

Division of Workers' Compensation Quick Reference Guide

Effective 7/1	Max PPD Weekly Rate	Max TTD Weekly Rate	Scheduled Impairment Weekly Rate	Disfigurement Maximum	Lump Sum Max 1 Dependent / Multiple Dependents	Benefit Caps 25%- WP / 25%+ WP	Non-Dependent Fatal Claims	Mileage Reimbursement Rate
2005	383.07	697.20	219.42	2000.00	80,868.10 / 161,734.15	60,000 / 120,000	15,000.00	0.30
2006	395.47	719.74	226.52	2000.00	80,868.10 / 161,734.15	75,000 / 150,000	15,000.00	0.30
2007	413.95	753.41	237.11	4,000.00 / 8,000.00	80,868.10 / 161,734.15	75,000 / 150,000	15,000.00	0.37
2008	431.96	786.17	247.42	4,174.00 / 8,348.00	80,868.10 / 161,734.15	75,000 / 150,000	15,000.00	0.40
2009	443.55	807.24	254.06	4,286.00 / 8,572.00	80,868.10 / 161,734.15	75,000 / 150,000	15,000.00	0.55
2010	445.42	810.16	255.13	4,304.00 / 8,608.00	80,868.10 / 161,734.15	75,000 / 150,000	15,000.00	0.52
2011	454.98	828.03	260.59	4,396.00 / 8,792.00	80,868.10 / 161,734.15	75,000 / 150,000	15,000.00	0.47
1/1/12	466.41	848.82	266.98	4,396.00 / 8,792.00	80,868.10 / 161,734.15	76,605 / 153,210	15,000.00	0.47
7/1/12	466.41	848.82	266.98	4,504.00 / 9,007.00	80,868.10 / 161,734.15	78,482 / 156,962	15,000.00	0.47
2013	481.04	875.52	275.10	4,640.90 / 9,280.84	80,868.10 / 161,734.15	80,868.10 / 161,734.15	15,000.00	0.52
2014	484.44	881.65	277.03	4,673.47 / 9,345.38	81,435.67 / 162,869.28	81,435.67 / 162,869.28	15,000.00	0.53
2015	502.53	914.27	286.91	4,840.14 / 9,678.66	84,339.86 / 168,677.59	84,339.86 / 168,677.59	15,000.00	0.53
2016	516.39	939.82	294.93	4,975.46 / 9,949.17	86,697.04 / 173,391.90	86,697.04 / 173,391.90	15,000.00	0.53
2017	521.00	948.15	297.56	5,019.83 / 10,037.89	87,470.18 / 174,938.15	87,470.18 / 174,938.15	20,000.00	0.53
2018	542.78	987.84	310.00	5,229.68 / 10,457.52	91,126.84 / 182,251.37	91,126.84 / 182,251.37	20,836.09	0.53
2019	561.86	1,022.56	320.90	5,413.52 / 10,825.13	94,330.19 / 188,658.00	94,330.19 / 188,658.00	21,568.53	0.53
2020	590.24	1,074.22	337.11	5,686.96 / 11,371.92	99,094.93 / 198,187.35	99,094.93 / 198,187.35	22,657.98	0.53

Age Factor		
-21... 1.80	34..... 1.52	48...1.24
21.... 1.78	35..... 1.50	49...1.22
22.... 1.76	36..... 1.48	50...1.20
23.... 1.74	37..... 1.46	51...1.18
24.... 1.72	38..... 1.44	52...1.16
25.... 1.70	39..... 1.42	53...1.14
26.... 1.68	40..... 1.40	54...1.12
27.... 1.66	41..... 1.38	55...1.10
28.... 1.64	42..... 1.36	56...1.08
29.... 1.62	43..... 1.34	57...1.06
30.... 1.60	44..... 1.32	58...1.04
31.... 1.58	45..... 1.30	59...1.02
32.... 1.56	46..... 1.28	60+...1.00
33.... 1.54	47..... 1.26	

Formulas
Temporary Total Disability (TTD) AWW x 2/3 = TTD
Temporary Partial Disability (TPD) (AWW - gross) x 2/3 = TPD
Scheduled Impairment (PPD) % of impairment x number of weeks x rate (based on DOI)
Whole Person Impairments (PPD) % of impairment x 400 weeks x TTD rate x Age Factor
Weekly SSDI offset Initial monthly award x 12 months / 104
Weekly COBRA increase Monthly COBRA cost x 12 months / 52 weeks
Check out our Benefits Calculator at https://dowc.cdle.state.co.us/benefits/



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2020

Permanent Partial Disability Benefits for Scheduled Injuries

Body Part	Loss	Weeks
01	Arm at shoulder	208
01	Arm above the hand, including wrist	208
03	Hand below the wrist	104
04	Thumb & its metacarpal bone	50
05	Thumb at the proximal joint	35
06	Thumb at second or distal joint	18
07	Index finger & its metacarpal bone	26
08	Index finger at the proximal joint	18
09	Index finger at the second joint	13
10	Index finger at the distal joint	9
11	Middle finger & its metacarpal bone	18
12	Middle finger at the proximal joint	13
13	Middle finger at the second joint	9
14	Middle finger at the distal joint	5
15	Third or ring finger & its metacarpal bone	11
16	Ring finger at the proximal joint	7
17	Ring finger at the second joint	7
18	Ring finger at the distal joint	4
19	Little finger & its metacarpal bone	13
20	Little finger at the proximal joint	9
21	Little finger at the second joint	9
22	Little finger at the distal joint	4
23	Leg at the hip joint, or so near thereto as to preclude the use of an artificial limb	208
23	Leg above the foot, including the ankle	208
25	Foot below the ankle	104
26	Great toe & its metatarsal bone	26
27	Great toe at the proximal joint	18
28	Great toe at the second or distal joint	9
29	Any other toe & its metatarsal bone	11
30	Any other toe at the proximal joint	4
31	Any other toe at the second or distal joint	4
32	Loss of a tooth	6
33	Total blindness of one eye	104
34	Total deafness of both ears	139
35	Total deafness of one ear	35
36	Total deafness of one ear, when the worker was totally deaf in the other ear prior to the injury	139

Frequent Rules & Statutory Offsets

Fatal Claims

Minimum fatal payment is 25% of the applicable maximum TTD rate. Dependent children receive benefits until age 18 or 21 if in school. Remarriage of Widow(er) terminates benefits but may require a 2 year lump sum. Non-dependent fatal claims require payment to the Colorado Uninsured Employer fund.

Lump Sums Maximums

Maximum amounts are determined by the date the first lump sum was requested.

Mental Impairment Rating § 8-41-301(2)(b)

Percentage included for determining cap for injuries on or after 7/1/09. Benefits limited to 12 weeks unless Claimant was a victim of a crime of violence or neurological brain damage.

Medicare Set Aside Account (MSA)

Formal submission is needed:

If claimant is a Medicare recipient & settlement payout exceeds \$25,000, **OR** If there is a reasonable expectation for Medicare within 30 months & settlement payout exceeds \$250,000.

Minor § 8-40-202(1)(B)(III)

Anyone under age 21 at the date of injury. Whole person PPD and PTD is calculated using the maximum TTD rate at MMI.

Retirement & Social Security Benefit Offsets § 8-42-103(1)(c) & § 8-42-113.5(1)(a)

SSD not offset v. PPD for injuries on or after 7/1/2010 but 50% is still offset against temporary and permanent total disability. Social Security or employer-paid **retirement benefits are not offset** against permanent total disability if the claimant was under age 45 at time of injury. **Employer-paid retirement benefits are offset** against permanent total disability benefits unless paid by the employer pursuant to a union contract. **Claimant must notify respondent** in writing within 20 days upon knowledge that claimant will be receiving SSD or any other payment which is offset against WC benefits, otherwise WC benefits may be unilaterally suspended during overpayment recovery.

Unemployment § 8-73-112

Claimant must apply for UI benefits w/in 28 days after termination of temporary benefits.



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