

## 2023 Missouri Workers' Compensation Benefits

### **Docket Location Map**

# And County And County

### Cape Girardeau Office, Ph. 573-290-5757

Bloomfield Docket (Stoddard) • Cape Girardeau Docket (Bollinger, Cape Girardeau, Perry)
Caruthersville Docket (Dunklin, Pemiscot) • Farmington Docket (St. Francois, St. Genevieve)
Festus Docket (Jefferson) • Ironton Docket (Iron, Madison, Reynolds, Washington)
New Madrid Docket (New Madrid) • Poplar Bluff Docket (Butler, Carter, Ripley, Wayne)
Sikeston Docket (Mississippi, Scott)

### Jefferson City Office, Ph. 573-751-4231

Boonville Docket, held in Columbia (Cooper, Howard) • Camdenton Docket (Camden, Hickory, Morgan) Columbia Docket (Boone) • Eldon Docket, held in Jefferson City (Miller) • Fulton Docket, held in Jefferson City (Callaway) • Hermann Docket (Gasconade) • Jefferson City Docket (Cole, Maries, Maniteau, Osage) • Macon Docket (Linn, Macon, Shelby) • Marshall Docket (Saline) • Mexico Docket, held in Columbia (Audrain, Motgomery) • Moberly Docket, held in Columbia (Chariton, Randolph) Rolla Docket (Crawford, Dent, Phelps) • Sedalia Docket (Benton, Petitis)

### Joplin Office, Ph. 417-629-3032

Joplin Docket (Jasper) • Neosho Docket, held in Joplin (McDonald, Newton)

### Kansas City Office, Ph. 816-889-2481

Clinton Docket, held in Kansas City (Bates, Henry, Johnson, St. Clair) • Kansas City Docket (Cass, Clay, Gladstone, Jackson, Platte) • Lexington Docket (Lafayette)

### Springfield Office, Ph. 417-888-4100

Branson West Docket (Barry, Stone, Taney) • Lamar Docket (Barton, Cedar, Dade, Vernon) • Lebanon Docket (Laclede, Pulaski, Wright) • Springfield Docket (Christian, Dallas, Greene, Lawrence, Polk, Webster) West Plains Docket (Douglas, Howell, Oregan, Ozark, Shannon, Texas)

### St. Charles Office, Ph. 636-949-1999

Franklin Docket (Franklin) • St. Charles Docket (St. Charles) • Warrenton Docket, held in St, Charles (Lincoln, Warren)

### St. Joseph Office, Ph. 816-387-2275

Bethany Docket (Daviess, Harrison) • Chillicothe Docket (Caldwell, Carroll, Livingston) 
Kirksville Docket (Adair, Knox, Putnam, Schuyler, Scotland, Sullivan) • Maryville Docket (Atchison, 
Gentry, Holt, Nodaway, Worth) • St. Joseph Docket (Andrew, Buchanan, Clinton, DeKalb) • Trenton 
Docket (Gundy, Mercel)

### St. Louis Office, Ph. 314-340-6865

Hannibal Docket (Clark, Lewis, Marion, Monroe, Rike, Ralls) St. Louis Docket (City of St. Louis, St. Louis County)

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### St. Louis

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# 2023 Missouri Workers' Compensation Benefits

	WEEKO	_	
BODY PART AFFECTED	WEEKS PAYABLE	BODY PART AFFECTED	
Disability, body as a whole	400	Little finger at second joint	
Arm at shoulder	232	Little finger at distal joint	
Arm between shoulder and elbow joint	222	Leg at hip joint	
Arm at elbow joint	210	Leg at or above knee	
Arm between elbow joint and wrist	200	Leg at or above ankle and below knee joint	
Hand at wrist joint	175	Foot at tarsus	
Thumb at proximal joint	60	Foot at metatarsus	
Thumb at distal joint	45	Great toe of one foot at proximal joint	
Index finger at proximal joint	45	Great toe of one foot at distal joint	
Index finger at second joint	35	Any other toe at proximal joint	
Index finger at distal joint	30	Any other toe at second joint	
Middle or ring finger at proximal joint	35	Any other toe at distal joint	
Middle or ring finger at second joint	30	Complete deafness in both ears	
Middle or ring finger at distal joint	26	Complete deafness in one ear	
Little finger at proximal joint	22	Complete loss of sight in one eye	

MAXIMUM WEEKLY BENEFITS & MILEAGE RATES					
Dates	TTD/PTD & Death	PPD	Mileage		
07/01/2011 to 06/30/2012	\$811.73	\$425.19	\$0.48/mile		
07/01/2012 to 06/30/2013	\$827.75	\$433.58	\$0.52.5/mile		
07/01/2013 to 06/30/2014	\$853.08	\$446.85	\$0.53.5/mile		
07/01/2014 to 06/30/2015	\$861.04	\$451.02	\$0.53/mile		
07/01/2015 to 06/30/2016	\$886.92	\$464.58	\$0.54.5/mile		
07/01/2016 to 06/30/2017	\$911.27	\$477.33	\$0.51/mile		
07/01/2017 to 06/30/2018	\$923.01	\$483.48	\$0.50.5/mile		
07/01/2018 to 06/30/2019	\$947.64	\$496.38	\$0.51.5/mile		
07/01/2019 to 06/30/2020	\$981.65	\$514.20	\$0.55/mile		
07/01/2020 to 06/30/2021	\$1,011.92	\$530.05	\$0.54.5/mile		
07/01/2021 to 06/30/2022	\$1,082.22	\$566.88	\$0.53/mile		
07/01/2022 to 06/30/2023	\$1,160.17	\$607.21	\$0.59.5/mile		

Burial Benefit: \$5,000.00 Minimum Rate: \$40.00 per week Disfigurement Max. 40 weeks

WEEKS PAYABLE 20 16

155

110

22

10

180

49

140

### AVERAGE WEEKLY WAGE (AWW):

- If the wages are fixed by the week, the amount so fixed shall be the AWW.
- If the wages are fixed by the month, the AWW shall be the monthly wage multiplied by twelve and divided by fifty-two.
- If the wages are fixed by the year, the AWW shall be the yearly wage fixed divided by fifty-two
- If the wages are fixed by the day, hour, or by the output of the employee, the average weekly wage shall be calculated based on the 13 weeks prior to the date of injury or actual weeks and portions of weeks if employed fewer than 13. However, the absence of five regular or scheduled workdays, even if not in the same calendar week, shall be considered as absence for a calendar week and the wages earned during such week shall be accurately in computing the average weekly wage.
- during such week shall be excluded in computing the average weekly wage.

  If the employee has been employed less than two calendar weeks immediately preceding the injury, the employee's weekly wage shall be considered to be equivalent to the average weekly wage prevailing in the same or similar employment at the time of the injury, except if the employer has agreed to a certain hourly wage, then the hourly wage agreed upon multiplied by the number of weekly hours scheduled shall be the employee's average weekly wage.
- If the hourly wage has not been fixed or cannot be ascertained, or the employee earned no wage, the wage for the purpose of calculating compensation shall be taken to be the usual wage for similar services where such services are rendered by paid employees of the employer or any other employer.
- If an employee is hired by the employer for less than the number of hours per week needed to be classified as a full-time or regular employee, benefits computed for purposes of this chapter for permanent partial disability, permanent total disability, and death benefits shall be based upon the average weekly wage of a full-time or regular employee engaged by the employer to perform work of the same or similar nature and at the number of hours per week required by the employer to classify the employee as a full-time or regular employee, but such computation shall not be based on less than thirty hours per week (\$287.250)

ACCIDENT: Defined as "an unexpected traumatic event or unusual strain identifiable by time and place of occurrence and producing at the time objective symptoms of an injury caused by a specific event during a single work shift." In order to be compensable, the accident must be the prevailing factor in causing the injury. Prevailing factor defines as the primary factor, in relation to any other factor, causing both the resulting medical condition and disability. An injury is not compensable because work was a triggering or precipitating factor. (§287.020)

**ALCOHOL & DRUG USE:** 50% reduction in compensation penalty possible if employee fails to obey any rule or policy relating to drug or alcohol use in the workplace and injury is sustained "in conjunction with" the use of alcohol or drugs. (§287.120.6)

**SAFETY VIOLATION:** The employee's failure to use a safety device provided by the employer or failure to obey any reasonable rule adopted for the safety of employees shall reduce benefits by 25 to 50%. Failure must not be willful. Employers need only make a reasonable effort to cause employees to use safety devices and follow safety rules. (§287.120.5)

STATUTE OF LIMITATIONS: A claim for compensation must be filed with the division within two years after the date of injury or death, or the last payment made on account of the injury or death, except that if the report injury or the death is not filed by the employer, the claim for compensation may be filed within three years after the date of injury, death, or last payment made on account of the injury or death. (§287.430)

NOTICE:Written notice of the time, place and nature of the injury, and the name and address of the person injured, must be given to the employer no later than thirty (30) days after the accident, unless the employer was not prejudiced by the failure to provide notice. For occupational disease or repetitive trauma, notice must be given no later than thirty (30) days after the diagnosis of the condition unless the employee can prove the employer was not prejudiced by failure to receive notice. (§287.420)

**TEMPORARY TOTAL DISABILITY COMPENSATION:** Employers may allow or require an employee to use any part of the EE's accumulated sick, vacation, or personal time to attend medical treatment, rehab or evaluations. If an employee is receiving unemployment benefits, they are disqualified from receiving TTD. If an employee is terminated for post-injury misconduct neither TTD/TPD are due. (§287.170)

WAITING PERIOD: The first three (3) days or less of disability during which the employer is open for the purpose of operating its business unless the disability shall last longer than fourteen (14) after which payment for the first three days shall be made retroactively to the claimant. (§287.160.1)

JURISDICTION: Place of injury; Contract for hire in Missouri; Principal place of employment. (§287.110)