

Accident

Kansas City Life Insurance Company is pleased to present its Group Accident – Low Plan insurance proposal.

Kansas City Life Insurance Company provides an affordable accident plan that offers the combination of benefits, options and customer service that will satisfy your employees. Because it's a stand-alone plan, coverage is not tied to medical plans or other benefits.

Kansas City Life is committed to providing claims service that sets the standard for quality. Our dedicated, knowledgeable professionals process claims promptly and accurately. Kansas City Life's state-of-the-art claims system and cost control procedures assure that your benefit plan will be properly managed.

The proposal outlines the features, concepts, provisions, benefits, and exclusions the plan provides. It explains our standard benefits and may be subject to some state restrictions. Your Kansas City Life Sales Representative can explain these differences, if necessary.

The premium rate and plan design quotation is based on the underwriting data provided. Final premium rates and plan provisions are determined based on the composition of the group of persons who will become insured, policyholder contributions, and applicable state laws.

This proposal is valid until we update, replace, or withdraw it.

The actual group insurance policy may contain additional provisions not fully described in this proposal. If there are any discrepancies between this proposal and the group insurance policy, the policy will prevail.

In 2022, 63 million people – about 1 in 5 – sought medical attention for an injury.¹

The total economic cost of fatal and nonfatal preventable injury-related incidents in 2022 was \$1,283.5 billion.¹

In the United States, preventable injuries are at an all-time high, ranking as the third leading cause of death behind heart disease and cancer.¹

¹Source: *National Safety Council, Injury Facts*, <https://injuryfacts.nsc.org>

This is a brief description only and is not a contract. Variables and exclusions may vary by group and will be outlined in the Group Master Policy. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rate. Insured individuals receive a Certificate of Insurance specifying the benefits to which they are entitled. Coverage is not available in all states. Policy and Certificate referenced herein: PJ145/CJ145

Coverage underwritten by: Kansas City Life Insurance Company, 3520 Broadway, Kansas City, MO 64111

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The right protection from the right company

A promise of financial security is only as good as the company that makes it. When Kansas City Life makes a promise, we stand behind it. Since 1895, we have assisted policyholders through world wars, the Great Depression, and various periods of recession and inflation.

Kansas City Life's reputation is built on integrity, sound investment strategies, and honest business practices. To us, integrity is not an outdated notion in today's fast-paced world. It is the guiding force behind every decision we make. Every product we sell is backed by more than 125 years of quality service and financial security.

High Rating from Independent Analyst

A.M. BEST COMPANY: A- (EXCELLENT)

Rating is based on A.M. Best's measurement of Kansas City Life's financial strength and operating performance. As of September 2024. There are 13 financial strength ratings assigned by A.M. Best, ranging from A++ (Superior) to D (Poor).

We'll be with you ... We're Kansas City Life.

We are pleased that you are considering making Kansas City Life a part of your employee benefit package. We offer a wide range of Group products, including Life, Dental, Short Term Disability, Long Term Disability, and Vision on an employer-sponsored and voluntary basis for groups as few as two.

Our tradition of excellence ensures outstanding products and services.

When you select Kansas City Life, you will receive the same high level of service we have been providing for more than 125 years.

Personalized Service

In addition to receiving one of the most competitive contracts in the industry today, the contract is backed by an outstanding staff of service professionals. Your plan is assigned to a specific administrator who handles all of the routine monthly procedures. Kansas City Life provides prompt and accurate claims processing.

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Provisions

Employee and Dependent Eligibility

Full-time employees actively working at least 30 hours a week are eligible for coverage. Eligible dependents of an insured individual include the spouse up to age 70 and unmarried children up to age 26. (This provision may vary by state.)

Participation Requirement

Non-Contributory – if the employer pays 100% to the cost of the plan, all eligible employees must enroll.

Contributory – if the employer contributes 1% – 99% to the cost of the plan, a minimum of 5 eligible employees must enroll.

Voluntary – if employer makes no contribution to the cost of the plan, it is considered voluntary and a minimum of five eligible employees must enroll.

After participation requirements are applied, the minimum group size is 5 insured employees.

Annual Enrollment

Employees and dependents must enroll within 31 days of becoming eligible. If enrollment does not occur within this timeframe then individuals will not be permitted to enroll in the plan until the designated annual enrollment period. Changes to coverage are also not permitted until the annual enrollment period unless due to a qualifying event.

Portability

Portability allows employees and dependents covered under the plan for a minimum of 12 months to continue coverage when it terminates due to termination of: employment; membership in an eligible class; or the policy, provided it is not being replaced.

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Overview of Major Benefit Provisions – This list is not all inclusive of all available benefits. These are brief descriptions only, refer to the specimen policy for a full list and complete description of all benefits.

Injury:

An unintentional physical damage or harm caused directly by a Covered Accident and not due to sickness, disease, or any other causes.

Accidental Death:

We will pay a benefit if a Covered Person is injured as a result of a Covered Accident and the Injury caused the Covered Person to die within 90 days after the Covered Accident.

Initial Accidental Dismemberment:

A benefit is payable for loss suffered as the result of a Covered Accident and which occurs within 90 days after the Covered Accident.

Catastrophic Accidental Dismemberment:

An Injury that within 365 days of the Covered Accident results in total and irrecoverable loss of both hands, or both feet; or loss of one hand and one foot.

Burns:

The applicable benefit is payable if a Covered Person receives burns as a result of a Covered Accident and is treated by a Physician within 72 hours after the Covered Accident.

Dislocation:

A benefit is payable if a Covered Person is injured and suffers a dislocation as the result of a Covered Accident. A dislocation is a completely separated joint. It must be diagnosed as a dislocation by a Physician within 90 days after the Covered Accident. The dislocation must be corrected by open (surgical) or closed (non-surgical) reduction.

Fracture:

The applicable benefit is payable if a Covered Person suffers a fracture as a result of a Covered Accident. A fracture is a break in a bone which can be seen by X-ray. It must be diagnosed as a fracture by a Physician within 90 days after the Covered Accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a Physician.

Laceration:

A benefit is payable if a Covered Person is injured as a result of a Covered Accident and suffers a laceration. A laceration is a cut. The laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount we pay will be based on the total length of all lacerations received in any one Covered Accident which require repair.

Therapy Services:

A benefit is payable for a Covered Person who receives Occupational, Physical, or Speech Therapy as the result of a Covered Accident. We will pay up to a maximum of six visits per Covered Person per Covered Accident.

Transportation:

A benefit is payable for a Covered Person that must travel from their residence more than 100 miles round trip on Physician's advice for treatment of Injuries as a result of a Covered Accident.

Wellness:

A benefit is payable for one Wellness test per Calendar Year per Covered Person. Wellness tests include but are not limited to: Annual Physical Exam, Colonoscopy, Mammography, Skin Cancer Biopsy, Vaccinations.

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LOW PLAN

For limitations regarding the benefits payable per Covered Accident, please refer to the Accident Insurance section of the Certificate.

HOSPITAL BENEFIT	
Hospital Admission <i>(once per Covered Accident, not payable with Hospital Intensive Care Unit Admission)</i>	\$750
Hospital Intensive Care Unit Admission <i>(once per Covered Accident, not payable with Hospital Admission)</i>	\$1,125
Hospital Confinement <i>(up to 365 days, not payable with Hospital Intensive Care Unit Confinement)</i>	\$100 per day
Hospital Intensive Care Unit Confinement <i>(up to 15 days, not payable with Hospital Confinement)</i>	\$300 per day
Hospital Confinement due to Covered Sickness <i>(up to 30 days per Covered Sickness)</i>	\$100 per day
ACCIDENTAL LOSS BENEFITS	
Emergency Care	
Air Ambulance <i>(once per Covered Accident)</i>	\$600
Ground Ambulance <i>(once per Covered Accident)</i>	\$200
Dental Work (emergency)	
Dental Crown <i>(once per Covered Accident)</i>	\$150
Dental Extraction <i>(once per Covered Accident)</i>	\$50
Emergency Room Treatment <i>(once per Covered Accident)</i>	\$100
Emergency Treatment in a Physician Office/Urgent Care Facility <i>(once per Covered Accident):</i>	
Physician's office; Urgent Care Facility; Primary Care	
Physician's office; or Specialist's office	\$50
Medical Imaging <i>(once per Covered Accident)</i>	\$100
Pain Management Epidural Anesthesia <i>(once per Covered Accident)</i>	\$50

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Specified Covered Injuries

Fracture (broken bone)	<u>Closed Reduction</u>	<u>Open Reduction</u>
Depressed Skull fracture	\$2,500	\$5,000
Simple Non-depressed Skull fracture	\$1,250	\$2,500
Hip	\$1,500	\$3,000
Vertebrae (body of), pelvis (excluding coccyx), or sternum	\$800	\$1,600
Leg (tibia or fibula)	\$800	\$1,600
Nose, heel or finger	\$175	\$700
Upper Jaw (maxilla), upper arm, or face (except nose)	\$375	\$750
Lower Jaw (mandibular)	\$325	\$650
Shoulder Blade (scapula) or forearm	\$325	\$650
Vertebral Processes	\$300	\$1,200
Wrist, elbow, ankle, or kneecap	\$325	\$650
Foot (except toes/heel)	\$325	\$650
Hand (except fingers)	\$325	\$650
Rib	\$300	\$1,200
Coccyx	\$200	\$400
Toe	\$125	\$250

Chip fracture – 25% of the applicable amount for closed reduction of the bone listed above

Dislocation (separated joint)	<u>Closed Reduction</u>	<u>Open Reduction</u>
Hip	\$1,000	\$4,000
Knee or shoulder	\$400	\$1,000
Ankle or foot (other than toes)	\$300	\$1,000
Collarbone	\$300	\$1,600
Lower Jaw	\$500	\$1,000
Elbow or wrist	\$400	\$800
One Toe or Finger	\$100	\$200

Incomplete dislocation or dislocation reduction without anesthesia – 25% of the applicable amount for closed reduction of joint involved

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Burns *(once per Covered Accident)*

2nd degree 35+ square inches of the body surface \$500

3rd degree At least 10-19 square inches; or \$1,250

3rd degree At least 20-34 square inches; or \$2,500

3rd degree 35+ square inches of the body surface \$7,500

Burns – Skin grafts for 2nd or 3rd degree burns *(once per Covered Accident)* 25%

Coma *(once per Covered Accident)* \$5,000

Concussion *(once per Covered Accident)* \$100

Laceration *(once per Covered Accident)*

Laceration(s) not requiring sutures and treated by a doctor \$35

Repaired by stitches:

Total of all lacerations is less than 2 inches long \$65

Total of all lacerations is 2-6 inches long \$250

Total of all lacerations is over 6 inches long \$500

Surgery

Eye Injury with surgical repair *(once per Covered Accident)* \$200

Knee Cartilage *(once per Covered Accident)*

Torn with surgical repair \$500

Exploratory without repair \$100

Open Abdominal and Thoracic/Hernia *(once per Covered Accident)*

Open abdominal or thoracic surgery \$1,000

Hernia with surgical repair \$100

Exploratory without repair \$100

Outpatient Surgery Facility Service *(once per Covered Accident)* \$150

Ruptured Disc with surgical repair *(once per Covered Accident)* \$600

Tendon/Ligament/Rotator Cuff *(once per Covered Accident)*

One with surgical repair \$600

Two or more with surgical repair \$900

Exploratory without repair \$100

Physician Follow-up Visit *(2 visits per Covered Accident)*

Physician's office; Urgent Care Facility; Primary Care

Physician's office; or Specialist's office \$50 per visit

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Transitional

Appliance <i>(once per Covered Accident)</i>	\$100
Prosthetic Device/Artificial Limb <i>(once per Covered Accident)</i>	
One	\$500
More than one	\$1,000
Therapy Services Occupational, Physical, or Speech Therapy <i>(up to 6 visits per Covered Accident)</i>	\$15 per visit
Chiropractic Treatment <i>(up to 3 visits per Calendar Year)</i>	\$15 per visit

Other Services

Blood/Plasma/Platelets <i>(once per Covered Accident)</i>	\$200
Lodging <i>(up to 30 nights)</i>	\$100 per night
Rehabilitation Unit Confinement <i>(up to 15 days not to exceed 30 days per Calendar Year)</i>	\$50 per day
Transportation <i>(more than 100 miles round-trip from residence via plane, car, bus, or train) limited to 3 round trips per Calendar Year)</i>	\$150 per round-trip

Initial Accidental Loss – Employee

(once per Covered Accident, not payable with Initial Accidental Dismemberment)

Permanent Paralysis;	\$5,000
loss of sight of both eyes;	\$5,000
loss of sight of one eye; or	\$2,500
loss of the hearing of one ear	\$2,500

Initial Accidental Loss – Spouse/Child

(once per Covered Accident, not payable with Initial Accidental Dismemberment)

Permanent Paralysis;	\$2,500
loss of sight of both eyes;	\$2,500
loss of sight of one eye; or	\$1,250
loss of the hearing of one ear	\$1,250

Catastrophic Accidental Loss*

Permanent Paralysis; loss of sight of both eyes; loss of the hearing of both ears; or loss of the ability to speak

	Under age 65	Age 65 - 69	Age 70 and over
Employee	\$10,000	\$5,000	\$2,500
Spouse	\$5,000	\$2,500	\$1,250
Child(ren)	\$5,000	\$2,500	\$1,250

*Based on Employee's age. Subject to 365-day Elimination Period and maximum of one benefit per lifetime per Covered Person. *(Not payable with Catastrophic Accidental Dismemberment)*

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ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Accidental Death

(not payable with Common Carrier)

Employee	\$25,000
Spouse	\$10,000
Child(ren)	\$5,000

Accidental Death – Common Carrier

(not payable with Accidental Death)

Employee	\$100,000
Spouse	\$40,000
Child(ren)	\$20,000

Initial Accidental Dismemberment – Employee

(once per Covered Accident, not payable with Initial Accidental Loss)

loss of both hands or both feet;	\$5,000
loss of one hand and one foot;	\$5,000
loss of one hand or foot;	\$2,500
loss of two or more fingers, toes, or any combination; or	\$750
loss of one finger or toe	\$250

Initial Accidental Dismemberment – Spouse/Child

(once per Covered Accident, not payable with Initial Accidental Loss)

loss of both hands or both feet;	\$2,500
loss of one hand and one foot;	\$2,500
loss of one hand or foot;	\$1,250
loss of two or more fingers, toes, or any combination; or	\$375
loss of one finger or toe	\$125

Catastrophic Accidental Dismemberment**

loss of both hands or both feet; or loss of one hand and one foot

	Under age 65	Age 65 - 69	Age 70 and over
Employee	\$10,000	\$5,000	\$2,500
Spouse	\$5,000	\$2,500	\$1,250
Child(ren)	\$5,000	\$2,500	\$1,250

**Based on Employee's age. Subject to 365-day Elimination Period and maximum of one benefit per lifetime per Covered Person. *(Not payable with Catastrophic Accidental Loss)*

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Exclusions and Limitations (These provisions may vary by state.)

What types of Injuries are excluded from coverage?

No benefit will be paid for a claim that is caused by, contributed to by or occurs as a result of:

- 1) Having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. We will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease, or any other abnormal physical condition which is not caused by an Injury. This exclusion is not applicable to the **Hospital Confinement due to Covered Sickness** benefit.
- 2) War or any act of war, whether war is declared or not;
- 3) Any injury received while in any armed service of a country which is at war or engaged in armed conflict;
- 4) Committing acts of terrorism;
- 5) Any intentionally self-inflicted injury, suicide, or suicide attempt, whether sane or insane;
- 6) Taking drugs, sedatives, narcotics, barbiturates, amphetamines, or hallucinogens unless prescribed for or administered by a licensed physician;
- 7) The injured person's intoxication. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meet or exceed the legal presumption of intoxication under the law of the state where the accident took place;
- 8) Operating, learning to operate, serving as a crewmember of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare-paying passenger;
- 9) Engaging in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, mountaineering;
- 10) Driving or riding in any vehicle used in a race, speed, or endurance test or for acrobatic or stunt driving;
- 11) Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- 12) Participating or attempting to participate in a felony, riot or insurrection, being engaged in an illegal occupation, or being incarcerated in a penal institution;
- 13) Having a work-related Injury*;
- 14) Cosmetic surgery or any other elective procedure that is not medically necessary;
- 15) Operating a taxi or any other delivery service for any kind of compensation or profit.

In addition to the exclusions listed above, We also will not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for Injuries to a Child received during the birth.

**Exclusion 13 will not apply if both On the Job and Off the Job accident coverage (also known as 24-hour coverage) are elected.*

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Termination Provisions (These provisions may vary by state.)

Termination of the Policy

Termination of this policy for any reason will not prejudice any claim originating prior to termination.

Termination for Non-Payment of Premium

If any premium is not paid before the end of the grace period, this policy will automatically terminate at the end of the grace period.

Termination by the Policyholder

The Policyholder may terminate this policy by giving written notice to the Company at least 31 days in advance. However, termination will not become effective during any period for which a premium has been accepted by the Company.

Termination by the Company

The Company reserves the right to terminate this policy:

- 1) if the participation requirements in Section 1 are not maintained;
- 2) at any time by giving written notice to the Policyholder at least 31 days in advance;
- 3) if the Policyholder fails to promptly furnish any information which the Company may reasonably require; or
- 4) if the Policyholder, without good and sufficient cause, fails to perform its duties pertaining to this policy.

The Company will give written notice of termination to the Policyholder at least 31 days in advance unless the Policyholder and the Company both agree otherwise in writing.

Termination of a Covered Person's Insurance

All insurance provided for a Covered Person will terminate at 11:59 p.m. on the earliest of the following:

- 1) On the date this policy terminates;
- 2) On the date a Covered Person ceases to be in an eligible class;
- 3) On the date employment or membership with the Policyholder organization terminates. This will be the date the Insured Individual ceased active work. Accrued vacation and/or sick days will not extend termination date; or
- 4) At the end of the period for which the Insured Individual has made any required contribution.

*Dedicated to excellence.
Your partner in employee benefits.*



KANSAS CITY LIFE

GROUP BENEFITS

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