

TABLE OF MAXIMUM BENEFITS

K-WC 107 (Rev. 7-21)

For workers compensation information:

- ▶ Website: www.dol.ks.gov
- ▶ Phone: (785) 296-4000
Toll free: (800) 332-0353
- ▶ Mail: Kansas Department of Labor
Division of Workers Compensation
401 SW Topeka Blvd., Suite 2
Topeka, KS 66603-3105

MAXIMUM BENEFITS

Effective July 1, 2021

Medical and hospital allowances	no limit
Death: spouse and wholly dependent children.....	\$300,000
Death: heirs (no dependents).....	\$100,000
Burial allowance	\$10,000
Permanent total disability	\$155,000
Temporary total disability	\$130,000
Partial disability.....	\$130,000
Partial disability limited to functional impairment.....	\$75,000

Maximum Weekly Benefits

(7-1-15 to 6-30-16)	\$610
(7-1-16 to 6-30-17)	\$627
(7-1-17 to 6-30-18)	\$631
(7-1-18 to 6-30-19)	\$645
(7-1-19 to 6-30-20)	\$666
(7-1-20 to 6-30-21)	\$687
(7-1-21 to 6-30-22)	\$737

Medical mileage for more than five miles

Maximum Weeks That May Be Paid

Shoulder	225	Hearing, one ear	30
Arm	210	Thumb.....	60
Forearm.....	200	Finger 1 st (index)	37
Hand.....	150	Finger 2 nd (middle)	30
Leg.....	200	Finger 3 rd (ring)	20
Lower leg.....	190	Finger 4 th (little)	15
Foot	125	Great toe	30
Eye	120	Great toe, end joint	15
Hearing, both ears	110	Each other toe	10
Each other toe, end joint only.....	5		

Allowance of 10 percent and not more than 15 weeks
for healing period following an amputation