



Workers Compensation Claim State Environmental Guide - Minnesota

MINNESOTA – <http://www.doli.state.mn.us/WC/Employer.asp>

Indemnity issues

Temporary Total Benefits	\$130.00 Min, \$1,008.78 Max (subject to date of loss), effective 10/1/2015. 3 calendar day waiting period; waiting period payable if employee loses time on the 10 th day or thereafter. 130 week cap. Benefits must commence within 14 days of first day of lost time. Payments to be made in accordance with the employee's normal pay schedule. Compensation rate is 2/3 of the Average Weekly Wage (AWW).																																								
Temporary Partial Benefits	No Min., \$1,008.78 max effective 10/1/2015, 225 week cap (not more than 450 weeks after DOI.) Payment must be made within 10 days of date wages sent. TPD rate is calculated as follows: (AWW – current earnings) X 2/3.																																								
Permanent Partial Benefits	Based on the PPD schedule under MN 5223.0300. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="text-align: center;">for injuries from Oct. 1, 1995, through Sept. 30, 2000</th> </tr> <tr> <th style="text-align: center;">Impairment rating %</th> <th style="text-align: center;">Amount</th> <th style="text-align: center;">Impairment rating %</th> <th style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0-25</td> <td style="text-align: center;">\$75,000</td> <td style="text-align: center;">61-65</td> <td style="text-align: center;">\$160,000</td> </tr> <tr> <td style="text-align: center;">26-30</td> <td style="text-align: center;">\$80,000</td> <td style="text-align: center;">66-70</td> <td style="text-align: center;">\$180,000</td> </tr> <tr> <td style="text-align: center;">31-35</td> <td style="text-align: center;">\$85,000</td> <td style="text-align: center;">71-75</td> <td style="text-align: center;">\$200,000</td> </tr> <tr> <td style="text-align: center;">36-40</td> <td style="text-align: center;">\$90,000</td> <td style="text-align: center;">76-80</td> <td style="text-align: center;">\$240,000</td> </tr> <tr> <td style="text-align: center;">41-45</td> <td style="text-align: center;">\$95,000</td> <td style="text-align: center;">81-85</td> <td style="text-align: center;">\$280,000</td> </tr> <tr> <td style="text-align: center;">46-50</td> <td style="text-align: center;">\$100,000</td> <td style="text-align: center;">86-90</td> <td style="text-align: center;">\$320,000</td> </tr> <tr> <td style="text-align: center;">51-55</td> <td style="text-align: center;">\$120,000</td> <td style="text-align: center;">91-95</td> <td style="text-align: center;">\$360,000</td> </tr> <tr> <td style="text-align: center;">56-60</td> <td style="text-align: center;">\$140,000</td> <td style="text-align: center;">96-100</td> <td style="text-align: center;">\$400,000</td> </tr> </tbody> </table>	for injuries from Oct. 1, 1995, through Sept. 30, 2000				Impairment rating %	Amount	Impairment rating %	Amount	0-25	\$75,000	61-65	\$160,000	26-30	\$80,000	66-70	\$180,000	31-35	\$85,000	71-75	\$200,000	36-40	\$90,000	76-80	\$240,000	41-45	\$95,000	81-85	\$280,000	46-50	\$100,000	86-90	\$320,000	51-55	\$120,000	91-95	\$360,000	56-60	\$140,000	96-100	\$400,000
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Indemnity issues

Permanent Partial Benefits	for injuries on or after Oct. 1, 2000			
	Impairment rating %	Amount	Impairment rating %	Amount
	0-5.5	\$75,000	50.5-55.5	\$165,000
	5.5-10.5	\$80,000	55.5-60.5	\$190,000
	10.5-15.5	\$85,000	60.5-65.5	\$215,000
	15.5-20.5	\$90,000	65.5-70.5	\$240,000
	20.5-25.5	\$95,000	70.5-75.5	\$265,000
	25.5-30.5	\$100,000	75.5-80.5	\$315,000
	30.5-35.5	\$110,000	80.5-85.5	\$365,000
	35.5-40.5	\$120,000	85.5-90.5	\$415,000
	40.5-45.5	\$130,000	90.5-95.5	\$465,000
	45.5-50.5	\$140,000	95.5-100	\$515,000
Permanent Total Benefits	Minimum 65% of the SAWW Min, \$1008.78 max, Able to presume retirement at age 67.			
Fatality Benefits	Max burial expense \$15,000. For deaths after 10/1/1983 and a spouse with no dependents, benefits are payable at 50% of the daily wage at the time of injury for 10 years including adjustments. For spouse with one dependent, benefits are payable at 60%. For spouse with more than one dependent, benefits are payable at 66 2/3%. Effective 4/28/2000, minimum dependency benefit is \$60,000.			
Vocational Rehabilitation	If TTD is likely to exceed 13 weeks, then a rehab consultation is required with a Qualified Rehabilitation Consultant (QRC). Employee is allowed to choose their own QRC. Retraining program must be approved by the Department of Labor and Industry.			
Settlement Allowed	Yes.			
Cap on benefits, exceptions	<ul style="list-style-type: none"> • If date of injury is from Oct. 1, 1995, through Sept. 30, 2000, the injured worker must file a request for retraining benefits before 104 weeks of wage-loss benefits have been paid to them. • If date of injury is from Oct. 1, 2000, through Sept. 30, 2008, the injured worker must file a request for retraining benefits before 156 weeks of wage-loss benefits have been to them. • If injury date is on or after Oct. 1, 2008, injured worker must file a request for retraining before 208 weeks of wage-loss benefits have been paid. 			

Medical issues

Initial Choice of Provider	Employee
Change of Provider	One change allowed within the first 60 days.
Medical Fee Schedule	Yes
Managed Care	Managed care plans are allowed, but must be approved plans.
Utilization Review	Not admissible at trial to deny treatment

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Medical issues

Treatment Guidelines	MN does have treatment parameters. Refer to MN Rule 5221.6010		
Generic Drug Substitution	The state mandates generic substitution.		
Medical Mileage Reimbursement Rate	1/1/2016	\$0.54/mile	
Network Information	First Health (primary) and CorVel (secondary).		
Ability to Terminate Medical Treatment	Medical remains open for life of claimant as long as treatment is reasonable and necessary and related to the injury.		
Settlement Allowed	If liability is in question, it is possible to close medical.		
Cap on benefits, exceptions	Refer to the MN Treatment Parameters		

Other Issues

WC Hearing Docket Speed	9–12 months		
Staff Counsel	Kelly R. Rodieck & Associates. 385 Washington Street, Mail Code SB10S St. Paul, MN 55102 651-221-7705		
Hearings require attorney or claim handler participation	Attorney		
Occupational Diseases	Same as personal injury		
Second Injury Fund availability	Abolished after 6/30/1992 Supplementary benefits abolished 10/1/1995.		
Other Offset Opportunities	SSDI or Social Security Retirement offset after \$25K paid in PTD benefits		
EDI	Claims EDI Release 3: FROI only (1/1/2014)		
In-State Adjusting Required	No		
License or Certification Required	No		