



WORKERS'  
COMPENSATION  
BENEFITS

2024  
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
01/01/16 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
01/01/20 to 12/31/20	\$882.00
01/01/21 to 12/31/21	\$914.00
01/01/22 to 12/31/22	\$983.00
01/01/23 to 12/31/23	\$1,029.00
01/01/24 to 12/31/24	\$1,094.00

WEEKS EXPRESSED AS A DECIMAL	
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
01/01/15 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 12/31/19	\$0.580
01/01/20 to 12/31/20	\$0.575
01/01/21 to 12/31/21	\$0.560
01/01/22 to 06/30/22	\$0.585
07/01/22 to 12/31/22	\$0.625
01/01/23 to 12/31/23	\$0.655
01/01/24 to present	\$0.670

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# WORKERS' COMPENSATION BENEFITS

# 2024 NEBRASKA

## Scheduled Injury Example

Date of Accident	01/01/24
Shoulder, weeks	225
Percent of impairment	20%
Average weekly wage	\$900.00
Max. PPD rate	\$1,094.00
TTD weeks paid	28

x	225	Weeks for shoulder
	.20	Impairment Rating
	45	Weeks of benefits
x	\$600.00	Weekly benefit rate
	\$27,000.00	PPD

## Whole Body Injury Example

Date of Accident	01/15/24
Whole body, weeks	300
Loss of earning capacity	30%
Average weekly wage	\$1,000.00
Max. PPD rate	\$1,094.00
TTD weeks paid	35

x	\$666.67	2/3 AWW
	.30	% loss of earning capacity
	\$200.00	Weekly PPD rate
x	265	300-35 (TTD weeks)
	\$53,000.00	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.

**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:

Date	Max Expense
Prior to 7/19/12	\$6,000
7/19/12 - 7/01/21	\$10,000
7/01/21 - 6/30/23	\$11,000
7/01/23 - present	\$11,300

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