

TO: ALL WORKERS' COMPENSATION INSURANCE CARRIERS, THIRD-PARTY ADMINISTRATORS, AND ALL SELF-INSURED EMPLOYERS

FROM: PAUL TAURIELLO, DIRECTOR
COLORADO DIVISION OF WORKERS' COMPENSATION

DATE: May 15, 2019

SUBJECT: MAXIMUM RATES FOR WORKERS' COMPENSATION BENEFITS FOR THE YEAR BEGINNING JULY 1, 2019, THROUGH AND INCLUDING JUNE 30, 2020.

MAXIMUM TEMPORARY DISABILITY BENEFIT SCHEDULE

Days:	1	2	3	4	5	6
	\$ 146.08	\$ 292.16	\$ 438.24	\$ 584.32	\$ 730.40	\$ 876.48
1 Week	\$ 1,022.56	\$ 1,168.64	\$ 1,314.72	\$ 1,460.80	\$ 1,606.88	\$ 1,752.96
2 Week	\$ 2,045.12	\$ 2,191.20	\$ 2,337.28	\$ 2,483.36	\$ 2,629.44	\$ 2,775.52
3 Week	\$ 3,067.68	\$ 3,213.76	\$ 3,359.84	\$ 3,505.92	\$ 3,652.00	\$ 3,798.08
4 Week	\$ 4,090.24	\$ 4,236.32	\$ 4,382.40	\$ 4,528.48	\$ 4,674.56	\$ 4,820.64

EFFECTIVE JULY 1, 2019, AT 12:01 AM

MAXIMUM COMPENSATION BENEFIT RATE: To qualify for the maximum rate of **\$1,022.56**, a wage of at least **\$1,533.84** per week must be earned.

SCHEDULED IMPAIRMENT RATE: Payable at a weekly compensation rate of **\$320.90**

NON-SCHEDULED (OR MEDICAL) IMPAIRMENT: Payable at the TTD weekly rate, but not less than \$150.00 per week and not more than **\$561.86** per week.

BODILY DISFIGUREMENT: Maximum is **\$5,413.52** and up to **\$10,825.13** for extensive facial or body scars, burn scars or stumps resulting from the loss of limbs.

LUMP SUMS: Maximum lump sum for an injured worker or sole dependent with a date of injury after January 1, 2014 is **\$94,330.19**. For cases with multiple dependents, the aggregate of all lump sums cannot exceed **\$188,658.00**.

COMBINED CAPS: Maximum combined TTD and PPD benefits for individuals with 25% or less whole person impairment is **\$94,330.19**. Maximum combined benefits for individuals with greater than 25% whole person impairment are **\$188,658.00**.

FATAL CASE: Maximum of **\$1,022.56** per week.

Dependents Benefits: and the extent of their dependency is determined as of the date of injury. The right to death benefits becomes fixed as of that date except as provided in §8-41-501 (1)(c).

Minimum Death Benefit: 25% of Maximum Weekly Benefit or **\$255.64**.

Claims with no dependents: **\$21,568.53** payable the Colorado Uninsured Employers Fund.

**STATE OF COLORADO
DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION**

ORDER

WHEREAS, pursuant to Colorado Revised Statute §8-47-106, the State Average Weekly Wage shall be established by the Director of the Division of Workers' Compensation annually, on or before July 1 based upon the average weekly earnings in Colorado as referenced in §8-73-102 (1)-(3), and being fully advised in the premises;

THE DIRECTOR FINDS:

1. That the Colorado State Average Weekly Wage as referenced in § 8-73-102 (1)-(3) is **\$1,123.71**
2. That the maximum benefit rate for Temporary Total Disability, Temporary Partial Disability, Permanent Total Disability, and Death Benefits under the Workers' Compensation Act of Colorado shall be ninety-one percent (91%) of such Average Weekly Wage or **\$1,022.56**.
3. That to be eligible for the maximum of **\$1,022.56** the claimant must have a weekly income of at least **\$1,533.84**.
4. Pursuant to §8-42-108(3), the limits of disfigurement are adjusted based on the percentage of adjustment to the state average weekly wage. The maximum limit for disfigurement is **\$5,413.52** and up to **\$10,825.13** for extensive facial or body scars, burn scars or stumps resulting from the loss of limbs.
5. Pursuant to §8-42-107(6)(b), the scheduled compensation rate shall be adjusted based on the percentage of adjustment to the state average weekly wage. The compensation rate for a scheduled injury is **\$320.90**.
6. Pursuant to §8-42-107.5, the limits on the amount of compensation for combined temporary disability payments and partial disability payments shall be increased to **\$94,330.19** for claimants whose impairment rating is twenty-five percent of the whole person or less and **\$188,658.00** for claimants whose whole person impairment rating is greater than twenty-five percent.
7. Pursuant to §8-43-406, for injuries sustained on or after January 1, 2014, the maximum lump sum payment for an injured worker or sole dependent is **\$94,330.19**. In cases where there are multiple dependents, the maximum aggregate of all lump sums is **\$188,658.00**.
8. Pursuant to §8-46-102(1)(c), For injuries resulting in death sustained on or after July 1, 2018 in which the deceased has no dependents, payment to the Colorado Uninsured Employer Fund shall be the sum of **\$21,568.53**.

NOW, THEREFORE, BE IT ORDERED: That as of 12:01 a.m. July 1, 2019, and for the ensuing twelve months through and including June 30, 2020, the benefits rates shall be as described above.

Dated: May 15, 2019

DIVISION OF WORKERS' COMPENSATION



By _____
Paul Tauriello
Director