

# WORKERS' COMPENSATION BENEFITS

### KANSAS

60

37

30

20

30

10

KANSAS CITY, KS	BODY PART AFFECTED	WEEKS PAYABLE
10 E. Cambridge Circle Dr., Ste 300	Disability, body as a whole	415
Kansas City, KS 66103 Ph 913.371.3838	Shoulder	225
ST. LOUIS, MO	Arm	210
505 N. 7th St., Ste. 2100	Forearm	200
St. Louis, MO 63101 Ph 314.621.1133	Hand	150
	Leg	200
SPRINGFIELD, MO 1546 E. Bradford Pkwy, Ste. 100 Springfield, MO 65804 Ph 417.865.0007	Lower leg	190
	Foot	125
	Eye	120
O M A H A , N E 13110 Birch Dr. , Ste. 148, MB#363	Hearing, both ears	110
	Hearing, one ear	30

1st (index) finger

3rd (ring) finger

4th (little) finger Great toe

Each other toe

2nd (middle) finger

Thumb

Ph 402.408.1340

Omaha, NE 68164

2021 S. Lewis, Ste. 225 Tulsa, OK 74104 Ph 918.771.4465

DES MOINES, IA

4400 Westown Pkwy, Ste. 490 West Des Moines, IA 50266 Ph 515.823.0800

S P R I N G F I E L D , I L 3201 W. White Oaks Dr., Ste. 200 Springfield, IL 62704 Ph 217.606.0900

KANSAS CITY, MO 2700 Bi-State Dr., Ste. 400 Kansas City, MO 64108 Ph 816.912.4446

WEEKS E	XPRESSED	
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	

#### MAXIMUM WEEKLY BENEFITS

Rate	Qualifying Wage
\$627.00	\$940.50
\$631.00**	\$946.50**
\$645.00	\$967.50
\$666.00	\$999.00
\$687.00	\$1,030.50
\$737.00	\$1,105.50
\$765.00	\$1,147.50
\$804.00	\$1,206.00
\$835.00	\$1,252.50
	\$627.00 \$631.00** \$645.00 \$666.00 \$687.00 \$737.00 \$765.00 \$804.00

\*\*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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### 2024 K A N S A S

Date of Accident	07/01/24	415 Weeks, body as a whole
Bodily Injury, weeks	415	- (25-15) Weeks of temp. total
Percent of disability	15%	405 Perm. partial weeks
Weeks of TTD paid	25	x 15% Impairment rating
Average weekly wage	\$2,000.00	60.75 Weeks of benefits
TTD rate	\$835.00	\$835.00 Weekly benefit rate
PPD rate	\$835.00	\$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. Postinjury 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** 

913.671.3711

402.384.2950

Jessica R. Voelker

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 inury 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)

Authorized Medical Allowance No limit

 Mileage
 07/01/19 to 12/31/20 01/01/21 to 06/30/22 05.560/mi.
 \$0.575/mi.

 07/01/22 to 06/30/23 07/01/23 to 06/30/24 07/01/24 to present
 \$0.585/mi.

r or injuries on or arter vary	1, 2010, φ10,000.00				
WORKERS' COMPENSATION ATTORNEYS					
Frederick J. Greenbaum	Christopher E. Patt	Karl L. Wenger	Pierce A. Shimp		
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