QUICK REFERENCE FOR SOUTH CAROLINA WORKERS' COMPENSATION BENEFITS

Compensation:

An employee may expect compensation for personal injury or death by accident arising out of and in the course of his or her employment. Workers' compensation benefits include necessary medical treatment, loss of wages during a period of disability, and compensation for permanent disability or disfigurement. Claims for compensation must be made within two years after the accident or the date of death. Failure to comply with the timeliness statutes could negate any possible award or other compensation. Once an employer receives notice of an accident or has knowledge about an accident, the employer, or its representative, has ten days in which to report the accident to the Commission. The Commission monitors the payment of medical treatment and compensation provided by the employer or its insurance carrier to the injured worker.

Medical Benefits:

- Injured employee is entitled to medical, surgical, hospital, and/or other treatment to affect a cure or give relief from the injury, as reasonably required for a period up to 10 weeks.
- Medical treatment may be required for an additional period of time if judged by the Commission that treatment will tend to lessen the period ofdisability.
- Employer may elect to provide further medical treatment and/or any medical care
 or treatment considered necessary by the attending physician.
- Medical benefits may be required after MMI if the additional treatment will lessen disability and allow employee to continue working, or if PTD results.
- Employee's refusal to accept treatment bars the employee from benefits.

Lost Wages:

- An injured employee who is unable to work (total disability) is entitled to compensation for lost wages equal to 66 2/3% of the employee's average weekly wage.
- No payment is made for the first 7 days of disability unless the employee continues to lose time from work through the 14th day; in that event benefits are paid back to the first day out of work. The days need not be consecutive.
- No compensation for lost wages is paid if employee returns to work within the first 7 days of disability.
- If injury results in partial lost time from work (partial disability), employee is entitled to 66 2/3% of the difference between the average weekly wage before injury and the average weekly wage after injury.
- The maximum period for compensation benefits is 500 weeks, except for brain and other paralyzing injuries.

Average Weekly Wage (AWW):

For injuries on or after June 18, 1996, average weekly wage is determined by employee's total gross earnings for the preceding four quarters as reported to the Employment Security Commission. If the employment period is short, Employer may use the average weekly wage of a similarly situated employee who has worked in the same position with the same employer at the same rate of pay. For injuries before June 18, 1996, average weekly wage is based on wages for 52 weeks prior to the injury. If injured employee had concurrent employment with another employer, those additional wages are included in the average weekly wage calculation.

Compensation Rate (CR):

The AWW is multiplied by 66 2/3%. Compensation rate amount is subject to the workers' compensation maximum and minimum rates in effect on the date the employee was injured, unless the employee's actual earnings are less than the minimum rate.

Partial Disability or Disfigurement:

Amounts of compensation for partial disability or disfigurement are generally established and limited by statute or Commission regulation. Awards are usually made in terms of the number of weeks of compensation to which the employee is entitled based on the extent of the disabling injury.

Mileage Reimbursement:

Employees traveling more than 15 miles one way to medical treatment from home or work may request reimbursement at the statutory rate. The mileage rate is based on current mileage allowance for South Carolina state employees. Mileage reimbursement benefits do not expire after 1 year, as they do in other states.

Artificial Member/Prosthetic Devices:

If artificial members or prosthetic devices are reasonably necessary, employee is entitled to the device so long as necessary, or for the life of the employee. If the device is damaged accidentally, employee is entitled to repair or replacement.

Death Benefits:

If death results from the accidental injury while total disability continues, or within 6 years of the accident, dependents of the deceased employee are entitled to benefits of 66 2/3% of average weekly wage for the remainder of 500 weeks. An additional amount up to \$2,500.00 will be paid to dependents for funeral costs. If deceased employee had no dependents, full cost of the funeral is paid, and additional benefits are paid to deceased employee's parents or estate if no parents are living. Death benefits vary depending on types of dependents and number of dependents.

SPEED, SETA, MARTIN, TRIVETT & STUBLEY, LLC

ATTORNEYS AT LAW
PO BOX 11669
COLUMBIA, SOUTH CAROLINA 29211
PHONE (803) 748-2919; FAX (803) 748-2735
WWW.SPEED-SETA.COM

OUR SC WORKERS' COMP ATTORNEYS

M. STEPHEN STUBLEY – <u>SSTUBLEY@SPEED-SETA.COM</u>
JAMES E. L. FICKLING – <u>EFICKLING@SPEED-SETA.COM</u>
GEORGE GALLAGHER – <u>GGALLAGHER@SPEED-SETA.COM</u>
ROBERT HORNER – <u>BHORNER@SPEED-SETA.COM</u>
ERICA LOUDIN – <u>ELOUDIN@SPEED-SETA.COM</u>

MAXIMUM WEEKLY COMPENSATION RATES

Maximum Calendar Benefit % of Compensation Year **AWW** Rate 2006 66 2/3% \$616.48 2007 66 2/3% \$645.94 2008 66 2/3% \$661.29 2009 66 2/3% \$681.36 2010 66 2/3% \$689.71 2011 66 2/3% \$704.92 2012 66 2/3% \$725.47 2013 66 2/3% \$743.72 2014 66 2/3% \$752 16 2015 66 2/3% \$766.05 2016 66 2/3% \$784.03 66 2/3% 2017 \$806.92

The annual maximum compensation rate is based on the average weekly wage of the state, as determined by the Dept. of Employment and Workforce, for the preceding fiscal year.

Mileage Reimbursement

Employee is entitled to reimbursement for travel to and from medical treatment, and/or to and from a pharmacy, if more than 5 miles from employee's residence, or actual cost of public transportation, and actual costs of reasonable overnight lodging and subsistence, if necessary.

Effective Date	Mileage Reimbursement Rate
January 1, 2011	50.5¢ per mile
January 1, 2012	50.5¢ per mile
July 1, 2012	55.0¢ per mile
January 1, 2013	56.5¢ per mile
January 1, 2014	56.0¢ per mile
January 1, 2015	57.5¢ per mile
January 1, 2016	54.0¢ per mile
January 1, 2017	54.5¢ per mile
	<u> </u>

BENEFITS DURATION BASED ON SUBJECT INJURY

Member	Maximum	Member	Maximum
Thumb	65 weeks	Hip	280 weeks
First (Index) Finger	40 weeks	Eye	140 weeks
Second Finger	35 weeks	Hearing (one ear)	80 weeks
Third Finger	25 weeks	Hearing (both ears)	150 weeks
Fourth (little) finger	25 weeks	Back <50%	300 weeks
First phalange	½ amount for spec finger	Back ≥ 50%	500 weeks
Two or more phalanges	Same as loss of spec finger	Lung	25-400 weeks
Great toe	35 weeks	Tooth	1 ½ -2 weeks 1 ½ - 10
Any other toe	10 weeks	Rib	1 ½ - 10 weeks
First phalange	½ amount for spec toe	Brain	25-250 weeks
Two or more phalanges	Same as loss of toe	Small intestine	10-400 weeks
Hand	185 weeks	Liver	25-250 weeks 5-300
Arm	220 weeks	Skin	5-300 weeks 25-250
Shoulder	300 weeks	Stomach	25-250 weeks
Foot	140 weeks	Nasal passage	10-75 weeks
Leg	195 weeks	Disfigurement Disfigurement	50 weeks

Medical Records

All existing information compiled by a health care facility, or a health care provider pertaining directly to a workers' compensation claim must be provided to the insurance carrier, employer, employee, their attorney(s), or the SCWCC, within 14 days of a written request. Charges are 65¢ per page for the first 30 pages, 50¢ per page for all other pages, clerical fee up to \$15.00 per request, and actual cost of postage and sales tax.

COMMONLY USED WORKERS' COMPENSATION FORMS

12A	First Report of Injury Filed within 10 days of notice of the injury
14B	Physician's Statement Provided at maximum medical improvement
15	Temporary Compensation Report/Payment or Suspension Filed within 10 days of first payment of compensation or upon rate changes; or termination of compensation w/in first 150 days
15S	Supplemental Report of Varying/Temporary Partial Payments Used to calculate AWW and CR for injuries
16	Agreement for Permanent Disability/ Disfigurement Compensation Used for settlement and payment of permanent disability benefits
17	Receipt of Compensation Used upon return to work, file within 15 days
18	Periodic Report Filed every 6 months, may be used for other reporting purposes.
19	Status Report and Compensation Receipt File Closing Form Must be filed to close SCWCC claim, no later than 16 days after final payment.
20	Statement of Earnings of Injured Employee/ Average Weekly Wage/Compensation Rate Used to report wages, AWW and CR
21	Employer's Request for Hearing Used to request hearing on any issue, or to request mediation
50 & 52	Claimant's Request for Hearing Used to request hearing on any issue, or to request mediation in either injury or death claim
51 & 53	Employer's Answer to Request for Hearing Used to state Employer's contentions pertaining to the claim

South Carolina WC Commission www.wcc.state.sc.gov

South Carolina WC Education
Association
http://www.scwcea.org

