### FRANKLIN & PROKOPIK. P.C.

800 Creek View Road, Suite 300 Newark, DE 19711 302.594.9780 — 302.594.9785 Fax

#### 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

#### State AWW Maximum Minimum \$885.34 \$867.52

\$679.63

\$295.12

\$289 18

\$226.54

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 \$725.89 7/01/2019 \$1.088.84 \$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

7/01/2024 \$1.328.01 7/01/2023

7/01/2015

\$1.301.27

\$1.019.44

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	
Eye	200 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.