

IOWA 2023-2024

Workers' Compensation Table of Benefits

Injury Occurring Between	Maximum for TTD, HP, PTD and Death Benefits	Maximum for PPD Benefits	State Average Weekly Wage	35% of State Average Weekly Wage
7/1/09 — 6/30/10	\$1,413.00	\$1,300.00	\$706.39	\$247.00
7/1/10 – 6/30/11	\$1,420.00	\$1,306.00	\$710.03	\$249.00
7/1/11 – 6/30/12	\$1,457.00	\$1,340.00	\$728.29	\$255.00
7/1/12 – 6/30/13	\$1,498.00	\$1,378.00	\$749.03	\$262.00
7/1/13 – 6/30/14	\$1,543.00	\$1,419.00	\$771.28	\$270.00
7/1/14 – 6/30/15	\$1,572.00	\$1,447.00	\$786.23	\$275.00
7/1/15 – 6/30/16	\$1,628.00	\$1498.00	\$813.99	\$285.00
7/1/16 – 6/30/17	\$1,688.00	\$1,553.00	\$843.81	\$295.00
7/1/17 – 6/30/18	\$1,720.00	\$1,583.00	\$860.06	\$301.00
7/1/18 – 6/30/19	\$1,765.00	\$1,623.00	\$882.26	\$309.00
7/1/19 – 6/30/20	\$1,819.00	\$1,673.00	\$909.43	\$318.00
7/1/20 – 6/30/21	\$1,864.00	\$1,715.00	\$931.84	\$326.00
7/1/21 – 6/30/22	\$2,005.00	\$1,845.00	\$1,002.51	\$351.00
7/1/22 – 6/30/23	\$2,081.00	\$1,915.00	\$1,040.56	\$364.00
7/1/23 – 6/30/24	\$2,199.00	\$2,023.00	\$1,099.55	\$385.00

CALCULATION OF AVERAGE WEEKLY WAGE*

Hourly employees: Computed by dividing by 13 the wages, including overtime hours at the straight time rate, earned from employer for the 13 consecutive calendar weeks immediately preceding the injury.

(Abnormally low weeks should be excluded)

*This is a general guideline for hourly employees only. Many exceptions exist and we recommend consulting with counsel to discuss specific fact situations.

Week Expressed As Decimal		
1 day =	.143 x weekly rate	
2 days =	.286 x weekly rate	
3 days =	.429 x weekly rate	
4 days =	.571 x weekly rate	
5 days =	.714 x weekly rate	

Mileage				
7/1/14 – 6/30/15	\$0.56	7/1/19 – 6/30/20		
7/1/15 – 6/30/16	\$0.575	7/1/20 - 6/30/21		
7/1/16 – 6/30/17	\$0.54	7/1/21 – 6/30/22	\$0.56	
7/1/17 – 6/30/18	\$0.535	7/1/22 – 6/30/23		
7/1/18 – 6/30/19	\$0.545	7/1/23 – 6/30/24	\$0.655	

SCHEDULED MEMBER BENEFITS	Max. Weeks <u>Payable</u>
Thumb	60
Index finger	35
Middle finger	30
Ring finger	25
Little finger	20
Hand	190
Arm	250
Great toe	40
Any other toe	15
Foot	150
Leg	220
Eye	140
Hearing, one ear	50
Hearing, both ears	175
Loss of shoulder (Effective 7/1/17; previously unscheduled)	400
Permanent disfigurement, face or head	150
Body as a whole (Industrial Disability) is expressed as a percentage and multiplied by 500 weeks.	

Unscheduled Injury (Industrial Disability) Example:

Scheduled Injury Example:

Date of accident	8/1/17	Date of accident		8/1/17
AWW	\$850.00	Average weekly w	ane	\$850.00
HP/TTD rate	\$558.54	HP/TTD rate	age	\$558.54
PPD rate	\$558.54	PPD rate		\$558.54
(Based on married, 3 exemption	'	(Based on married	l, 3 exemptions	•
Back injury, max weeks	² 500	Àrm injury, weeks	•	²⁵⁰
Industrial Disability	20%	Impairment/disabil	ity rating	10%
500 Maximum weeks p	ayable	250	Weeks, arm	injury

500	Maximum weeks payable
x 20%	Industrial Disability Rating
100	Weeks payable as industrial
	disability (not reduced for
	HP weeks paid)

100	Industrial Disability Weeks
x \$558.54	(Maximum PPD rate)

\$55,854.00 Gross value

x 10%	Percent of disability
25	Weeks due for PPD
25	Weeks due
x \$558.54	Benefit rate (does no
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exceed max) \$13,963.50 Gross value

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