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, 2020


MAXIMUM TEMPORARY DISABILITY BENEFIT SCHEDULE

<table>
<thead>
<tr>
<th>Days:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 153.46</td>
<td>$ 306.92</td>
<td>$ 460.38</td>
<td>$ 613.84</td>
<td>$ 767.30</td>
<td>$ 920.76</td>
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<tr>
<td>1 Week</td>
<td>$ 1,074.22</td>
<td>$ 1,227.68</td>
<td>$ 1,381.14</td>
<td>$ 1,534.60</td>
<td>$ 1,688.06</td>
<td>$ 1,841.52</td>
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<tr>
<td>2 Week</td>
<td>$ 2,148.44</td>
<td>$ 2,301.90</td>
<td>$ 2,455.36</td>
<td>$ 2,608.82</td>
<td>$ 2,762.28</td>
<td>$ 2,915.74</td>
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<td>3 Week</td>
<td>$ 3,222.66</td>
<td>$ 3,376.12</td>
<td>$ 3,529.58</td>
<td>$ 3,683.04</td>
<td>$ 3,836.50</td>
<td>$ 3,989.96</td>
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<tr>
<td>4 Week</td>
<td>$ 4,296.88</td>
<td>$ 4,450.34</td>
<td>$ 4,603.80</td>
<td>$ 4,757.26</td>
<td>$ 4,910.72</td>
<td>$ 5,064.18</td>
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</tbody>
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EFFECTIVE JULY 1, 2020, AT 12:01 AM

MAXIMUM COMPENSATION BENEFIT RATE: To qualify for the maximum rate of $1,074.22, a wage of at least $1,611.33 per week must be earned.

SCHEDULED IMPAIRMENT RATE: Payable at a weekly compensation rate of $337.11.

NON-SCHEDULED (OR MEDICAL) IMPAIRMENT: Payable at the TTD weekly rate, but not less than $150.00 per week and not more than $590.24 per week.

BODILY DISFIGUREMENT: Maximum is $5,686.96 and up to $11,371.92 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 $99,094.93. For cases with multiple dependents, the aggregate of all lump sums cannot exceed $198,187.35.

COMBINED CAPS: Maximum combined TTD and PPD benefits for individuals with 25% or less whole person impairment is $99,094.93. Maximum combined benefits for individuals with greater than 25% whole person impairment are $198,187.35.

FATAL CASE: Maximum of $1,074.22 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 $268.56.

Claims with no dependents: $22,657.98 payable the Colorado Uninsured Employers Fund.
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 $1,180.47

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 $1,074.22.

3. That to be eligible for the maximum of $1,074.22 the claimant must have a weekly income of at least $1,611.33.

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 $5,686.96 and up to $11,371.92 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 $337.11.

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 $99,094.93 for claimants whose impairment rating is twenty-five percent of the whole person or less and $198,187.35 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 $99,094.93. In cases where there are multiple dependents, the maximum aggregate of all lump sums is $198,187.35.

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, the payment to the Colorado Uninsured Employer the sum of $22,657.98.

NOW, THEREFORE, BE IT ORDERED: That as of 12:01 a.m. July 1, 2020, and for the ensuing twelve months through and including June 30, 2021, the benefits rates shall be as described above.

Dated: May 15, 2020

DIVISION OF WORKERS’ COMPENSATION

By ____________________________

Paul Tauriello

Director