

Workers Compensation Benefit Overview – Illinois

Major Developments: Last major legislation in 2004 (SB899), affected indemnity rates, disability rating, medical treatment, medical-legal disputes, penalties, and apportionment. 2007 legislation affects caps on TD and post-surgical treatments.

Indemnity Issues

<p>Temporary Total Benefits</p>	<p>TTD rate is based on 2/3 of the AWW. AWW is based on gross earnings for the 52 week period prior to injury. Overtime is included at the straight time rate if overtime is regular or mandatory. Concurrent employment earnings are included if the employer was aware of the concurrent employment at the time of the injury. TTD rate is subject to the maximum & minimum rates.</p> <p>Minimum: The minimum is the employee's average weekly wage or the rate below, whichever is lower:</p> <table border="1"> <thead> <tr> <th># of Children +/or spouse</th> <th>Minimum</th> <th>Effective Date</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>\$206.67</td> <td>1/15/2005</td> <td>\$1,051.99</td> </tr> <tr> <td>1</td> <td>\$237.67</td> <td>7/15/2005</td> <td>\$1,078.31</td> </tr> <tr> <td>2</td> <td>\$268.67</td> <td>1/15/2006</td> <td>\$1,096.27</td> </tr> <tr> <td>3</td> <td>\$299.67</td> <td>2/1/2006</td> <td>\$1,096.27</td> </tr> <tr> <td rowspan="4">4+</td> <td rowspan="4">\$310.00</td> <td>7/15/2006</td> <td>\$1,120.87</td> </tr> <tr> <td>1/15/2007</td> <td>\$1,148.51</td> </tr> <tr> <td>7/15/2007</td> <td>\$1,164.37</td> </tr> <tr> <td>1/15/2008</td> <td>\$1,178.48</td> </tr> <tr> <td></td> <td></td> <td>7/15/2008</td> <td>\$1,216.75</td> </tr> <tr> <td></td> <td></td> <td>1/15/2009</td> <td>\$1,231.41</td> </tr> </tbody> </table> <p>Waiting period: 3 working days Retro period: 14 calendar days Limited or unlimited benefits: Not Applicable.</p>	# of Children +/or spouse	Minimum	Effective Date	Maximum	0	\$206.67	1/15/2005	\$1,051.99	1	\$237.67	7/15/2005	\$1,078.31	2	\$268.67	1/15/2006	\$1,096.27	3	\$299.67	2/1/2006	\$1,096.27	4+	\$310.00	7/15/2006	\$1,120.87	1/15/2007	\$1,148.51	7/15/2007	\$1,164.37	1/15/2008	\$1,178.48			7/15/2008	\$1,216.75			1/15/2009	\$1,231.41
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Temporary Partial Benefits	Temporary Partial Benefits became effective 2/1/06. Temporary Partial Benefits are equal to 2/3 of the difference between the average amount that the employee would be able to earn in the full performance of his/her regular job compared to the net amount he/she is earning in the modified job provided by the employer or in any other job the employee is working.
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Permanent Partial Benefits	The PPD rate is based on 60% of the AWW subject to the maximum & minimum rates. Minimum: Same as TTD minimums. Maximum: If amputation of a member or enucleating of an eye.
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1/15/2005	\$1,051.99
7/15/2005	\$1,078.31
1/15/2006	\$1,096.27
2/1/2006	\$1,096.27
7/15/2006	\$1,120.87
1/15/2007	\$1,148.51
7/15/2007	\$1,164.37
1/15/2008	\$1,178.48
7/15/2008	\$1,216.75
1/15/2009	\$1,231.41

Maximum: If *not* amputation of a member or enucleating of an eye.

7/1/2004	\$567.87
1/1/2005	\$591.77
7/1/2006	\$619.97
7/1/2007	\$636.15
7/1/2008	\$643.82

Waiting period: Upon achievement of maximum medical improvement except in cases involving a statutory loss, e.g., amputations, loss of organ, facial/vertebra fractures) must be addressed upon cessation of temporary total disability benefits.

Permanent Partial Disability Schedule:

Part of Body or Member	Before 7/20/2005	7/20/2005 through 11/15/2005	11/16/2005 through 1/31/2006	On or after 2/1/2006
Disfigurement	150	162	150	162
Thumb	70	76	70	76
First (index) finger	40	43	40	43
Second (middle) finger	35	38	35	38
Third (ring) finger	25	27	25	27

	Fourth (little) finger	20	22	20	22																																				
	Great toe	35	38	35	38																																				
	Each other toe	12	13	12	13																																				
	Hand	190	205	190	205																																				
	Arm	235	253	235	253																																				
	Amputation above elbow	250	270	250	270																																				
	Amputation at shoulder joint	300	323	300	323																																				
	Foot	155	167	155	167																																				
	Leg	200	215	200	215																																				
	Amputation above knee	225	242	225	242																																				
	Amputation at hip joint	275	296	275	296																																				
	Eye	150	162	150	162																																				
	Enucleation of eye	160	173	160	173																																				
	Hearing loss of one ear	50	54	50	54																																				
	Hearing loss of both ears	200	215	200	215																																				
	Testicle -- 1	50	54	50	54																																				
	Testicle -- 2	150	162	150	162																																				
Medical Fee Schedule	<p>The Industrial Commission adopted a medical fee schedule based on Resource-Based Relative Value Scale (RBRVS) and the Relative Value Unit (RVU) for all medical services with a Physicians' Current Procedural Terminology (CPT) code. The schedule is effective for services and procedures performed on or after April 1, 2006.</p> <p>The Idaho Industrial Commission has adopted a new temporary rule governing payments for medical services under the Idaho Workers' Compensation Law. This rule is effective July 1, 2008 and is applicable to all services provided on or after July 1, 2008.</p>																																								
Permanent Total Benefits	<p>Permanent total disability benefits are payable in cases of complete disability which renders the employee wholly and permanently incapable of work. The specific loss of both hands, both arms, or both feet, or both legs, or both eyes, or of any two thereof, of the permanent and complete loss of use thereof, constitutes total and permanent disability.</p> <table border="0"> <thead> <tr> <th colspan="2">Minimum</th> <th colspan="2">Maximum</th> </tr> </thead> <tbody> <tr> <td>1/15/2005</td> <td>\$394.50</td> <td>1/15/2005</td> <td>\$1,051.99</td> </tr> <tr> <td>7/15/2005</td> <td>\$404.37</td> <td>7/15/2005</td> <td>\$1,078.31</td> </tr> <tr> <td>1/15/2006</td> <td>\$411.10</td> <td>1/15/2006</td> <td>\$1,096.27</td> </tr> <tr> <td>2/1/2006</td> <td>\$411.10</td> <td>2/1/2006</td> <td>\$1,096.27</td> </tr> <tr> <td>7/15/2006</td> <td>\$420.33</td> <td>7/15/2006</td> <td>\$1,120.87</td> </tr> <tr> <td>1/15/2007</td> <td>\$430.69</td> <td>1/15/2007</td> <td>\$1,148.51</td> </tr> <tr> <td>7/15/2007</td> <td>\$436.64</td> <td>7/15/2007</td> <td>\$1,164.37</td> </tr> <tr> <td>1/15/2008</td> <td>\$441.93</td> <td>1/15/2008</td> <td>\$1,178.48</td> </tr> </tbody> </table>					Minimum		Maximum		1/15/2005	\$394.50	1/15/2005	\$1,051.99	7/15/2005	\$404.37	7/15/2005	\$1,078.31	1/15/2006	\$411.10	1/15/2006	\$1,096.27	2/1/2006	\$411.10	2/1/2006	\$1,096.27	7/15/2006	\$420.33	7/15/2006	\$1,120.87	1/15/2007	\$430.69	1/15/2007	\$1,148.51	7/15/2007	\$436.64	7/15/2007	\$1,164.37	1/15/2008	\$441.93	1/15/2008	\$1,178.48
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	<p>7/15/2008 \$456.28 7/15/2008 \$1,216.75 1/5/2009 \$461.78 1/5/2009 \$1,231.41</p> <p>Waiting period: Upon stipulation by parties or award by the Illinois Workers' Compensation Commission. Unlimited benefits</p>
Fatality Benefits	<p>Death benefits are paid to the spouse and/or children. Benefits are paid to children until age 18; or until age 25 if a full-time student; or, if physically or mentally incapacitated, for the duration of the incapacity.</p> <p>For injuries occurring prior to 2/1/06: Death benefits are paid for 20 years or \$250,000, whichever is greater. Burial expense Max: \$4,200</p> <p>For injuries occurring on or after 2/1/06: Death benefits are paid for 25 years or \$500,000, whichever is greater. Burial Expense Max: \$8,000</p> <p>Minimum: Same as Permanent Total minimums. Maximum: Same as Permanent Total maximums.</p> <p>Waiting Period: Must prove up spousal relationship and/or dependency.</p>
Vocational Rehabilitation	<p>Where appropriate, the employer must pay for treatment, instruction and training necessary for the physical, mental and vocational rehabilitation of the employee. Vocational rehabilitation counselor providing service under the Act must have the appropriate certifications.</p>
Cap on benefits, exceptions	<p>None – except as indicated by maximum benefit amounts.</p>

Medical Issues

Initial Choice of Provider	Employee has 2 choices of treating physicians (and any referrals within the chain of the 2 choices)
Change of Provider	One provider change is allowed. Referrals within employee's 2 choices are allowed.
Medical Fee Schedule	Yes. Effective for treatment beginning 2/1/06.
Managed Care	None
Utilization Review	Yes. May include prospective review, second opinions, concurrent review, discharge planning, peer review, independent medical examinations and retrospective review. Only a health care professional may make determinations regarding the medical necessity of health care services during the course of utilization review.
Treatment Guidelines	No

Medical Mileage Reimbursement Rate	Mileage is mandatory for IME attendance only. Paid at \$.46 per mile.
Ability to Terminate Medical Treatment	Medical treatment may be terminated based on an Independent Medical Examination which supports termination of medical treatment.
Settlement Allowed	Yes. Future medical treatment can be closed out on settlement contracts.
Cap on benefits, exceptions	Yes. Subject to Medical Fee Schedule. Balance billing is not allowed.

Other Issues

Staff Counsel	James Holecek & Associates 200 North LaSalle Street Suite 2050 Chicago, IL 60601 Law Offices of Robert J. Hayes 940 West Port Plaza, Suite 208 St. Louis, MO 63146
Hearings require attorney or claim handler participation	Attorney participation is required.
Occupational Diseases	Handled same as Occupational Injury
Second Injury Fund availability	Available through the state.
Other Offset Opportunities	May take credit for prior injuries involving a specific body member. No credit allowed for prior Body as a Whole injuries.

State workers compensation website link: <http://iwcc.il.gov/>