QUICK REFERENCE GUIDE TO WORKERS' COMPENSATION BENEFITS EFFECTIVE JULY 1, 2016

AVERAGE WEEKLY WAGE, §34A-2-410, U.C.A. The Department of Workforce Services has determined the average weekly wage for the state of Utah for the Calendar Year of 2015 to be $817.00. Therefore, workers' compensation benefits for the period of July 1, 2016 through June 30, 2017 shall be based upon a maximum of $817.00 per week.

TEMPORARY TOTAL DISABILITY, §34A-2-410, U.C.A. Temporary total disability benefits shall be paid at the rate of 66-2/3% of the employee's average weekly wages, or daily fraction thereof, at the time of the injury so long as the disability is total, but not more than 100% of the state average weekly wage at the time of the injury and not less than a minimum of $45.00 per week plus $5.00 for a dependent spouse and $5.00 for each dependent child under the age of 18 years, up to a maximum of four children, not to exceed the average weekly wage of the employee at the time of the injury, and not to exceed 100% of the state average weekly wage at the time of the injury. In no case shall such compensation benefits exceed 312 weeks at the rate of 100% of the state average weekly wage at the time of the injury over a period of twelve (12) years from the date of the injury. Maximum temporary total disability benefits are $817.00 (100% of the state average weekly wage).

TEMPORARY PARTIAL DISABILITY, §34A-2-411, U.C.A. If the injury causes temporary partial disability from work, the employee shall receive weekly compensation equal to: (a) 66-2/3% of the difference between the employee's average weekly wages before the accident and the weekly wages the employee is able to earn after the accident, but not more than 100% of the state average weekly wage at the time of the injury; plus (b) $5.00 for a dependent spouse and $5.00 for each dependent child under the age of 18 years, up to a maximum of four children, but not to exceed 100% of the state average weekly wage at the time of the injury. Weekly payments may not exceed 312 weeks nor continue more than twelve (12) years after the date of the injury. Maximum temporary partial benefits are $817.00 per week. If an injured worker is placed on a light duty status at a lower wage, the three-day waiting period of compensation does not apply.

PERMANENT PARTIAL DISABILITY, §34A-2-412, U.C.A. Compensation shall be 66-2/3% of the employee's average weekly wages at the time of the injury, but not more than a maximum of 66-2/3% of the state average weekly wage at the time of the injury and not less than a minimum of $45.00 per week plus $5.00 for a dependent spouse and $5.00 for each dependent child under the age of 18 years, up to a maximum of four dependent children, but not to exceed 66-2/3% of the state average weekly wage at the time of the injury. Maximum permanent partial disability benefits are $545.00.

PERMANENT TOTAL DISABILITY, §34A-2-413, U.C.A. Permanent total disability compensation during the initial 312 week entitlement shall be 66-2/3% of the employee's average weekly wage at the time of the injury not to exceed 85% of the state average weekly wage at the time of the injury. Compensation per week may not be less than $45.00 per week plus $5.00 for a dependent spouse and $5.00 for each dependent child under the age of 18 years up to a maximum of four dependent minor children, but not exceeding 85% of the state average weekly wage at the time of the injury nor exceeding the average weekly wage of the employee at the time of the injury. After the initial 312 weeks, the minimum weekly compensation rate shall be 36% of the current state average weekly wage, rounded to the nearest dollar. Maximum permanent total benefits are $694.00 per week. The insurance carrier or self-insured employer is responsible for lifetime permanent total benefits for injuries occurring on or after July 1, 1994.

PAYMENTS, §34A-2-408, U.C.A. No compensation is payable for the first three calendar days following the day of the injury. However, if the period of total temporary disability extends beyond 14 calendar days, compensation shall also be paid for the first three calendar days after the accident. The three-day waiting period is established just once and the days do not need to be consecutive. The three- day waiting period does not apply to temporary partial payments.

MEDICAL EXPENSES, §34A-2-408, 417 & 418, U.C.A. All medical treatment is paid so long as the treatment is connected with the industrial accident or occupational disease. For all compensable injuries medical care is for life as long as medical bills are submitted to the insurance carrier /employer within 1 year of the date of treatment and the treatment is related to the industrial injury or illness.

ARTIFICIAL APPLIANCE, §34A-2-418, U.C.A. Prosthesis – there are no longer any maximums for appliances. Prosthesis shall be paid on a "reasonable and necessary" medical benefit basis.

DEATH BENEFITS, §34A-2-414 & 702, U.C.A. Benefits shall be 66-2/3% of the descendant's average weekly wage at the time of injury if there are wholly dependent persons at the time of death. Five dollars for the dependent spouse and for each dependent child under the age of 18 years up to a maximum of $25.00 shall be added to the base weekly benefit amount. The total amount cannot exceed 85% of the state average weekly wage at the time of injury or cannot exceed the average weekly wage of the employee at the time of injury, whichever is less. The weekly maximum for 2015 is $694.00. Also, the amount cannot be less than $45.00 per week before the addition of $5.00 for each dependent. These benefits shall continue for 312 weeks. Benefits may be continued after 312 weeks but are subject to reduction of 50% of any Social Security death benefits received and are contingent upon a determination of dependency. In the event a spouse remarries, he/she will receive 52 weeks of compensation in a lump sum, or the balance of the award, whichever is less. If there are surviving minor children the parent or guardian will continue to receive benefits for the care and support of the minor children until their 18th birthday.

BURIAL BENEFIT, §34A-2-418, U.C.A. Rule R612-200-6, "Burial Expenses," in ordinary cases, shall be paid by the employer/insurance carrier up to $9,000. Unusual cases may result in additional payments either voluntarily by the employer/carrier or through Commission order.

OCCUPATIONAL DISEASE, §34A-3-107, U.C.A. Compensation is similar in broad respect to that derived from accidents.

The above information is supplied for your general use and guidance in workers' compensation claims and should be used as a quick reference only. For pertinent, specific, or broader knowledge refer directly to the statute or call the Labor Commission, Division of Industrial Accidents at 801- 530-6800.

STATE OF UTAH, LABOR COMMISSION DIVISION OF INDUSTRIAL ACCIDENTS Ronald Dressler, Director 801-530-6800 160 East 300 South, 3rd Floor P. O. Box 146610 Salt Lake City, UT 84114-6610

LODGING RATES

Effective July 1, 2015, the state of Utah travel reimbursement rates are as follows:

- $75 Blanding, Brigham City, Bryce Canyon City, Cedar City, Ephraim, Monticello, Price, Torrey (plus tax)

- $80 Bluff, Green River, Kanab, Layton, Logan, Ogden, St. George, Washington, Springdale (plus tax)

- $85 Provo, Orem, Lehi, American Fork, Springville (plus tax)

- $90 Park City, Heber, Midway, Tremonton (plus tax)

- $95 Vernal, Roosevelt, Ballard (plus tax)

- $100 Salt Lake City Metropolitan Area, (Draper to Centerville), Tooele, Moab (plus tax)

- $70 All Other Utah Cities (plus tax)

TRAVEL REIMBURSEMENT

YEAR	RATE March 1986
– January 1990	.20
February 1990 – June 1991	.24
July 1991 – June 1994	.27
July 1994 – June 1996	.28
July 1996 – June 1997	.30
July 1997 – June 2000	.31
July 2000 – June 2002	.321»2
July 2002 – December 2004	.341»2
December 2004 – June 2006	.371»2
July 2006 – June 2008	.441»2
July 2008 – June 2009	.501»2
July 2009 – June 2010	.501»2
July 2010 – June 2011	.501»2
July 2011 – June 2012	.51
July 2012 – June 2013	.555
July 2013 – June 2014	.565
July 2014 – June 2015	.56
July 2015 – December 2015	.56
January 2016 – June 2016	.54

MEAL REIMBURSEMENT

Breakfast	$10.00
Lunch	$14.00
Dinner	$16.00