

EVANS & DIXON LLC

ATTORNEYS AT LAW

KANSAS DEPARTMENT OF LABOR: DIVISION OF WORKERS' COMPENSATION

TABLE OF MAXIMUM BENEFITS – EFFECTIVE JULY 1, 2023 KANSAS WORKERS' COMPENSATION LAW

- **NOTICE** – Must be provided within the earliest of the following: (1) 20 days after the date of accident, (2) if the employee is working for the employer against whom treatment is sought, within 20 days of the date of accident, (3) if the employee no longer works for the employer against whom benefits are sought, 10 days from the last day actually worked.
- **APPLICATION FOR HEARING** – Form E-1 must be filed within three years of the date of accident or two years of the last benefit provided.
- **TREATMENT** – The employer must furnish medical treatment to cure and relieve the effects of the injury. The employee has the right to \$500 of unauthorized medical expense.

- **FOR INFORMATION** – write:
 - KS DEPT OF LABOR
 - DIVISION OF WORKERS' COMPENSATION
 - 401 SW TOPEKA BOULEVARD, SUITE 2
 - TOPEKA KS 66603-3105

- **OR CALL:** (785) 296-4000 | (800) 332-0353

- ** General Information Option 2
- **Coverage & Compliance Option 4
- Director's Office Extension 7364
- **Fraud & Abuse Investigation Option 3
- **Mediation Option 2
- Medical Services Option 8, then 2
- **Ombudsman/Claims Advisory Option 2
- Administrative Law Judges Option 5
- Appeals Board Option 6
- Assessments Option 8, then 2
- Electronic Data Interchange (EDI) Option 8, then 1
- Records Management Option 7
- Self-Insurance Option 8, then 3
- Website www.dol.ks.gov

Medical and hospital allowances.....	no limit
Death: spouse & wholly dependent of children.....	\$300,000
Death: heirs (no dependents).....	Up to \$100,000
Burial allowance.....	Up to \$10,000
Permanent total disability.....	\$155,000
PPD/TTD.....	\$130,000
Functional Impairment only.....	\$75,000
Maximum weekly benefits:	
7-1-19 to 6-30-20.....	\$666
7-1-20 to 6-30-21.....	\$687
7-1-21 to 6-30-22.....	\$737
7-1-22 to 6-30-23.....	\$765
7-1-23 to 6-30-24.....	\$804

Travel to obtain medical services on or after July 1, 2023, shall be reimbursed at the rate of 65.5¢ a mile. Maximum benefits where functional impairment only is awarded is restricted to \$75,000.

	Max. weeks may be paid	Compensation at \$804 per week
Disability, body as a whole	415	\$333,660
Shoulder	225	\$180,900
Arm	210	\$168,840
Forearm	200	\$160,800
Hand	150	\$120,600
Leg	200	\$160,800
Lower Leg	190	\$152,760
Foot	125	\$100,500
Eye	120	\$96,480
Hearing, both ears	110	\$88,440
Hearing, one ear	30	\$24,120
Thumb	60	\$48,240
Finger 1 st (index)	37	\$29,748
Finger 2 nd (middle)	30	\$24,120
Finger 3 rd (ring)	20	\$16,080
Finger 4 th (little)	15	\$12,060
Great toe	30	\$24,120
Great toe, end joint only	15	\$12,060
Each other toe	10	\$8,040
Each other toe, end joint only	5	\$4,020

Overland Park, Kansas

10851 Mastin Blvd., Ste. 900
Overland Park, KS 66210
Phone: (913) 693-0900
Fax: (913) 341 - 2293

Kansas City, Missouri

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Phone: (816) 472-4600
Fax: (816) 472-4013

St. Louis, Missouri

211 N. Broadway, Ste. 2500
St. Louis, MO 63102
Phone: (314) 621-7755
Fax: (314) 621-3136

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4905 South National Ave., Bldg. B
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