TYPES OF BENEFITS

MEDICAL BENEFITS

Your employer must pay for all reasonable and necessary medical care required to treat your injury. This includes reasonable and necessary travel expenses for treatment. Mileage for use of a private car is reimbursed at 72.5 cents per mile. (85.27)

Under certain circumstances, if you are required to leave work for medical treatment, you may receive payment of lost wages.(85.27)

A medical care provider cannot seek payment of charges for treatment from you while a contested case proceeding or a dispute as to the reasonableness of a medical treatment fee is pending before the Workers' Compensation Commissioner.(85.27)

DISABILITY BENEFITS

If you are injured at work, you may be entitled to disability benefits.

TYPES OF DISABILITY BENEFITS

Temporary Total Disability (TTD) [85.32, 85.33(1)]

When you are off work more than three calendar days on account of injury, you may be entitled to TTD benefits beginning on the fourth day and continuing until you return to work or are medically recovered enough to return to similar work, whichever happens first. If you are off work for more than 14 calendar days, you may be entitled to payment for the three-day waiting period.

Temporary Partial Disability (TPD) [85.33(2-5)]

If you return to work at a lesser paying job because of the injury, you may be entitled to benefits. The benefit amount is 66 2/3 percent of the difference between your average gross weekly earnings when injured and your actual earnings while temporarily working at the lesser paying job. The three-day waiting period (explained above) also applies to temporary partial disability.

Healing Period (HP) [85.34(1)]

You may be entitled to HP benefits while recovering from an injury which produces a permanent impairment. No waiting period applies to HP benefits. These benefits begin on the first calendar day after the date of injury and continue until the first of the following occurs:

- You return to work
- You have recovered as much as anticipated from the injury
- Your are medically capable of returning to the same kind of work you did when injured

If a doctor prescribes you work restrictions, you have the duty to accept an offer of work from your employer that is within your work restrictions. If your employer makes such an offer, it must be in writing and include:

- The offer of work within your restrictions
- Notice that you may forfeit your right to benefits if you refuse the offer
- Notice that you must provide your response in writing

If you are offered work and voluntarily leave your employment or retire, then your benefits may be reduced or eliminated.

Permanent Partial Disability (PPD) [85.34(2)]

When your work injury results in a permanent impairment to your body, a permanent restriction, or an inability to earn wages similar to those earned before your injury, you may be entitled to PPD benefits. PPD benefits are in addition to healing period benefits.

Scheduled Member Disabilities

If your injury is to a scheduled member your PPD benefits are based on functional impairment. Appendix A gives a list of the scheduled body members (i.e. arm, leg, etc.) along with the number of weeks of benefits you would receive for the full loss of each member. If your impairment is less than a full loss, the number of weeks of PPD benefits you may receive is a percentage of loss or loss of use multiplied by the full number of weeks for the member.

Body As A Whole Disabilities

When your work injury results in permanent disability to a part of the body not included as a scheduled member, the disability is considered industrial and is determined by assessing the difference between what you were able to earn prior to the injury and what you are able to earn after the injury. A variety of factors influence the assessment of lost earning capacity. These include the medical condition before the injury, immediately after the injury and now; the part of the body injured; how long you needed to recover from the injury; your work experience and your qualifications intellectually, emotionally, and physically to learn to perform other work; your earnings before and after the injury; your age; education; motivation; functional impairment related to the injury, and loss of ability to do your old job; or loss of earnings because of the injury.

No specific guidelines advise how any factor is to be considered in a particular case. Each industrial disability case must be decided on its facts. Industrial disability is calculated on a 500 week basis with the percentage rating multiplied by 500 weeks.

If the employer offers work at the same or greater wage, an injured employee is only entitled to the functional rating until terminated from employment. The employee can request a reopening and determination of industrial disability.

Permanent Total Disability (PTD) [85.34(3)]

If your work related injury leaves you incapable of returning to any type of wage earning employment, you may be entitled to permanent total disability benefits during that time when you cannot return to any gainful work.

WEEKLY RATE

TTD, HP, PPD or PTD benefits are paid at a weekly workers' compensation rate based on your earnings, marital status, and number of exemptions. Generally, the rate is 80% of your spendable earnings before any deductions. "Spendable earnings" is the amount remaining after payroll taxes are deducted from your gross weekly earnings. The weekly benefit amount is based on a seven-day calendar week.

For more information, go to:

dial.iowa.gov/hearings/workers-comp/rates

OTHER BENEFITS

Second Injury Fund Benefits (85.63-85.69)

If you have had a permanent disability to a hand, arm, foot, leg or eye and then have a job related injury that results in permanent partial disability to another hand, arm, foot, leg or eye, you may be entitled to "Second Injury Fund" benefits. These benefits are paid for any amount that industrial disability is greater than the combined scheduled member disability from both the first and second disabled member. These benefits are only paid after your employer or its insurance carrier has paid all scheduled member permanent partial disability benefits due on account of the second injury.

If you believe you are entitled to benefits from this Fund, contact the State of Iowa Treasurer's Office to obtain a claim form.

Vocational Rehabilitation & Training Benefits (85.70)

Iowa Vocational Rehabilitation Services (IVRS) assists persons with disabilities to prepare, obtain and maintain employment.

workforce.iowa.gov/vr

You may be entitled to payment of $100 per week for up to 13 weeks if you are actively participating in a vocational rehabilitation program in order to make it possible for you to return to gainful employment after your injury. If you continue in vocational rehabilitation, the workers' compensation commissioner may extend the $100 for an additional 13 weeks.

If you suffered a shoulder injury resulting in permanent partial disability that has left you unable to return to gainful employment, contact Iowa Workforce Development for an evaulation of whether you would benefit from participation in a qualifying career and technical education program.

Death Benefits (85.28, 85.31, 85.42, 85.43, 85.44)

If you were dependent on someone who died as a result of an on the job injury, you may be eligible to receive death benefits. A surviving spouse may receive death benefits for life or until remarriage. Dependent children are entitled to death benefits until age 18 or, if actually dependent, age 25. Other persons may qualify for death benefits if they were actually dependent upon the deceased worker. If a surviving spouse remarries and the deceased worker has no dependent children at the time of the remarriage, the surviving spouse is entitled to a two-year lump sum settlement. In addition to the weekly death benefits, the deceased worker's employer (or its insurance carrier) must pay reasonable burial expenses not to exceed twelve times the statewide average weekly wage in effect at the time of death.

TYPES OF SETTLEMENTS

The Workers' Compensation Commissioner must approve all settlements involving work injuries. The law allows four different types of settlements:

FULL COMMUTATION (85.45, 85.47)

A full commutation pays all remaining future benefits in one lump sum. Because an approved full commutation ends all right to additional weekly benefits and may end all rights to medical benefits, it must show that you have a specific need for the full benefit payment now, such that the lump sum payment is in your best interest.

PARTIAL COMMUTATION (85.45, 85.47, 85.48)

A partial commutation pays a part of remaining future weekly benefits in a lump sum. An approved partial commutation contains you and your employer's (and its carrier's) agreement that you are entitled to disability benefits. It does not end your right to future weekly or medical benefits.

AGREEMENT FOR SETTLEMENT (85.35, 10A.315)

An agreement for settlement is a voluntary agreement between you and your employer (and its carrier) as to the amount and type of compensation payments you are currently due. The Workers' Compensation Commissioner's approval of the agreement does not end your future rights to additional weekly benefits or additional medical benefits.

COMPROMISE SETTLEMENT (85.35)

A compromise settlement is a voluntary agreement between you and your employers (and its carrier) as to your entitlement benefits. An approved compromise settlement ends any rights to future weekly benefits and may end all rights to medical benefits for the settled injury.

TIME LIMITATIONS

NOTICE OF INJURY (85.23)

Unless your employer has notice or knowledge of your asserted injury within 90 days of its occurrence, you may be denied benefits. The 90-day period begins to run when you knew or should have known that your injurious condition related to your work. When an employee reports a work related injury, the employer must file a first report of injury if the employee loses more than three days of work, or sustains permanent injury or death on account of the injury. The employer (or its carrier) must file the first report within four days of notice or knowledge of the alleged injury with the Workers' Compensation Commissioner.

TWO-YEAR STATUTE OF LIMITATION (85.26)

You must receive Iowa weekly workers' compensation benefits or file an application for arbitration within two years of your alleged injury or benefits may be denied.

THREE-YEAR STATUTE OF LIMITATION (85.26)

If you have received Iowa weekly workers' compensation benefits, you have three years from the last payment of those weekly benefits to receive additional benefits voluntarily, or to file a contested case proceeding for benefits. If you do not file within the three-year period you may be denied additional weekly benefits. Payment of medical expenses or mileage does not extend the statute of limitations. (You can file a contested case proceeding or voluntarily receive medical benefits reasonable and necessary to treat your injury throughout your lifetime.)

MEDICAL INFORMATION

Any party making or defending a claim for benefits agrees to release all information concerning the employee's physical or mental condition relative to the claim and waives any privilege for the release of such information. The information shall be made available to any party or the party's representative upon request. (85.27)



Appendix A contains the number of weeks of benefits payable for 100% loss, or loss of use, of the body member. If the PPD rating is less than 100%, the percentage rating is multiplied by the number of weeks shown. For example, a 20% loss, or loss of use, of a thumb would be computed as 20% of 60 weeks, or 12 weeks of PPD benefits.

APPENDIX A

	WEEKS
Loss of thumb	60
Loss of first finger	35
Loss of second finger	30
Loss of third finger	25
Loss of fourth finger	20
Loss of hand	190
Loss of arm	250
Loss of great toe	40
Loss of any other toe	15
Loss of foot	150
Loss of leg	220
Loss of eye	140
Loss of hearing in one ear	50
Loss of hearing in both ears	175
Permanent disfigurement, face or head	150
Body as a whole/industrial disability	500
Shoulder	400

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WORKERS' COMPENSATION LAW FOR INJURED WORKERS

- Questions and Answers -

EFFECTIVE JULY 1, 2026 - JUNE 30, 2027



Iowa Department of Inspections, Appeals, & Licensing
Workers' Compensation Division
6200 Park Avenue · Des Moines, IA 50321
515-725-4120 or 800-645-4583
dial.iowa.gov
Monday - Friday 8:00 AM - 4:30 PM

This brochure answers questions injured workers commonly ask about workers' compensation. You may check Iowa Code chapters 85, 85A, 85B, 87, 10A, and 17A, as well as Iowa Administrative Code chapter 876, for detailed information. References to Iowa Code sections and Iowa Administrative Rules appear in parentheses.

As the neutral tribunal responsible for deciding disputes under Iowa workers' compensation law, the Workers' Compensation Division cannot give you legal advice. You should consult with an attorney if you have questions about your rights and responsibilities under the law.

WHAT IS WORKERS' COMPENSATION?

The Iowa Workers' Compensation law requires most employers to provide wage loss and medical benefits to employees who are injured while working. [85.61(7)]

TYPES OF INJURIES COVERED

In Iowa, an injury may include any health condition caused by work activities other than the normal building up and tearing down of body tissues. Diseases and hearing losses caused by work activities or exposures are also injuries. (85A, 85B)

Preexisting health conditions are not considered injuries unless work aggravates, accelerates, or worsens them.

ELIGIBILITY FOR WORKERS' COMPENSATION BENEFITS

Most employees who are injured in Iowa while working in Iowa are eligible for benefits. The law exempts a few types of employees, however. If you are uncertain as to whether employees in your job classification are eligible for benefits, consult the Workers' Compensation Division.

Proprietors (independent contractors), limited liability company members and partners are not considered employees. These individuals may be eligible for benefits if they purchase a workers' compensation insurance policy that specifically includes them. [85.1A, 85.61(13)]

CHOOSING THE MEDICAL CARE

The employer has the right to choose the medical care and must provide medical care reasonably suited to treat your injury. If you are dissatisfied with that care, you should notify your employer (or its insurance carrier) in writing of the reasons why and discuss your care with them. You can request alternate care, and if your employer (or its carrier) does not allow that care, you may file a petition for alternate care before the Iowa Workers' Compensation Commissioner. (85.27)

HOW ARE DISPUTES HANDLED?

When you and your employer (and its insurance carrier) work together and openly communicate, the majority of workers' compensation claim disputes can be resolved. You have a right to know why your employer (and its carrier) has taken any action and the relevant evidence supporting the action.

When a dispute cannot be resolved among the parties, you are encouraged to contact an attorney to get legal advice. While the commissioner does not require it, most employees are represented by legal counsel in a contested case proceeding. If the dispute cannot then be resolved, you may file a contested case proceeding before the Iowa Workers' Compensation Commissioner.

WHO OVERSEES DISPUTES?

The Iowa Workers' Compensation Commissioner is the head of the Division of Workers' Compensation, which is part of the Department of Inspections, Appeals, and Licensing. The Commissioner is responsible for administering, regulating and enforcing the workers' compensation laws. By law, the Division of Workers' Compensation cannot represent the interest of any party. The Division does provide information regarding the workers' compensation law, the rights of the parties and the procedures the parties can follow to resolve their disputes.

WHO PAYS THE BENEFITS?

Employers subject to the law must either purchase insurance through a private insurance company or qualify as a self-insurer. (85.3, 87.1, 87.11)

If the employer provides coverage by purchasing an insurance policy, the insurance company (or a claim administrator) pays the injured worker the workers' compensation benefits. If the employer is self-insured, the employer (or a claim administrator) pays the injured worker the workers' compensation benefits.

If an employer fails to provide insurance coverage as the law provides, the employee may choose to either file a contested case proceeding before the Workers' Compensation Commissioner or to bring a civil action for damages in the appropriate district court. (87.21)

An employer must either obtain workers' compensation insurance coverage or obtain relief from insurance or furnish a bond before engaging in business. An employer who willfully and knowingly engages in business before doing any of these is guilty of a class "D" felony. (87.14A)

WHEN ARE THE BENEFITS TO BE PAID?

The law encourages prompt payment of weekly and medical benefits so that injured workers will not suffer undue hardship. Most insurance carriers or self-insured employers require a written report of injury (usually from the employer) and medical evidence of the injury before beginning payments. Weekly payments of disability benefits are to begin on the eleventh day of disability. If benefits are not paid when due, you may be entitled to interest on late payments. If benefits are unreasonably delayed or denied, you may be entitled to penalty benefits. (85.30, 10A. 315)

Once benefits start, payments can only stop when you have returned to work or after your employer (or its carrier) has given you thirty days notice that payments are stopping. The notice must tell you why payments are stopping and advise you that you may file a claim with the Workers' Compensation Commissioner. (10A.315)

INDEPENDENT MEDICAL EXAMINATION (IME)

Your employer (or its insurance carrier) may ask you to attend a medical examination. If you refuse to attend, any benefits you may be receiving, or may be entitled to in the future, may stop or be forfeited. If you disagree with an evaluation of permanent disability made by a physician retained by your employer (or its carrier), then you have the right to an IME with a doctor of your choosing for a second opinion. (85.39)