

FRANKLIN & PROKOPIK, P.C.

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DELAWARE WORKERS' COMPENSATION BENEFITS TABLE

Medical Benefits paid per the fee schedule.

Max = 66 2/3% of the State AWW

Min = 22 2/3% of the State AWW

	<u>State AWW</u>	<u>Maximum</u>	<u>Minimum</u>
7/01/2023	\$1,301.27	\$867.52	\$289.18
7/01/2022	\$1,234.04	\$822.70	\$274.24
7/01/2021	\$1,196.64	\$797.97	\$265.99
7/01/2020	\$1,121.49	\$747.66	\$249.22
7/01/2019	\$1,088.84	\$725.89	\$241.96
7/01/2018	\$1,070.48	\$713.65	\$237.88
7/01/2017	\$1,030.49	\$686.99	\$229.00
7/01/2016	\$1,034.18	\$689.45	\$229.82
7/01/2015	\$1,019.44	\$679.63	\$226.54
7/01/2014	\$998.35	\$665.57	\$221.86

TTD: 2/3 of AWW, not to exceed State Max or be below State Minimum. If AWW below State Minimum, TTD paid at AWW.

Permanent Partial Disability (PPD)

Rating (%) x maximum weeks = benefit weeks
CR=TTD rate or Max/Min rate at MMI

Arm/leg	250 wks.
Hand	220 wks.
Foot.....	160 wks.
Eye.....	200 wks.
Hearing	175 wks.
Thumb, hearing one ear	75 wks.
Index finger.....	50 wks.
Second finger, great toe	40 wks.
Third finger	30 wks.
Little finger.....	20 wks.
Other toes	15 wks.
Other cases (i.e.; spine).....	up to 300 wks.
Disfigurement (0-150 or PPD+20%)..	150 wks.

**TPD = 2/3 of difference between the
pre-accident AWW and current AWW,
not to exceed State Max.**

Perm Total paid at TTD rate.