocational Rehabilitation**

Vocational Rehabilitation §65.2-603(A)(3)

- **Vocational Rehabilitation Plan**
 - Two goals are to restore the employee to gainful employment, and to relieve the employer's burden of future compensation
- **Role of Employee's Attorney**
 - Employees may have their attorney present at the initial meeting
- **Medical Aspects of Rehabilitation**
 - Neither the rehabilitation provider nor the carrier can medically manage the employee's treatment
- **Transportation and Other Costs**
 - The employee is entitled to reimbursement for expenses incurred in rehabilitation efforts

Cost of Living Adjustment §65.2-709

- **Purpose**

- Ensure value of benefits paid under the Act does not diminish

- **Eligibility and Requirements**

- Recipient of Temporary Total, Permanent Total or Death Benefits
- Request must be filed (not self-executing)

- **Necessary Documentation**

- Documentation from Social Security Administration

COLA Calculation Example

To Calculate:

Net SS x 12 ÷ 52 = weekly SS
CR + weekly SS = total combined
AWW x 80% =

If the total combined exceed 80%
of the AWW, COLA is not due

\$ 1864 x 12 ÷ 52 = \$ 430.15 weekly
\$ 841 + \$ 430.15 = \$ 1271.15 total
\$ 2232.23 x 80% = \$ 1785.78

Due

\$ 734 x 12 ÷ 52 = \$ 169.38 weekly
\$ 189.16 + \$ 169.38 = \$ 358.54 total
\$ 283.75 x 80% = \$ 227

Not Due

Employer Medical Examination §65.2-607

- **Physician Examination**

- If requested or ordered, employee shall submit himself to an examination

- **Time/Location**

- Must be reasonable

- **Employer Limitations**

- May not request more than one examination per medical specialty without prior authorization

Occupational Disease §65.2-400

- **Definition**

- Disease arising out of and in the course of employment

- **Origin**

- Natural incident of the work, traced to employment and incidental to the character of the business

- **Sections**

- Details can be found under §§65.2-400, 401, 402 and 402.1

Failure to Pay – 20% Penalty §65.2-524

- **Causes**
 - Payment not paid within two weeks after due
- **Assessment Requirements**
 - Written request must indicate that payment has not been paid
- **Issuance of Penalty Order**
 - Requires written response

20 Day Orders

20-Day Order Payments Made System Generated Orders



COMMONWEALTH OF VIRGINIA
VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV DRIVE, RICHMOND VA 23220
www.workcomp.virginia.gov
1-877-664-2666

**Order Response Form
Payments Made**

To Claims Administrator:
This form must be completed, signed and returned to the Commission within 20 days from the date of this letter. Please make this form the cover page when responding to the 20-day Order.

Agreement forms signed by all parties are attached hereto.

Agreement forms were/will be mailed to the Injured Worker or his/her Attorney on _____.

Agreement forms will **NOT** be mailed to the Injured Worker/Injured Workers' Attorney.
Reason: _____

Print Name of Individual Completing Form Claim Administrator Name Phone Number

Date this form was sent to Commission with copy to the injured worker/injured worker's attorney: _____

Form # SN58
Revision Date 7/01/10

20-Day Order Claim Filed Manually Generated Orders



COMMONWEALTH OF VIRGINIA
VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV DRIVE, RICHMOND VA 23220
www.workcomp.virginia.gov
1-877-664-2666

**Order Response Form
Claim Filed**

To Claims Administrator:
This form must be completed, signed and returned to the Commission within 20 days from the date of this letter. Please make this form the cover page when responding to the 20-day Order.

Claim is accepted as compensable:

Agreement forms signed by all parties are attached hereto.

Agreement forms were/will be mailed to the Injured Worker or his/her Attorney on _____.

Agree to causally related medical award only.

Claim is denied:

Agreement forms will **NOT** be mailed to the Injured Worker/Injured Workers' Attorney. This claim will be docketed for a hearing. In accordance with Rule 4.2, you must file all medical records in your possession relating to this claim.
Reason: _____

Print Name of Individual Completing Form Claim Administrator Name Phone Number

Date this form was sent to Commission with copy to the injured worker/injured worker's attorney: _____

Form # SN58.1
Revision Date 7/01/10

20-Day Order – Claim Filed Pitfalls

■ Pitfalls of Completing Order Response

- Responses to issues are not addressed or partially addressed
- Incomplete or illegible responses returned
- WebFiled responses not categorized correctly
- Body parts noted on responses for causally related medical award

■ Note

- Include your name and telephone number should further clarification be needed

Questions?

Index Cards or bulletin board by registration desk

OR

Contact the Customer Contact Center:

- questions@workcomp.virginia.gov
- Toll free - 877-664-2566