WORKERS' COMPENSATION BENEFIT SUMMARY

TEMPORARY DISABILITY [L.C. 4453(a)]

EFFECTIVE DATE	AVG WKLY MIN EARNINGS	MINIMUM WKLY TD RATE	AVG WKLY MAX EARNINGS	MAXIMUM WKLY TD RATE
07/01/96-12/31/02	$0-$125.99 $126-$189	Actual Earnings $126	$735	$490
1/1/03	$189	$126	$903	$602
1/1/04	$189	$126	$1092	$728
1/1/05	$189	$126	$1260	$840
1/1/06	$189	$126	$1260 or 1.5 times the SAWW	$840
1/1/07	$198.38	$132.25	$1,322.49	$881.66
1/1/08	$206.18	$137.45	$1,374.46	$916.33
1/1/09	$215.55	$143.70	$1,437.01	$958.01
1/1/10	$222	$148	$1,480.04	$986.69
1/1/11	$222	$148	$1,480.04	$986.69
1/1/12	$227.35	$151.57	$1,515.74	$1,010.50
1/1/13	$240.00	$160.00	$1,600.07	$1,066.72
1/1/14	1/1/13 rate plus the % change in the SAWW	$160.00+	1/1/13 rate plus % change in SAWW	$1,066.72+

Important Note: Labor Code 4661.5 states that when temporary disability is paid two years or more from the date of injury, the amount of the TD payment shall be calculated based on the AWW in effect on the date of the temporary disability payment, unless the computation produces a lower payment. For benefits that commence on or after 4/19/04, there is an aggregate limit of 104 weeks within a two year period [L.C. 4656(c)]. For dates of injury on or after 1/01/08, there is an aggregate limit of 104 weeks within five years from the date of injury [L.C. 4656(c)(2)].

Volunteers and Hourly Wage Earners: Note that effective for injuries on or after January 1, 2003 there is now a minimum TD rate regardless of wages. [L.C. 4453(a)(8)]

PERMANENT PARTIAL DISABILITY [L.C. 4453(a)(8-10)]

EFFECTIVE DATE	PD < 15%	PD 15 –24.75%	PD 25 – 69.75%	PD 70-99.75%
07/01/96-12/31/02	$70 minimum $140 maximum	$70 minimum $160 maximum	$70 minimum $170 maximum	$70 minimum $230 maximum
1/1/03	$100 minimum $185 maximum	$100 minimum $185 maximum	$100 minimum $185 maximum	$100 minimum $230 maximum
1/1/04	$105 minimum $200 maximum	$105 minimum $200 maximum	$105 minimum $200 maximum	$105 minimum $250 maximum
1/1/05	$105 minimum $220 maximum	$105 minimum $220 maximum	$105 minimum $220 maximum	$105 minimum $270 maximum
1/1/06-12/31/12	$130 minimum $230 maximum	$130 minimum $230 maximum	$130 minimum $230 maximum	$130 minimum $270 maximum

PERMANENT PARTIAL DISABILITY ON/AFTER 1/1/2013 (SB 863)

Effective Date	PD < 55%	PD 55 – 69%	PD 70 – 99%
01/01/13	$160 minimum $230 maximum	$160 minimum $270 maximum	$160 minimum $290 maximum
01/01/2014	$160 minimum $290 maximum	$160 minimum $290 maximum	$160 minimum $290 maximum

Important Notes: For injuries on/after 1/1/05, permanent disability determinations are based on AMA guidelines with consideration for loss of earning capacity. Employers with 50 or more employees – if unable to return employee to work within 60 day of permanent and stationary determination, employee will receive a **15% increase** in permanent disability payments. Regardless of size of employer, employees who are made an offer to return to regular, modified, or alternative and returned to work within 60 days of a permanent and stationary determination will receive a **15% decrease** in permanent disability payments. Regular, modified or alternative work must be within 85% of the salary at date of injury and last for at least 12 months.

Under SB 863, PD determinations based on diminished earning capacity and the 15% increase/decrease were repealed effective 01/01/13.

PERMANENT TOTAL DISABILITY [L.C. 4453 (a) (8-10) & L.C. 4659]

EFFECTIVE DATE	AVG WKLY MIN EARNINGS	MINIMUM WKLY PPD RATE	AVG WKLY MAX EARNINGS	MAXIMUM WKLY PPD RATE
07/01/96-12/31/02	$0-$189	$112	$735	$490
1/1/03	$189	$126	$903	$602
1/1/04	$189	$126	$1092	$728
1/1/05	$189	$126	$1260	$840
1/1/06	$189	$126	$1260 or 1.5 times the SAWW	$840
1/1/07	$198.38	$132.25	$1,322.49	$881.66
1/1/08	$206.18	$137.45	$1,374.46	$916.33
1/1/09	$215.55	$143.70	$1,437.01	$958.01
1/1/10	$222.00	$148.00	$1,480.04	$986.69
1/1/11	$222.00	$148.00	$1,480.04	$986.69
1/1/12	$227.35	$151.57	$1,515.74	$1,010.50
1/1/13	$240.00	$160.00	$1,600.07	$1,066.72
1/1/14	1/1/13 rate plus the % change in the SAWW	$160.00+	1/1/13 rate plus % change in SAWW	$1,066.72+

WORKERS' COMPENSATION BENEFIT SUMMARY

Important Note: For dates of injury on or after January 1, 2003, there may be an annual increase to the permanent total disability payment by the percentage increase in the State Average Weekly Wage commencing January 1, 2004. [L.C. 4659(c)]

NUMBER OF PD WEEKS INCREASE 1/1/04 and 1/1/05 [L.C. 4658]

% OF PERMANENT DISABILITY	NUMBER OF WEEKS FOR EACH % POINT OF PERMANENT DISABILITY		
	Current through 2003	Dates of Injury on or after 1/1/2004– 12/31/2004	Dates of Injury on or after 1/1/2005*
Under 10	3	4	3
10-14.75	4	5	4
15-24.75	5	5	5
25-29.75	6	6	6
30-49.75	7	7	7
50-69.75	8	8	8
70-99.75	9	9	16

Important Note: Increase in number of weeks applies to dates of injury prior to 1/1/05 where a permanent disability determination has not been previously made.

LIFE PENSION [L.C. 4659]

7/1/96 through 12/31/05 MAX. AVERAGE WEEKLY WAGE	$257.69
Effective as of 1/1/2006 MAX. AVERAGE WEEKLY WAGE	$515.38

Important Note: For dates of injury on or after January 1, 2003, L.C. 4659(c) requires the life pension payment be increased each year by the percentage increase in the State Average Weekly Wage commencing January 1, 2004.

DEATH BENEFITS [L.C. 4702]

DEPENDENTS	DATES OF INJURY 7/1/96 – 12/31/05	DATES OF INJURY 1/1/06
1 TOTAL	$125,000	$250,000
2 TOTAL	$145,000	$290,000
3 or More TOTAL	$160,000	$320,000
1 TOTAL plus 1 or more PARTIAL	$125,000 plus 4x annual support not to exceed $145,000	$250,000 plus 8x annual support not to exceed $290,000
NO TOTAL and 1 or more PARTIAL	4x annual support not to exceed $145,000	8x annual support not to exceed $250,000
NO DEPENDENTS	$125,000 to the State (if no estate)	$250,000 to the estate

Effective 01/01/13, burial expenses may be payable up to $10,000. Prior, 01/01/13, burial expenses were payable up to $5000.

SUPPLEMENTAL JOB DISPLACEMENT BENEFITS [L.C. 139.5, 4658.5]

For injuries on/after 01/01/04, employees who do not return to work for their employer within 60 days of the end of TD period may be eligible to receive a voucher of $4,000 for permanent partial disability of less than 15%; $6,000 for permanent partial disability between 15% and 25%; $8,000 for permanent partial disability between 26% and 49%; and $10,000 for permanent partial disability between 50% and 99%. The voucher must be used at State-approved or accredited schools for education-related retraining or skill enhancement, or both.

For injuries on/after 01/01/13, employees who do not return to work for their employer within 60 days of receipt of the physician's report of permanent and stationary status may be eligible to receive a voucher of up to $6,000. The voucher must be used at State-approved or accredited schools for education-related retraining or skill enhancement, or both. The voucher may also be used to purchase computer equipment up to $1,000 and $500 for miscellaneous expense.

Employer will not be liable for the supplemental job displacement benefit if, within 30 days of the end of TD, offers modified or alternative work, lasting at least 12 months.

The supplemental job displacement voucher will expire after two years of issuance. Also, the voucher cannot be settled for cash.

MEDICAL FEE SCHEDULE [L.C. 5307.1]

Except for physician services, all fees shall be in accordance with the fee-related structure and rules relevant to Medicare and Medi-Cal. 100% of Medi-Cal for pharmaceuticals. Inpatient hospital at 120% of Medicare, 120% of the Medicare hospital outpatient department fee for hospital outpatient departments and ambulatory surgery centers; these provisions become effective for dates of services on and after 1/1/04.

On/after 01/01/14, the physician fee schedule shall be in accordance with Resource-Based Relative Value Scale.

MEDICAL TREATMENT [L.C. 5402]

Must authorize medical treatment within one working day of receipt of Employee Claim Form (DWC-1) until compensability decision is made (subject to $10,000 cap). Applies to all claim forms received on or after 4/19/04.

UTILIZATION REVIEW [L.C. 4610]

Requires all employers to adopt utilization review systems, either directly or through an insurer or entity with which an employer or insurer contracts for services. Procedures must be consistent with the Medical Treatment Utilization Schedule (MTUS) or ACOEM (American College of Occupational and Environmental Medicine) or other nationally recognized utilization review schedule.

INDEPENDENT MEDICAL REVIEW (IMR) (SB863, L.C. 139.5, 4610.5)

For injuries on/after 01/01/13 and utilization review decisions communicated after 07/01/13, if the injured worker objects to a determination issued by utilization review to modify, delay, or deny a request for authorization of a medical treatment requested the treating physician, the issue shall be resolved only by the independent medical review process through the Administrative Director. The fee for the IMR ranges from $495-$850.

If the employee objects to the diagnosis or recommendation for medical treatment by a physician within the medical provider network, the issue shall be resolved only by the independent medical review process.

PERSONAL PHYSICIAN DESIGNATION [L.C. 4600]

The personal physician must be the employee's primary treating physician and is limited to the following specialties: internist, family practitioner, general practitioner, OB/GYN, or pediatrician. The personal physician may also be a medical group if that medical group is multi-specialty and primarily non-occupational. The physician must agree.

PERSONAL CHIROPRACTOR DESIGNATION (L.C. 4601)

If no MPN is in place, the employee can designate their personal chiropractor or acupuncturist, but must specifically request a change of physician after initially treating with the employer selected physician.

However, a chiropractor can no longer be a primary treating physician after 24 chiropractic office visit, even if the chiropractic treatment does not include chiropractic manipulation.

LIMIT ON CHIROPRACTIC TREATMENT, PHYSICAL THERAPY & OCCUPATIONAL THERAPY [L.C. 4604.5(d)]

For dates of injuries after 01/01/04, chiropractic, physical therapy and occupational therapy visits limited to 24 visits per injury. This cap does not apply post surgery (only for dates of injury on or after 1/1/08) or if the claims administrator or employer authorizes, in writing, additional visits [L.C. 4604.5(d)(3)].

SPINAL SURGERY SECOND OPINION [L.C. 4062 (b)]

The second opinion spinal surgery process is repealed effective 01/01/13 (SB863). Spinal surgery issues will be addressed by either the QME process or the independent medical review process.

MEDICAL PROVIDER NETWORKS [L.C. 4616, et sec.)

Effective 1/1/05 employers "may" establish a medical provider network and have exclusive control over the establishment of the network. Employee entitled to three opinions within network to resolve certain disputes. After third opinion, the State assigns an Independent Medical Reviewer (IMR) to examine and render a binding opinion. **(On 05/19/12 the Court of Appeals, 2nd Appellate District issued a published decision in the case of Elayne Valdez vs. WCAB, Demo Warehouse that non-MPN physicians reports are admissible on issues of medical issues, temporary disability. The case has been filed before the California Supreme Court.)**

Employee can predesignate a personal physician or medical group if they have health coverage.

Effective 01/01/14 the physicians' must agree to be part of an established medical provider network.

LIENS (L.C. 4903, et sec, SB863)

There is now $150 filing fee for liens filed on/after 01/01/13 for medical treatment, medical-legal expenses or claims costs. There is also a $100 activation fee for liens filed prior to 01/01/13. The $100 activation fee must be paid prior to 01/01/14 or the lien will be subject to dismissal by operation of law.

INDEPENDENT BILL REVIEW (IBR) (L.C. Section 139.5)

Effective 01/01/13, if a medical provider disagrees with a payment recommendation issued by the claims administrator, the provider may request an independent bill review through the Administrative Director within 30 days of the final payment.

The medical provider is required to pay a fee for the IRB in the amount of $325. If the IBR determines that additional payment is due, the medical provider must be reimbursed the $325 fee.