

Workers' Compensation: Coverage, Benefits, and Costs, 1990-91

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Workers' compensation programs provide protection to workers and their families. The programs compensate for lost wages and medical expenses incurred as a result of work-related injuries or illnesses. Survivor benefits are also provided when the disabilities result in death. In 1991, about \$16.8 billion in medical benefits and \$25.3 billion in wage-loss compensation was paid in settlement of claims filed for disabled or deceased workers. These benefits were paid by private carriers, by State funds, or by self-insuring companies as determined by laws in each State. The employer's cost of providing workers' compensation coverage generally varies according to risk, industrial classification, and experience rating. Nationally, such costs were approximately 2.4 percent of payroll or about \$590 for each of the 93.6 million protected employees. This article examines the recent changes in coverage, in benefit levels, and in employer costs and the factors influencing such changes. Over the past decade, workers' compensation benefits have increased by 157 percent and employer costs by 143 percent. In the same period, the number of covered employees has risen 22 percent and the amount of covered wage and salary payroll, 77 percent.

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Payments to beneficiaries covered under workers' compensation programs in the United States rose more than 10 percent to \$42.2 billion between 1990 and 1991, the eighth consecutive year of double-digit increases. Premium costs to employers rose by less than 4 percent to \$55.2 billion in the same period, while the number of workers covered under the various State and Federal programs decreased to 93.6 million, a decline of 1.6 percent from 1990. This drop reflected a similar decline in the total work force, and the proportion of covered workers remained about the same at 87 percent of all wage and salary workers.

The workers' compensation program provides medical care, hospitalization benefits, and income-maintenance protection to workers whose disabilities are the result of work-related injuries or illnesses. The income-maintenance benefits are intended as partial replacement for lost wages. The program also provides survivor benefits to the dependents of deceased workers whose deaths result from job-related accidents and/or occupational diseases. Before the enactment of workers' compensation laws, an injured worker could recover damages only if he or she could establish that the incident was due to the negligence of the employer. Currently, proof of employer negligence is not a prerequisite for benefit payment.

As the workers' compensation system grows, it continues to be of significant interest to administrators of the Social Security system because both are programs that provide for payments to disabled workers and to the survivors of workers. The 1965 Amendments to the Social Security Act provide for a reduction in Social Security payments so that total benefits under both programs do not exceed the higher of either 80 percent of a worker's former earnings or the total family benefit under Social Security.¹ The gaps and overlaps in coverage and the benefits and costs incurred under both the Social Security and workers' compensation programs are vital considerations in the effective implementation of the Social Security program.

The Federal Act of 1908 was the first workers' compensation law in the United States. This legislation provided limited

benefits for certain Federal employees engaged in hazardous work. By 1911, workers' compensation legislation had been enacted in nine States and, by 1920, all but seven States had established such programs. However, it was not until 1949 that all States had programs to furnish income-maintenance protection. Today, workers' compensation consists of separate programs in 50 States and the District of Columbia, and two Federal programs: the Federal Employees Compensation Act covering civilian Federal Government employees and the Longshoremen's and Harbor Workers' Compensation Act covering longshore and harbor workers.

In addition, the Federal Black Lung program, a specialized workers' compensation program, protects coal miners with pneumoconiosis ("black lung" disease). Under this Federal program, enacted into law in 1969, monthly cash benefits are payable to miners disabled by black lung disease and to their dependents or survivors. Medical benefits are also payable for diagnosis of pneumoconiosis and treatment for conditions resulting from the disease. Claims filed prior to July 1973 are paid from general revenues under a program administered by the Social Security system; those filed after that date are paid from a Department of Labor-administered trust fund financed by an excise tax on coal.

The State workers' compensation programs generally are administered by industrial commissions or special units within each State's department of labor, and the Federal programs are administered by the Department of Labor (except for the District of Columbia, which administers its own program). Although all programs are based on the principle of compensation without regard to fault, the enactment of a different law in each jurisdiction and repeated subsequent amendments to these laws result in many variations among the State programs.

Coverage

Approximately 93.6 million persons were protected under workers' compensation programs in 1991. This figure represents a decline of 1.6 percent of the workers covered by laws in 1990,

following an increase of 1.5 percent in the number of covered workers in the 1989-90 period. Although coverage levels are primarily impacted by employment changes in the economy, legislative activity may also add or delete workers from coverage.

For instance, during 1991, licensed real estate brokers, salespersons, and appraisers were removed from coverage in Connecticut; unpaid officers of non-profit organizations were removed from mandatory coverage in Nevada; and, certain farm and ranch laborers were added to coverage in Colorado. Also in this year, substantial legislative changes were made in Colorado, Connecticut, Indiana, Maine, Montana, New Hampshire, and North Dakota. The impact of these changes on the total number of protected workers was negligible.

Many programs exempt from coverage those employees of nonprofit, charitable, or religious institutions and some limit coverage provided to workers in hazardous occupations. Among the most common exemptions are domestic service, agricultural employment, casual labor, and State and local employees. In addition, not all covered workers employed in small firms (less than five employees) are covered. Eight States exempt employers with fewer than three employees, three States exempt those with fewer than four employees, and three States exempt those with fewer than five employees.

Coverage is compulsory for most private employment, except in New Jersey, South Carolina, and Texas. In these three States, the programs are elective—that is, employers may accept or reject coverage under the law; but, if they reject such coverage, they lose the customary common-law defenses against suits filed by employees.

Wage and salary payroll of workers covered by workers' compensation totaled \$2,300 billion in 1991, about 84 percent of all civilian wage and salary disbursements in that year. Covered payroll was about 2.2 percent higher than in the previous year and increases in average weekly wages were partially offset by the decline in the number of covered workers.

Benefits

An estimated \$42.2 billion was paid in workers' compensation benefits in 1991 or about \$450 for every worker protected by workers' compensation laws. In 1991, the rate of increase in total benefits paid over that in 1990 was 10.3 percent, a rate slightly lower than the 10.9 percent average annual increase for the 1981-91 period. The total amount paid in benefits was about \$4 billion more than in 1990 and more than double the \$19.7 billion paid in 1984.

Regular program benefits (those payable under all programs except the Black Lung program) increased by 10.8 percent from 1990 to 1991, but were less than the 11.9 percent average annual increase since 1981. Also in 1991, Black Lung payments declined 3 percent, the eighth consecutive annual decrease.

Increases in benefit payments may be the result of a variety of causes. One of the most important causes in recent years has been the interaction of rising wage levels and increasing statutory benefit amounts. Because cash benefits are usually calculated as a percentage of weekly earnings at the time of injury or death—usually 66-2/3 percent—increases in benefits partially reflect wage increases that averaged 4 percent from 1990 to 1991.

Changes in the incidence and severity of occupational injuries and diseases also influence the level of benefits paid for workers' compensation. Survey data available from the Bureau of Labor Statistics indicate that the rate of on-the-job injuries and illnesses per 100 full-time equivalent workers (working 40 hours per week, 50 weeks per year) was 8.4 in 1991, down from 8.8 in 1990. However, the number of workdays lost per lost-workday case was 22.2 (compared with 18.0 in 1986), the highest in more than 50 years of collecting such data.²

Finally, the increasing cost of medical care also contributes to the rising level of workers' compensation benefits. The Bureau of Labor Statistics reported that its medical care index for all urban consumers in 1991 rose 8.7 percent over the 1990 level, following an increase of 9 percent from 1989 to 1990.

States do have the legislative authority to adjust the amount of benefits paid out as wage-loss compensation. All programs place dollar maximums on the weekly amounts payable to disabled workers or to survivors. As a result, even though most programs base the maximums on automatic adjustments that reflect changes in the States average weekly wages, some beneficiaries (generally higher-paid workers) receive less than the amount indicated by these percentages. In addition, States may mandate changes in benefit amounts for burial expenses and scheduled injuries (those that are clearly measurable such as the loss of a part of the body) as well as adjust the maximum length of the payment period.

States may also pass laws to adjust the levels of benefits paid and the lengths of the waiting periods before these benefits can be paid, to establish competitive State-operated funds, and to impose policy deductibles. During 1991, Connecticut became the fourth State to change the method of calculating benefits from 66-2/3 percent of the worker's average weekly wage to 80 percent of spendable wages. State legislatures in Louisiana, Maine, and Texas established State funds while eight States initiated or revised provisions relating to policy deductibles.

Also, protection against occupational disease is still restricted in many States because of time limitations on the filing of claims. Benefits for diseases with long latency periods are either restricted or not payable in many cases because most State laws pay benefits only if the disabilities or deaths occur within a relatively short period after the last exposure to the occupational disease. As States implement restrictions on coverage, payments will decrease accordingly.

Types of Payments

In 1991, covered workers received \$16.8 billion in medical and hospital care for work-related disabilities (table 1). This care included first-aid treatment, physician services, surgical and hospital services, nursing services, medical drugs and supplies, and appli-

ances and prosthetic devices. The cost of this care accounted for 40 percent of the \$42.2 billion total. In contrast, medical payments to Black Lung beneficiaries constituted only 8 percent of all Black Lung payments.

Cash compensation payments accounted for the remaining 60 percent of total program expenditures in 1991. Of the \$25.3 billion in cash compensation, more than 92 percent (\$23.4 billion) was paid to disabled workers and the remainder was paid to the survivors of deceased workers in the form of death and funeral benefits. Most programs provide weekly or monthly payments to the spouses of deceased workers for life or until remarriage, while all programs provide payments to children up to age 18 (later, if incapacitated or a student). Among the regular cash compensation payments—those that exclude Black Lung program compensation—\$22.8 billion (or 95 percent) of the \$24.1 billion total was paid to disabled workers. Lump-sum payments are permitted under most programs.

In 1991, Black Lung benefit payments totaled \$1.4 billion, a decrease of 25 percent from the peak year of 1980.

This decrease was the tenth in the past 11 years and is a result of the imbalance that occurs as older beneficiaries die and are only partially replaced by a smaller number of new claimants.

At the end of 1991, approximately 275,000 disabled workers, dependents, and survivors were receiving Black Lung cash benefit payments. The monthly amount payable to a disabled miner or a surviving dependent was \$403.30. For a disabled worker with three or more dependents, the maximum monthly amount was \$806.60.

Black Lung benefits are paid regardless of the age of the miner or dependent (other than a child) or the length of time from which the miner's disability began or death occurred. Benefit payments are reduced if the beneficiary is also receiving payments for disability (due to black lung) under a State workers' compensation program. Black Lung benefits are not considered workers' compensation payments for purposes of applying the workers' compensation offset provisions contained in the Social Security Disability Insurance (DI) provisions, and thus are not reduced due to receipt of DI benefits.

Table 1.—Estimates of workers' compensation benefit payments, by type of benefit, 1989-91

[In millions]

Type of benefit	1989	1990	1991
Total	\$34,316	\$38,238	\$42,169
Medical and hospitalization.....	13,424	15,187	16,832
Compensation	20,892	23,051	25,337
Disability	19,171	21,212	23,373
Survivor	1,721	1,839	1,964
Regular programs, total.....	32,837	36,804	40,778
Medical and hospitalization.....	13,299	15,067	16,715
Compensation	19,538	21,737	24,063
Disability	18,553	20,635	22,840
Survivor	985	1,102	1,223
Black Lung program, total.....	1,479	1,434	1,391
Medical and hospitalization.....	125	120	117
Compensation	1,354	1,314	1,274
Disability	618	577	533
Survivor	736	737	741

Types of Insurers

Workers' compensation programs vary according to the methods used to assure that compensation will be paid when due. Employers generally insure workers for the required protection by three different methods: private insurance, publicly operated State funds, or self-insurance (used primarily by employers who have a large number of employees and who are able to provide proof of their financial ability to carry their own risk). However, because only 22 States have operating State funds, employers in most States either insure privately or self-insure.

Insurance options are also limited for employers in North Dakota and Wyoming because employers must insure through an exclusive State fund. In four other States—Nevada, Ohio, Washington, and West Virginia—employers must either self-insure or provide protection through an exclusive State-insurance fund. Federal employees are provided protection through a system that is federally financed and operated, the Federal Employee Compensation program. In 1991, about 58.1 percent of all benefits were paid by private insurers, 23.0 percent by State and Federal funds, and 18.8 percent by self-insurers (table 2).

Private insurance and self-insurance payments each have increased at an annual rate of about 12 percent since 1982, compared with an increase of more than 8 percent in State and Federal fund disbursements. Excluding Black Lung program benefits, State fund payments increased at an annual average of nearly 12 percent over the 9-year period from 1982 through 1991.

Geographical Variations

Each year, wide variation occurs both in the amount of benefits paid in each State and in the amount of benefits paid, by type of insurance. This range reflects a number of influences, such as the variation in State benefit formulas and maximum benefit amounts, the differences in methods of administration, the extent of litigation, the occupational distributions and incidence of disability,

and, most importantly, the overall size of the labor force.

Workers' compensation benefits paid in California exceeded \$7.2 billion in 1991. This amount was higher than the sum of benefits paid in 28 smaller States (table 3). Benefit levels were \$2 billion or more in Texas (\$3.3 billion), Pennsylvania (\$2.3 billion), Ohio (\$2.2 billion), and New York (\$2.0 billion). These five States accounted for \$17 billion in benefits, or more than two-fifths of the amount paid out under all State programs.

Employer Costs

Premiums paid by employers (including an estimate of the amount of hypothetical premiums from those employers financially able to carry their own risk) exceeded \$55.2 billion in 1991, about \$2 billion more than the premiums in 1990. This total was nearly 4 percent above the 1990 level, the smallest increase since 1982-83 and the first year since 1984 that the increase has fallen below 10 percent. The total cost represents about \$590 for each worker protected by workers' compensation programs compared with \$296 in 1982 (table 4). The premium consists of the amount needed to pay benefits and to administer the insurance operation, including sales and operating costs, claims

administration, rehabilitation costs, profits, taxes, and reserves for future benefits.

As presented in table 5, the \$55.2 billion expended by employers in 1991 included:

- (1) \$35.7 billion to private carriers (2 percent higher than in 1990);
- (2) \$10.8 billion to State funds and for Federal programs (the Federal Employee Compensation program and that part of the Federal Black Lung program financed by employers); and
- (3) \$8.7 billion in the cost of self-insurance (benefits paid by self-insurers plus estimated administrative expenses).

The relationship of costs to benefits has remained relatively stable in recent years despite the steady increase in employer costs. Although this ratio usually has fluctuated between 0.55 and 0.70, the disproportionate increase in costs (4 percent) and benefits (10 percent) between 1990 and 1991 resulted in a higher-than-average ratio of 0.76 in 1991. This relationship—also called the loss ratio when expressed as a percent—permits an examination of the percent of the employer contribution that is being paid as benefits to disabled workers and their dependents or survivors.³ Costs

Table 2.—Workers' compensation benefit payments, by type of insurer, selected years, 1952-91

[In millions]					
Year	Total	Private carriers	State funds	Federal programs	Self-insurers
1952.....	\$785	\$491	\$157	\$36	\$101
1957.....	1,062	661	215	56	130
1962.....	1,489	924	307	64	194
1967.....	2,189	1,363	449	75	303
1972.....	4,061	2,179	837	542	504
1977.....	8,630	4,629	1,230	1,520	1,251
1982.....	16,407	8,647	2,196	2,572	2,993
1987.....	27,318	15,453	4,084	2,698	5,082
1988.....	30,733	17,512	4,687	2,760	5,744
1989.....	34,316	19,918	5,205	2,760	6,433
1990.....	38,238	22,222	5,873	2,893	7,249
1991.....	42,169	24,515	6,713	2,998	7,944

Table 3.—Estimates of workers' compensation payments, by State and type of insurance, 1990-91¹

[Amounts in thousands]

Jurisdiction	1990				1991				Percentage change in total payments
	Total	Insurance losses paid by private insurance ²	State and Federal fund disbursements ³	Self-insurance payments ⁴	Total	Insurance losses paid by private insurance ²	State and Federal fund disbursements ³	Self-insurance payments ⁴	
United States..	\$38,237,622	\$22,221,957	\$8,766,239	\$7,249,426	\$42,169,157	\$24,514,802	\$9,710,500	\$7,943,855	10.3
Alabama	443,815	313,815	...	130,000	472,462	332,462	...	140,000	6.5
Alaska	113,317	90,617	...	22,700	123,975	99,175	...	24,800	9.4
Arizona	371,411	144,046	158,365	69,000	367,794	149,608	149,686	86,500	-1.0
Arkansas	228,526	175,526	...	53,000	250,522	192,522	...	58,000	9.6
California	6,064,551	3,265,136	1,069,415	1,730,000	7,247,896	4,031,640	1,316,256	1,900,000	19.5
Colorado	594,645	255,801	244,844	94,000	656,963	290,484	262,479	104,000	10.5
Connecticut	693,637	547,939	...	145,698	773,298	577,543	...	195,755	11.5
Delaware	74,809	56,809	...	18,000	80,063	60,863	...	19,200	7.0
District of Columbia	86,160	68,960	...	17,200	90,566	72,466	...	18,100	5.1
Florida	1,976,320	1,236,320	...	740,000	1,960,860	1,225,860	...	735,000	-0.8
Georgia	735,410	640,410	...	95,000	790,509	685,509	...	105,000	7.5
Hawaii	215,767	159,767	...	56,000	249,555	184,555	...	65,000	15.7
Idaho	105,301	61,878	33,423	10,000	114,920	61,776	42,144	11,000	9.1
Illinois	1,606,763	1,171,763	...	435,000	1,744,802	1,274,802	...	470,000	8.6
Indiana	349,968	309,968	...	40,000	380,012	335,012	...	45,000	8.6
Iowa	231,383	220,383	...	11,000	241,061	229,561	...	11,500	4.2
Kansas	265,860	222,860	...	43,000	294,774	246,774	...	48,000	10.9
Kentucky	382,796	285,796	...	97,000	431,919	321,919	...	110,000	12.8
Louisiana	574,869	459,869	...	115,000	559,885	447,885	...	112,000	-2.6
Maine	379,917	313,917	...	66,000	418,587	345,587	...	73,000	10.2
Maryland	504,749	298,820	105,929	100,000	523,080	314,937	98,143	110,000	3.6
Massachusetts	1,234,871	1,134,871	...	100,000	1,275,572	1,170,572	...	105,000	3.3
Michigan	1,205,173	627,886	102,287	475,000	1,286,108	671,135	114,973	500,000	6.7
Minnesota	582,412	433,889	26,523	122,000	646,220	464,411	31,809	150,000	11.0
Mississippi	197,856	182,856	...	15,000	203,344	188,344	...	15,000	2.8
Missouri	495,970	410,970	...	85,000	556,661	461,661	...	95,000	12.2
Montana	150,444	40,062	⁵ 93,482	16,900	167,942	35,520	⁵ 115,222	17,200	11.6
Nebraska	137,002	113,002	...	24,000	145,678	124,678	...	21,000	6.3
Nevada	338,524	2,409	286,115	50,000	392,444	3,190	329,254	60,000	15.9
New Hampshire	169,039	147,039	...	22,000	202,573	176,573	...	26,000	19.8
New Jersey	844,466	714,466	...	130,000	916,279	776,279	...	140,000	8.5
New Mexico	227,557	175,557	...	52,000	232,218	177,218	...	55,000	2.0
New York	1,752,164	817,164	585,000	350,000	2,013,769	908,562	705,207	400,000	14.9
North Carolina	480,207	390,207	...	90,000	545,321	445,321	...	100,000	13.6
North Dakota	60,265	265	60,000	...	73,032	2,632	70,400	...	21.2
Ohio	1,960,080	10,080	1,500,000	450,000	2,195,466	10,466	1,700,000	485,000	12.0
Oklahoma	369,315	196,336	87,979	85,000	433,586	220,406	113,180	100,000	17.4
Oregon	572,785	250,785	227,000	95,000	586,623	236,623	250,000	100,000	2.4
Pennsylvania	2,019,204	1,487,104	⁵ 137,100	395,000	2,328,824	1,644,623	⁵ 194,201	490,000	15.3
Rhode Island	218,664	208,664	...	10,000	214,038	205,038	...	9,000	-2.1
South Carolina	276,873	238,873	...	38,000	291,778	251,778	...	40,000	5.4
South Dakota	55,638	47,638	...	8,000	63,991	54,991	...	9,000	15.0
Tennessee	462,606	420,606	...	42,000	515,489	468,489	...	47,000	11.4
Texas	2,896,223	2,896,223	3,263,924	3,263,924	12.7
Utah	187,296	41,641	115,655	30,000	182,774	47,774	105,000	30,000	-2.4

See footnotes at end of table.

Table 3.—Estimates of workers' compensation payments, by State and type of insurance, 1990-91¹—Continued

(Amounts in thousands)

Jurisdiction	1990				1991				Percentage change in total payments
	Total	Insurance losses paid by private insurance ²	State and Federal fund disbursements ³	Self-insurance payments ⁴	Total	Insurance losses paid by private insurance ²	State and Federal fund disbursements ³	Self-insurance payments ⁴	
Vermont.....	\$60,993	\$55,493	...	\$5,500	\$67,213	\$61,213	...	\$6,000	10.2
Virginia.....	507,487	412,487	...	95,000	544,866	442,866	...	102,000	7.4
Washington.....	882,915	17,915	\$700,000	165,000	948,954	18,954	\$740,000	190,000	7.5
West Virginia.....	388,963	704	291,831	96,428	416,963	2,291	316,872	97,800	7.2
Wisconsin.....	560,931	445,931	...	115,000	627,454	497,454	...	130,000	11.9
Wyoming.....	48,574	434	48,140	...	58,876	876	58,000	...	21.2
Federal.....	2,893,151	...	2,893,151	...	2,997,674	...	2,997,674	...	3.6
Civilian employee program ⁶	1,447,517	...	1,447,517	...	1,594,939	...	1,594,939	...	10.2
Black Lung program ⁷	1,434,575	...	1,434,575	...	1,391,411	...	1,391,411	...	-3.0
Other ⁸	11,059	...	11,059	...	11,324	...	11,324	...	2.4

¹ Calendar-year figures, except that data for Montana, Nevada, and West Virginia, for Federal civilian employees and "other" Federal workers' compensation, and for State fund disbursements in Maryland, North Dakota, and Wyoming, represent fiscal years ended in 1990 and 1991. Includes benefit payments under the Longshoremen's and Harbor Workers' Compensation Act and extensions for the States in which such payments are made.

² Net cash and medical payments paid during calendar year by private insurance carriers under standard workers' compensation policies. Data primarily from A.M. Best Company, a national data-collecting agency for private insurance.

³ Net cash and medical benefits paid by State funds compiled from State reports (published and unpublished); estimated for some States.

⁴ Cash and medical benefits paid by self-insurers, plus the value of medical benefits paid by employers carrying workers' compensation policies that do not include standard medical coverage. Estimated from available State data.

⁵ Includes payment of supplemental pensions from general revenues.

⁶ Payments to civilian Federal employees (including emergency relief workers) and their dependents under the Federal Employees' Compensation Act.

⁷ Includes \$571,175,000 in 1990 and \$568,811,000 in 1991 paid by the Department of Labor.

⁸ Primarily payments made to dependents of reservists who died while on duty in the Armed Forces, to individuals under the War Hazards Act, the War Claims Acts, and the Civilian War Benefits Act, and to Civil Air Patrol and Reserve Officers Training Corps personnel, persons involved in maritime war risks, and law enforcement officers (P.L. 90-921).

Table 4.—Workers' compensation cost ratios for selected years, 1952-91

Year	Cost per covered employee	Cost per \$100 of payroll	Benefits per \$1 in costs ¹
1952.....	\$33	\$0.94	\$0.59
1957.....	39	.91	.62
1962.....	49	.96	.65
1967.....	67	1.07	.59
1972.....	93	1.14	.60
1977.....	195	1.71	.54
1982.....	296	1.75	.67
1987.....	430	2.06	.69
1988.....	475	2.16	.69
1989.....	510	2.27	.70
1990.....	560	2.36	.70
1991.....	590	2.40	.76

¹ Excludes programs financed from general revenues—most Federal black lung benefits and in a few States, supplemental pensions.

may also be related to payroll covered under workers' compensation. This measure provides a perspective in relation to workers' compensation as a component of labor costs. In 1991, the premium cost per \$100 of covered payroll was \$2.40, the seventh consecutive annual increase since its decrease to \$1.66 in 1984. This cost had been below \$1 prior to 1965.

The wide differences that exist among individual employers are, of course, hidden by these overall cost ratios. The major factors in the differences are the employer's industrial classification and the hazards of that industry as modified by experience rating. The premium rate that an employer pays, in comparison with the rate for the same industrial classification in another State, also reflects the level of benefits provided in his

Table 5.—Workers' compensation costs, by type of insurer, selected years, 1952-91

[In millions]

Year	Total	Private carriers	State funds	Federal programs ¹	Self-insurers
1952.....	\$1,333	\$956	\$229	\$40	\$108
1957.....	1,734	1,234	301	59	140
1962.....	2,323	1,651	395	68	209
1967.....	3,655	2,640	592	97	325
1972.....	5,832	4,181	899	211	542
1977.....	14,151	9,920	2,297	589	1,346
1982.....	22,765	15,398	2,640	1,509	3,217
1987.....	38,095	25,448	5,515	1,728	5,404
1988.....	43,284	28,538	6,660	1,911	6,175
1989.....	47,955	31,853	7,231	1,956	6,915
1990.....	53,123	35,054	8,003	2,156	7,910
1991.....	55,217	35,713	8,698	2,128	8,677

¹ Includes the Federal Employee Compensation program and that portion of the Federal Black Lung program financed from employer contributions.

or her jurisdiction and the method used to insure—commercial carrier, exclusive or competitive State fund, or self-insurance.

Notes

¹ Disabled worker benefits are payable monthly under Social Security to the worker, spouse, and children up to a family maximum (\$1,688 as of December 1991) based on the worker's earnings. In those cases where the disabled worker is also entitled to a workers' compensation benefit and the offset is applied (89,000 disabled workers as of September 1989), the Social Security disability benefit is reduced dollar-for-dollar until the combined payment under both programs reaches the higher of the two specified limits. Combined payments after reduction will never be less than the total Social

Security benefit before reduction. The offset is not applied, however, if the State law offsets the workers' compensation benefit. Although 13 States have such provisions, the Omnibus Budget Reconciliation Act of 1981 eliminated the preference for any additional States.

² *Occupational Injuries and Illnesses in the United States by Industry, 1987*, Bureau of Labor Statistics, Department of Labor, 1989.

³ These benefit estimates exclude amounts paid from general revenues, which cover most Federal Black Lung program benefits and, in a few States, supplemental pensions.