Types of Benefits

Medical Benefits
Your employer must pay for all reasonable and necessary medical care required to treat your injury. This includes reasonable and necessary travel expenses for treatment. Mileage for use of a private car is reimbursed at 55.5 cents per mile. (85.27)

Under certain circumstances, if you are required to leave work for medical treatment, you may receive payment of lost wages. (85.27)

A medical care provider cannot seek payment of charges for treatment from you while a contested case proceeding or a dispute as to the reasonableness of a medical treatment fee is pending before the Workers’ Compensation Commissioner. (85.27)

Disability Benefits
Your total weekly compensation benefit may not be greater than 80 percent of your spendable earnings. The law defines “spendable earnings” as the amount remaining after payroll taxes are deducted from gross weekly earnings.

Your average gross weekly earnings, number of income tax exemptions and marital status determine your weekly disability benefit amount.

- The weekly benefit amount is based on a seven day calendar week.
- The maximum weekly disability benefit rate for PPD is $1378.00
- The maximum weekly disability benefit rate of TTD, HP, PTD, and death benefits is $1498.00

Types of Disability Benefits
Temporary Total Disability (TTD) (85.32, 85.33(1))
When you are off work more than three calendar days on account of injury, you may be entitled to TTD benefits beginning on the fourth day and continuing until you return to work or are medically recovered enough to return to a similar work, whichever happens first. If you are off work for more than 14 calendar days, you may be entitled to payment for the three-day waiting period

Temporary Partial Disability (TPD) (85.33(2-5))
If you return to work at a lesser paying job because of the injury, you may be entitled to benefits. The benefit amount is 66 2/3 percent of your average weekly earnings because of the injury. You may be entitled to temporary total disability benefits during that time when you cannot return to any gainful work.

Other Benefits

Second Injury Fund Benefits (85.63-85.69)
If you have had a permanent disability to a hand, arm, foot, leg or eye and then have a job related injury that results in permanent partial disability to another hand, arm, foot, leg or eye, you may be entitled to “Second Injury Fund” benefits.

These benefits are paid for any amount that industrial disability is greater than the combined scheduled member disability resulting from both the first and second injury. These benefits are only paid after your employer or its insurance carrier has paid all scheduled member permanent partial disability benefits on account of the second injury.

If you believe you are entitled to benefits from this Fund, contact the State of Iowa Treasurer’s Office to obtain a claim form. (515)281-3885.

Vocational Rehabilitation Benefits (85.70)
You may be entitled to payment of $300.00 per week for up to 13 weeks if you are actively participating in a vocational rehabilitation program in order to make it possible for you to return to gainful employment after your injury. If you continue in vocational rehabilitation, the workers’ compensation commissioner may extend the $100.00 for an additional 13 weeks.

When your work injury results in permanent total disability to any type of wage earning employment, you may be entitled to the following:

- HP benefits
- PPD benefits
- Scheduled member benefits
- TTD benefits
- Death benefits
- Other benefits

Healing Period (HP) (85.34(1))
You may be entitled to HP benefits while recovering from an injury which produces a permanent impairment. No waiting period applies to HP benefits. These begin on the first calendar day after the date of injury and continue until the first of the following occurs:
  - You return to work
  - You have recovered as much as anticipated from the injury
  - You are medically determined of returning to the same kind of work you did when injured

Permanent Partial Disability (PPD) (85.34(2))
When your work injury results in either permanent functional impairment to your body or in your inability to earn wages similar to those you earned before your injury, you may be entitled to PPD benefits. These benefits are in addition to healing period benefits and begin when the healing period ends.

Scheduled Member Disabilities
If your injury is to a scheduled member your PPD benefits are based on functional impairment. Appendix A gives a list of the scheduled body members (i.e. arm, leg, etc.) along with the number of weeks of benefits you would receive for the full loss of each member. If your impairment is less than a full loss of a member, the number of weeks you may receive is a percentage of loss or loss of use multiplied by the full number of weeks for the member

Body As A Whole Disabilities
When your work injury results in permanent disability to a body not included as a scheduled member, the disability is considered industrial and is determined by assessing the difference between what you were able to earn after the injury and what you are able to earn after the injury. A variety of factors influence the assessment of lost earning capacity. These include the medical condition before the injury, impairment immediately after the injury and now; the part of the body injured; how long you needed to recover from the injury; your work experience and your qualifications intellectually, emotionally and physically to learn to perform other work; your earnings before and after the injury; your age; education; motivation; functional impairment related to the injury, injury location and your ability to do your old job; or loss of earnings because of the injury.

No specific guidelines advise how any factor is to be considered in a particular case. Each industrial disability case must be decided on its facts. Industrial disability is calculated to any type of wage earning employment, you may be entitled to permanent total disability benefits during that time when you cannot return to any gainful work.

Compromise Settlement (85.35)
A compromise settlement is possible when you and your employer (and its carrier) disagree as to whether you are entitled to receive workers’ compensation benefits.

Compromise settlement ends any rights to future weekly or medical benefits for the settled injury.

Time Limitations

Notice of Injury (85.23)
Unless your employer has notice or knowledge of your asserted injury within 90 days of its occurrence, you may be denied benefits. The 90-day period begins to run when you knew or should have known that your injuries related condition related to your work. If an employee reports a work related injury, your employer must file a first report of injury if the employee loses more than three days of work, or sustains permanent injury or death on account of the injury. The employer (or its carrier) must file notice of injury within four days of notice of knowledge of the alleged injury with the Workers’ Compensation Commissioner.

Two-Year Statute of Limitation (85.26)
Any employee injured on the job has two years from the date of the injury to file a claim for workers’ compensation benefits.

Three-Year Statute of Limitation (85.26)
If you have received Iowa weekly workers’ compensation benefits, you have three years from the last payment of those weekly benefits to receive additional benefits voluntarily, or file a contested case proceeding for awards. If you do not file within the three-year period you may be denied additional weekly benefits. (You can file a contested case proceeding or voluntarily receive medical benefits reasonable and necessary to treat your injury throughout your lifetime.)

Medical Information
Any party may make a claim for benefits for release of all information concerning the employee’s physical or mental condition relative to the claim and waives any privilege for medical information. The information shall be made available to any party or the representative upon request. (85.27)
This brochure answers questions injured workers commonly ask about workers’ compensation. You may check Iowa Code chapters 85 through 87 and 17A, as well as Iowa Administrative Code chapter 876, for detailed information. References to Iowa Code sections and Iowa Administrative Rules appear in parentheses.

**WHAT IS WORKERS’ COMPENSATION?**

The Iowa Workers’ Compensation law requires most employers to provide wage loss and medical benefits to employees who are injured while working. (85.61(3))

**TYPES OF INJURIES COVERED**

In Iowa, an injury may include any health condition caused by work activities other than the normal building up and tearing down of body tissues. Diseases and hearing losses caused by work activities or exposures are also injuries. (85A, 85B)

Preexisting health conditions are not considered injuries unless work aggravates or worsens them.

**ELIGIBILITY FOR WORKERS’ COMPENSATION BENEFITS**

Most employees who are injured in Iowa while working in Iowa are eligible for benefits. Employees hired in Iowa or whose employment is principally in Iowa may be eligible for benefits even if they are injured outside of the state. (85.71)

The law exempts a few types of employees, however. If you are uncertain as to whether employees in your job classification are eligible for benefits, consult with a Workers’ Compensation Compliance Administrator with the Division of Workers’ Compensation.

**CHOOSING THE MEDICAL CARE**

The employer has the right to choose the medical care and must provide medical care reasonably suited to treat your injury. If you are dissatisfied with that care, you should discuss the problem with your employer (or its insurance carrier). You can request alternate care, and if your employer (or its carrier) does not allow that care, you may file a petition for alternate medical care before the Iowa Workers’ Compensation Commissioner. (85.27)

If an employer-retained physician gives a rating of permanent impairment that you feel is too low, you may have another examination by a doctor of your choice at your employer’s expense. (85.39)

**HOW ARE DISPUTES HANDLED?**

When you and your employer (and its insurance carrier) work together and openly communicate, the majority of workers’ compensation claim disputes can be resolved. You have a right to know why your employer (and its carrier) has taken any action and the relevant evidence supporting the action.

When a dispute cannot be resolved among the parties, you are encouraged to contact a Workers’ Compensation Compliance Administrator in the Iowa Workers’ Compensation Commissioner’s Office to discuss the situation. If the dispute cannot then be resolved, you may file a contested case proceeding before the Iowa Workers’ Compensation Commissioner. While the commissioner does not require it, most employees are represented by legal counsel in a contested case proceeding.

**WHO OVERSEES DISPUTES?**

The Iowa Workers’ Compensation Commissioner is the head of the Division of Workers’ Compensation which is part of Iowa Workforce Development. The commissioner is responsible for administering, regulating and enforcing the workers’ compensation laws. By law, the Division of Workers’ Compensation cannot represent the interest of any party. The Division does provide information regarding the workers’ compensation law, the rights of the parties and the procedures the parties can follow to resolve their disputes.

**WHO PAYS THE BENEFITS?**

Employers subject to the law must either purchase insurance through a private insurance company or qualify as a self-insurer. (85.3, 87.1, 87.11)

If the employer provides coverage by purchasing an insurance policy, the insurance company (or a claim administrator) pays the injured worker the workers’ compensation benefits. If the employer is self-insured, the employer (or a claim administrator) pays the injured worker the workers’ compensation benefits.

If an employer fails to provide insurance coverage as the law provides, the employer may choose to either file a contested case proceeding before the Workers’ Compensation Commissioner or to bring a civil action for damages in the appropriate district court. (87.21)

An employer must either obtain workers’ compensation insurance coverage or obtain relief from insurance or furnish a bond before engaging in business. An employer who willfully and knowingly engages in business before doing any of these is guilty of a class “D” felony. (87.14A)

**WHEN AND WHAT BENEFITS TO BE PAID?**

The law encourages prompt payment of weekly and medical benefits so that injured workers will not suffer undue hardship. Most insurance carriers or self-insured employers require a written report of injury (usually from the employer) and medical evidence of the injury before beginning payments. Weekly payments of disability benefits are to begin on the eleventh day of disability. If benefits are not paid when due, you may be entitled to interest on late payments. If benefits are unreasonably delayed or denied, you may be entitled to penalty benefits. (85.30, 86.13)

Once benefits start, payments can only stop when you have returned to work or after your employer (or its carrier) has given you thirty days notice that payments are stopping. The notice must tell you why payments are stopping and advise you that you may file a claim with the Workers’ Compensation Commissioner. (86.13)

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