

**Alberta WCB  
Policies &  
Information**

Chapter:

**BENEFITS**

Subject:

**PERMANENT DISABILITY**

Authorization:

**BoD Resolution 2017/08/32**

Date:

**December 22, 2017**

**APPLICATION 7: ENHANCEMENT FACTOR**

**1. *What is an enhancement factor?***

When the combined effect of two or more disabilities is greater than the sum of the separate impairments (for example, immobility of the ankle joint is rated at a 12% impairment, according to the Alberta Permanent Clinical Impairment Guide, but the combined effect of immobility of both ankle joints may be greater than 24%), WCB may, in certain circumstances, increase the permanent clinical impairment award (NELP) to a higher percentage. The percentage increase is called an “enhancement factor”.

**2. *What does WCB take into consideration when determining whether to include an enhancement factor?***

WCB will usually include an enhancement factor only when the worker’s disabilities involve parts of the body with identical functions (for example, both arms, both legs, both eyes). The disabilities may all be compensable, or may be a combination of compensable and non-compensable.

Each case will be considered on its own merits.

**3. *What limitations are there?***

If one of the disabilities is non-compensable, the enhancement factor will usually be considered only when the non-compensable condition pre-existed the compensable (for example, a worker who lost the use of an arm as a child loses the use of the remaining arm due to a compensable injury). The only exceptions are loss of vision (see Question 5) and compensable lung conditions combined with a non-compensable heart condition (see Question 6).

The enhancement factor is normally limited to a maximum of 50% of the lesser permanent clinical impairment. For example, if the two impairments are a below knee amputation (35%) and immobility of the ankle joint (12%) on the opposing leg, the enhancement factor would normally be limited to 6% (50% of 12%). Once again, loss of vision and compensable lung conditions combined with a non-compensable heart condition are exceptions.

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*Limitations (continued)*

The combination of permanent clinical impairment and the enhancement factor cannot be more than 100% total impairment on any one claim.

**4. *How does WCB compensate for loss of earning capacity?***

WCB adjudicates any impairment of earning capacity according to the policies on *Temporary Benefits* (see Policy 04-02) and *Economic Loss Payments* (see Policy 04-04, Application 3 – Dates of Accident on or after January 1, 2018, and Application 4 – Dates of Accident from January 1, 1995, to December 31, 2017, inclusive). When the injury is loss of vision or lung/cardiac conditions (see Questions 5 and 6 in this application), this includes loss of earning capacity when the non-compensable injury or condition occurs after the compensable injury.

**5. *How is the enhancement factor applied to loss of vision?***

The permanent disability rating for the loss of vision in one eye is normally 16% or 18% (depending on the individual circumstances), while the compensable loss of vision in both eyes is considered total (100%) disability. If a worker who has a complete loss of vision in one eye due to a compensable injury subsequently loses the vision in the remaining eye for non-compensable reasons, WCB will increase the worker’s NELP to 50%. This increase is made on the basis that the worker now has a 100% clinical impairment, one half (50%) of which is attributable to the compensable injury.

**6. *How is the enhancement factor applied when a compensable lung condition affects a non-compensable heart disease?***

When, at the same time, a worker has both:

- 1) a compensable permanent impairment of the respiratory system, and
- 2) a disabling degree of non-compensable heart disease,

WCB considers that the compensable impairment of lung function affects the non-compensable heart disease. The non-compensable heart disease may pre-exist or be

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*Enhancement factor when a compensable lung condition affects a non-compensable heart disease (continued)*

diagnosed after the compensable lung condition.

In recognition of the resulting increased disability, WCB applies an enhancement factor of 50% of the permanent clinical impairment rating assigned to the respiratory disease. For example, if the permanent clinical impairment rating assigned to the worker's compensable respiratory condition is 35%, the enhancement factor is 17.5%.

If the clinical impairment for the compensable respiratory condition increases, the enhancement factor will be increased proportionately, provided the combined value does not exceed 100% impairment.

*Limitations*

The worker's benefit entitlement for the non-compensable heart disease is limited to the enhancement factor paid under this policy. WCB will not accept any responsibility for death attributable to the heart disease unless the conditions for acceptance outlined in Application 4 of Policy 03-01, *Injuries*, are met.

**7. How does WCB apply the enhancement factor to claims with a date of accident before January 1, 1995?**

For claims with a date of accident before January 1, 1995, WCB calculates the percentage of the enhancement factor using the same eligibility criteria as in Questions 1-3, 5, and 6. WCB normally applies the enhancement factor percentage to the worker's permanent disability pension. The only exception is the enhancement factor when a compensable lung condition affects a non-compensable heart disease.

*Compensable lung condition/non-compensable heart disease*

WCB pays the worker an enhancement supplement equal to 50% of the permanent disability award based on the permanent clinical impairment rating assigned to the respiratory disease.

For example, if the permanent clinical impairment rating

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*Compensable lung condition/non-compensable heart disease (continued)*

assigned to the worker’s compensable respiratory condition is 35%, the supplement is a monthly payment equal to the monthly pension amount the worker would receive for a 17.5% permanent clinical impairment.

The supplement is effective from:

- the date the heart disease is diagnosed, or
- the date the claim for the respiratory disease is allowed, whichever is the later.

The supplement is payable until the worker reaches retirement age, which is commonly considered to be age 65. WCB will extend the supplement beyond age 65 if the worker has sufficient and satisfactory evidence to show that he or she would have continued to work past age 65 if the injury had not occurred. See Policy 04-04, Application 3, Question 13 for information on sufficient and satisfactory evidence.

If the clinical impairment for the compensable respiratory condition increases, WCB will increase the supplement proportionately, provided the combined value does not exceed 100% disability.

**8. When is this policy application effective?**

This policy application (Application 7 – Enhancement Factor) is effective January 1, 2018, and applies to all decisions made on or after that date, except when noted otherwise in a specific policy section(s).

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**Previous versions**

- [Policy 0404 Part II, Application 7 - January 2018](#)
- [Policy 0404 Part II, Application 6 - August 2015](#)
- [Policy 0404 Part II, Application 6 - April 2005](#)
- [Policy 0404 Part II, Application 6 - January 2004](#)
- [Policy 0404 Part II, Application 6 - June 2003](#)
- [Policy 0404 Part II, Application 6 - October 2001](#)
- [Policy 0404 Part II, Application 6 - June 2001](#)
- [Policy 0404 Part II, Application 6 - September 1999](#)
- [Policy 0404 Part II, Application 6 \(consolidated manual 1st Issue\) - February 1997](#)