



WORKERS'  
COMPENSATION  
BENEFITS

2019  
NEBRASKA

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| BODY PART AFFECTED                      | WEEKS PAYABLE |
|---|---------------|
| Disability, body as a whole             | 300           |
| Shoulder/Arm*                           | 225           |
| Hand                                    | 175           |
| Leg**                                   | 215           |
| Foot                                    | 150           |
| Eye                                     | 125           |
| Loss of hearing in one ear              | 50            |
| Ear                                     | 25            |
| Nose                                    | 50            |
| Thumb                                   | 60            |
| First phalange of thumb                 | 30            |
| Half of first phalange of thumb         | 15            |
| First finger (index)                    | 35            |
| First phalange of first finger          | 17.5          |
| Half of first phalange of first finger  | 8.75          |
| Second finger (middle)                  | 30            |
| First phalange of second finger         | 15            |
| Half of first phalange of second finger | 7.5           |
| Third finger (ring)                     | 20            |
| First phalange of third finger          | 10            |
| Half of first phalange of third finger  | 5             |
| Fourth finger (little)                  | 15            |
| First phalange of fourth finger         | 7.5           |
| Half of first phalange of fourth finger | 3.75          |
| Great toe                               | 30            |
| First phalange of great toe             | 15            |
| Any other toe                           | 10            |
| First phalange of any other toe         | 5             |

\* Injury between elbow and hand considered hand, requiring conversion of arm rating to hand rating.

\*\*Injury between knee and foot considered foot, requiring conversion of leg rating to foot rating.

**MAXIMUM WEEKLY BENEFITS**

| Dates                | Rate     |
|----------------------|----------|
| 01/01/11 to 12/31/11 | \$698.00 |
| 01/01/12 to 12/31/12 | \$710.00 |
| 01/01/13 to 12/31/13 | \$728.00 |
| 01/01/14 to 12/31/14 | \$747.00 |
| 01/01/15 to 12/31/15 | \$761.00 |
| 01/01/16 to 12/31/16 | \$785.00 |
| 01/01/17 to 12/31/17 | \$817.00 |
| 01/01/18 to 12/31/18 | \$831.00 |
| 01/01/19 to 12/31/19 | \$855.00 |

| WEEKS EXPRESSED AS A DECIMAL | Rate |
|------------------------------|------|
| 1/7                          | 0.14 |
| 2/7                          | 0.29 |
| 3/7                          | 0.43 |
| 4/7                          | 0.57 |
| 5/7                          | 0.71 |
| 6/7                          | 0.86 |

**MILEAGE RATE**

| Dates                | Rate    |
|----------------------|---------|
| 01/01/09 to 12/31/09 | \$0.550 |
| 01/01/10 to 12/31/10 | \$0.500 |
| 01/01/11 to 06/30/11 | \$0.510 |
| 07/01/11 to 12/31/12 | \$0.555 |
| 01/01/13 to 12/31/13 | \$0.565 |
| 01/01/14 to 12/31/14 | \$0.560 |
| 01/01/15 to 12/31/15 | \$0.575 |
| 01/01/16 to 12/31/16 | \$0.540 |
| 01/01/17 to 12/31/17 | \$0.535 |
| 01/01/18 to 12/31/18 | \$0.545 |
| 01/01/19 to Present  | \$0.580 |

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Scheduled Injury Example

|                       |          |
|-----------------------|----------|
| Date of Accident      | 02/09/19 |
| Leg, weeks            | 215      |
| Percent of impairment | 10%      |
| Average weekly wage   | \$600.00 |
| Max. PPD rate         | \$855.00 |
| TTD weeks paid        | 15       |

Whole Body Injury Example

|                          |          |
|--------------------------|----------|
| Date of Accident         | 05/25/18 |
| Whole body, weeks        | 300      |
| Loss of earning capacity | 40%      |
| Average weekly wage      | \$900.00 |
| Max. PPD rate            | \$831.00 |
| TTD weeks paid           | 25       |

|   |            |                        |
|---|------------|------------------------|
|   | 215        | Weeks for shoulder/arm |
| x | .10        | Impairment Rating      |
|   | 21.5       | Weeks of benefits      |
| x | \$400.00   | Weekly benefit rate    |
|   | \$8,600.00 | PPD                    |

|   |             |                            |
|---|-------------|----------------------------|
|   | \$600.00    | 2/3 AWW                    |
| x | .40         | % loss of earning capacity |
|   | \$240.00    | Weekly PPD rate            |
| x | 275         | 300-25 (TTD weeks)         |
|   | \$66,000.00 | PPD                        |

**Scheduled Injuries** computed on number of weeks on schedule multiplied by impairment rating, paid at 2/3 average weekly wage. No deduction for TTD benefits paid.

**Whole Body Injuries** computed on basis of loss of earning capacity, paid over 300 weeks. TTD weeks deducted from 300 weeks.

**Waiting Period** applies to the first seven days of disability due to injury. If worker is disabled for six or more weeks, then employer shall pay employee for waiting period.

**Medical Allowance** No limit, except that the cost per procedure or service must be in accordance with the fee schedule published by the Compensation Court, effective June 1, 2008.

**Death Benefit** Widow/widower is entitled to weekly benefits at 2/3 of employee's average weekly wage if there are no children, with increased percentage of wage if there are dependent children and division of benefits between widow/widower and children, until death or remarriage. At remarriage, widow/widower receives two years benefits in a lump sum. Minor children are entitled to a percentage of death benefits until 19, or 25 if enrolled full-time in an educational institution, or until the end of actual dependency.

**Burial Allowance** Reasonable expenses, not to exceed \$6,000.00 for accidents prior to 7/19/12, and \$10,000 thereafter.

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