



# WORKERS' COMPENSATION BENEFITS

# 2024 KANSAS

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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

BODY PART AFFECTED	WEEKS PAYABLE
Disability, body as a whole	415
Shoulder	225
Arm	210
Forearm	200
Hand	150
Leg	200
Lower leg	190
Foot	125
Eye	120
Hearing, both ears	110
Hearing, one ear	30
Thumb	60
1st (index) finger	37
2nd (middle) finger	30
3rd (ring) finger	20
4th (little) finger	15
Great toe	30
Each other toe	10

## MAXIMUM WEEKLY BENEFITS

Dates	Rate	Qualifying Wage
07/01/16 to 06/30/17	\$627.00	\$940.50
07/01/17 to 06/30/18	\$631.00**	\$946.50**
07/01/18 to 06/30/19	\$645.00	\$967.50
07/01/19 to 06/30/20	\$666.00	\$999.00
07/01/20 to 06/30/21	\$687.00	\$1,030.50
07/01/21 to 06/30/22	\$737.00	\$1,105.50
07/01/22 to 06/30/23	\$765.00	\$1,147.50
07/01/23 to 06/30/24	\$804.00	\$1,206.00
07/01/24 to 06/30/25	\$835.00	\$1,252.50

\*\*Revised by the State\*\*

Permanent total disability exists only when the claimant is incapable of engaging in substantial and gainful employment. Expert evidence is required. Only one PTD award per lifetime.

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Date of Accident	07/01/24
Bodily Injury, weeks	415
Percent of disability	15%
Weeks of TTD paid	25
Average weekly wage	\$2,000.00
TTD rate	\$835.00
PPD rate	\$835.00

415	Weeks, body as a whole
-	(25-15) Weeks of temp. total
405	Perm. partial weeks
x	15% Impairment rating
60.75	Weeks of benefits
\$835.00	Weekly benefit rate
\$50,726.25	Total lump sum award

**Body as a Whole Injuries** Deduct the weeks of TTD paid (in excess of the first 15 weeks) from 415 weeks, then multiply by percentage of impairment and by the compensation rate. See example above.

**Work Disability** possible if claimant has greater than 7.5% whole body impairment (or at least 10% if pre-existing impairment) and is unable to earn comparable wage due to work accident. Work disability is the average of wage loss and loss of task performing abilities. Post-injury wage determined based on claimant's earning capability.

**Waiting Period for Temporary Total Disability** applies to the first seven days claimant is off work. If worker is off for three consecutive weeks, then employer shall pay worker TTD for waiting period.

**Scheduled Injuries** computed the same as body as a whole injuries, except all weeks of temporary benefits can be subtracted from maximum weeks of benefits.

Maximum Liability	7/1/24-6/30/27	Prior to 7/1/24
PPD (includes TTD)	\$225,000	\$130,000
PTD (includes TTD)	\$400,000	\$155,000
Functional impairment (over and above TTD)	\$100,000	\$75,000

### Burial Allowance

For injuries prior to July 1, 2018: \$5,000.00  
For injuries on or after July 1, 2018: \$10,000.00

**Pre-existing Impairment of Function** may be deducted from final rating. If prior injury for same employer, credit is dollar-for-dollar based on current rates. If prior injury for different employer, subtract pre-existing percentage from final impairment rating.

**Death Benefit for injury on or after 07/01/2024:** maximum of \$500,000.00. Minors paid until age 18 regardless of limit; full-time college student or disabled dependent may qualify until age 23. \$60,000.00 lump sum to surviving spouse or wholly dependent children or both. \$2,500 for court-appointed conservator, if required. **For injuries between 07/01/2018 to 06/30/2024:** maximum of \$300,000. \$40,000.00 lump sum to surviving spouse or wholly dependent children or both. \$1,000 for court-appointed conservator, if required.

**Per Diem** \$30. Prior to 07/01/24: \$15.00

**Future Medical** claimant must prove the need for future medical treatment.

**Unauthorized Medical** \$800 if injury is on or after July 1, 2024. \$500.00 prior to July 1, 2024. (if used for rating, rating is inadmissible)

**Athletic Medical Allowance** No limit

Mileage	07/01/19 to 07/01/21	12/31/20 to 06/30/22	06/30/22 to 06/30/24	06/30/24 to present
		\$0.575/mi.	\$0.560/mi.	\$0.585/mi.
		\$0.565/mi.	\$0.655/mi.	\$0.670/mi.

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