

# Critical Illness

**Kansas City Life Insurance Company is pleased to present its Critical Illness insurance proposal.**

Our tradition of excellence ensures outstanding products and services. This commitment means we'll be here when you need us. At Kansas City Life, "We'll be with you" is more than a slogan. It's our way of doing business.

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.

More than 2 million cancer cases are projected in 2024 for the first time ever.<sup>1</sup>

More than 350,000 people per year go into cardiac arrest outside of the hospital.<sup>2</sup>

104,298 people need an organ transplant.<sup>3</sup>

<sup>1</sup>[cancer.org/ACS-CFF-2024](https://cancer.org/ACS-CFF-2024), <sup>2</sup>[www.heart.org/en/about-us/2022-2023-annual-report](https://www.heart.org/en/about-us/2022-2023-annual-report), <sup>3</sup>[unos.org/#](https://unos.org/#)

This is a brief description only and is not a contract. THIS COVERAGE PROVIDES LIMITED BENEFITS. 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. 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: PJ148/CJ148

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

# Critical Illness

## **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.

## **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.

## **High Rating from Independent Analyst**

### **A.M. Best Company: A- (Excellent)**

*As of September 2024.*

There are 13 financial strength ratings assigned by A.M. Best, ranging from A++ (Superior) to D (Poor).

Rating is based on A.M. Best's measurement of Kansas City Life's financial strength and operating performance.

## **Personalized service**

Kansas City Life Insurance Company is pleased to offer a critical illness insurance plan that fits the needs of both employers and employees.

In addition to receiving one of the most competitive contracts in the industry today, the contract is backed by an outstanding team of service professionals. Your plan is assigned to a specific administrator who handles all of the routine monthly procedures.

# Critical Illness

## 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

**Noncontributory** – 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 10 eligible employees must enroll.

**Voluntary** – if employer makes no contribution to the cost of the plan, it is considered voluntary and a minimum of 10 eligible employees must enroll.

After participation requirements are applied, the minimum group size is 10 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.

### Continuation Benefit

The Continuation Benefit 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 insurance of any class of individuals.

This benefit will terminate on the earliest to occur of:

- 1) [[2] years or when You turn age [70];]
- 2) the date of Your failure to pay the required premium within the [31] day grace period;
- 3) [unless Your Spouse applies for continuing coverage under Spouse Continuation,] the date You die; [or]
- 4) the date You are rehired by Your Employer or return to an eligible class and are covered under the Group Critical Illness Insurance Policy in effect prior to continuing Your coverage;
- 5) the date coverage under this Continuation provision is cancelled by Kansas City Life Insurance Company for any reason upon [31] days notice; or
- 6) the date the Group Critical Illness Insurance Policy terminates.

Once continuing coverage is cancelled it cannot be reinstated.

# Critical Illness

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

## **[Aorta Surgery]**

A repair or replacement of a portion of the aorta with either excision and surgical replacement with a graft, or endovascular repair with placement of a stent graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches. If any other surgical procedure covered in this contract is performed at the same time, only one procedure will be paid.

## **Benign Brain Tumor**

A non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves, or pituitary gland. The tumor must require surgical or radiation treatment or cause permanent neurological deficit with persisting clinical symptoms. The Diagnosis of a Benign Brain Tumor must be made by a Board Certified Neurologist.

Angiomas, cysts, vascular malformations, or pituitary adenomas less than 10mm in size are excluded.

## **Blindness**

Permanent and irreversible reduction of sight in both eyes as a result of sickness or injury. The corrected visual acuity must be less than 20/200 (Snellen or E-Chart Acuity), or visual field restricted to 20° or less in both eyes even when tested with visual aids. The Diagnosis of Blindness must be made by a Board Certified ophthalmologist and be supported by visual acuity and visual field testing.

## **Full Benefit Cancer**

A malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The Full Benefit Cancer benefit also covers the following: leukemia, lymphoma, multiple myeloma, and myelodysplastic syndromes. Full Benefit Cancer must be positively Diagnosed with pathologic confirmation. A Clinical Diagnosis will be accepted only if:

- 1) a pathologic Diagnosis cannot be made because it is medically inappropriate or life threatening;
- 2) there is medical evidence to support the Diagnosis; and
- 3) a Physician is treating You for a Full Benefit Cancer.

The following tumors are excluded:

- 1) chronic lymphocytic leukemia classified as RAI stage 0;
- 2) all tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades), or carcinoma in situ (AJCC TisN0M0);
- 3) all skin cancers unless AJCC T3N0M0 or with any metastasis to lymph nodes or other organ systems, or the tumor is a malignant melanoma AJCC T1bN0M0 or higher;
- 4) prostate cancer AJCC T1aN0M0;
- 5) papillary carcinoma of the thyroid AJCC T1aN0M0;
- 6) noninvasive papillary cancer of the bladder AJCC TaN0M0 or lower; and
- 7) evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA based techniques) with no lesion amenable to tissue Diagnosis.

# Critical Illness

## Partial Benefit Cancer

The Partial Benefit Cancer benefit is limited to the following:

- 1) chronic lymphocytic leukemia classified as RAI stage 0;
- 2) carcinoma in situ, which for the purposes of this Certificate, means a neoplasm limited to the epithelium and confined within the basement membrane (AJCC TisN0M0);
- 3) early stage melanoma, which for the purposes of this Certificate, means a malignant melanoma AJCC T1aN0M0;
- 4) early stage prostate cancer, which for the purposes of this Certificate, means AJCC T1aN0M0;
- 5) papillary carcinoma of the thyroid AJCC T1aN0M0; and
- 6) noninvasive papillary cancer of the bladder AJCC TaN0M0.

The following are excluded from Partial Benefit Cancer listed above:

- 1) Carcinoma and melanoma in situ of the skin AJCC TisN0M0.
- 2) Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue Diagnosis.

Partial Benefit Cancer, except for RAI stage 0, must be positively Diagnosed with pathologic confirmation. This benefit will not be paid based on a cytology finding. A Clinical Diagnosis will be accepted only if:

- 1) a pathologic Diagnosis cannot be made because it is medically inappropriate or life threatening;
- 2) there is medical evidence to support the Diagnosis; and
- 3) a Physician is treating You for a Partial Benefit Cancer.

## Coma

A state of unconsciousness with no reaction to external stimuli or response to internal needs, persisting continuously for at least 96 hours, and requiring the use of life support systems including mechanical ventilation. The Diagnosis must be supported by a Glasgow Coma Scale score of 8 or less during this entire period. A medically induced coma is excluded.

## (Coronary Artery Angioplasty)

A balloon angioplasty, laser angioplasty, or atherectomy procedure, with or without stent, to correct narrowing or blockage of one or more coronary arteries.

## (Coronary Artery Bypass Grafting [CABG])

A surgical procedure to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Procedures that are done with a catheter inserted into an artery, such as balloon or laser angioplasty, atherectomy, or coronary stenting, are not covered.

## Deafness

Permanent and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The Diagnosis of Deafness must be made by a Board Certified Otolaryngologist (ear, nose, and throat) and be supported by audiometric testing.

# Critical Illness

## End Stage Renal Failure

The chronic irreversible failure of both kidneys to function, as a result of which either permanent renal or peritoneal dialysis, or renal transplant is initiated.

## Heart Attack

The death of heart muscle due to inadequate blood supply. All of the following requirements for acute myocardial infarction must be satisfied:

- 1) typical clinical symptoms, for example, central chest pain; and
- 2) diagnostic increase of specific cardiac markers; and
- 3) new electrocardiographic changes of infarction.

## [Heart Valve Surgery]

Surgery to replace or repair one or more heart valves. If any other surgical procedure covered in this contract is performed at the same time, only the higher paying procedure, if applicable, will be payable.

## Major Organ Failure

Major Organ Failure means irreversible end-stage failure of bone marrow or stem cells, heart, liver, lungs, or pancreas, and for all organs listed above, a transplant is required as soon as an appropriate donor (other than the Insured Individual) is located, and either of the following is true:

- a) The Covered Person is either listed with the United Network for Organ Sharing (UNOS), or for bone marrow or stem cell transplant, the National Marrow Donor Program (NMDP).
- b) A suitable donor (other than the Insured Individual) is available without a UNOS or NMDP (whichever is applicable) listing.

Failure of any other organs, parts of organs, tissues, or cells not listed above is excluded.

Proof of Major Organ Failure requires documentation that a transplant has been performed or submission of medical records documenting major organ failure and:

- 1) documentation that listing with the United Network of Organ Sharing (UNOS) has occurred, or
- 2) documentation that a suitable donor (other than the Insured Individual) is available without a UNOS listing.

## Permanent Paralysis

The permanent and total loss of voluntary motor function of two or more limbs. Limb is defined as the complete arm or the complete leg. Paralysis that results from any other Critical Illness or Critical Illness Procedure that is payable under this Certificate is excluded.

# Critical Illness

## Severe Burns

Third degree burns involving damage or destruction of the skin to its full depth through to the underlying tissue of at least:

- 1) 10% of the body surface area, or
- 2) 50% of the surface area either of the face (including the forehead and ears) or both hands, and requires surgical debridement and/or grafting.

## Stroke

The infarction or death of brain tissue which is evidenced by new (acute) damage to brain tissue appearing on imaging in a location that accounts for a new neurologic deficit affecting a specific area or areas of the body. The following are excluded:

- 1) Diagnosis of stroke by imaging only without an acute neurologic event attributable to the lesion;
- 2) transient ischemic attack; and
- 3) any cerebral injury that results from, in whole or in part, trauma, or hypoxia.

## Wellness Benefit

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.

## Recurrence Benefit – *if applicable and shown on the benefits and cost summary*

The Recurrence Benefit is payable if:

- 1) the second date of Diagnosis of the same Critical Illness or Critical Illness Procedure is at least 180 days after the first date of Diagnosis;
- 2) the second date of Diagnosis is while the Covered Person is insured under this Certificate; and
- 3) the Covered Person must be treatment free. For the purposes of this insurance coverage, “treatment free” means that all primary treatment (including chemo and radiation therapy) has been completed. Routine follow-up examinations and maintenance medications are not considered treatment.

The Recurrence Benefit percent payable is shown in the Critical Illness Coverage table. Only one Recurrence payment is payable per Critical Illness or Critical Illness Procedure.

# Critical Illness

## **Exclusions and limitations –** *These provisions may vary by state*

### **What types of illnesses are excluded from coverage?**

We will not pay benefits for a claim caused by, contributed to by, or resulting from:

- 1) any act of war, declared or undeclared; or
- 2) active duty in the armed forces, National Guard, or any reserve unit; or
- 3) engaging in a felony, or participating in any riot or civil insurrection; or
- 4) any intentionally self-inflicted injury, suicide, or suicide attempt; or
- 5) intoxication, as defined in the jurisdiction where the intoxication occurred (including the operation of a motor vehicle with a blood alcohol concentration in excess of the jurisdiction's legal limit); or
- 6) use of an illegal drug or controlled substance unless legally prescribed and used in the manner consistent with that prescription; or
- 7) intentional inhalation of a volatile substance (huffing); or
- 8) any Critical Illnesses or Critical Illness Procedures Diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- 9) a Diagnosis that is made by any Family Member; or
- 10) any illness, loss, or condition specifically excluded from the definition of any Critical Illness or Critical Illness Procedure.

### **What is the Pre-existing Condition Limitation?**

Any loss due to a Pre-existing Condition will not be covered if the loss begins within [3, 6, 12] months after the Covered Person's effective date of coverage.

### **Is there Continuity of Coverage for a Replaced Policy?**

Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person:

- 1) who was covered by a Replaced Policy; and
- 2) who was covered by the Group Critical Illness Insurance Policy on its initial Effective Date; and
- 3) if the cumulative time covered under the Replaced Policy and the Group Critical Illness Insurance Policy, prior to the Critical Illness Diagnosis or the Critical Illness Procedure [exceeded [0-24] months].

We will review the claim. If the Group Critical Illness Insurance Policy's Pre-Existing Condition Limitation does not apply, We will pay the benefits of the policy.

Any coverage above will be in accord with all terms of the relevant policy.

If the Covered Person does not satisfy the Pre-Existing Condition Limitation of the Group Critical Illness Insurance Policy, no benefit will be paid.

# Critical Illness

## **Termination provisions** – *These provisions may vary by state*

### **When does the Insured Individual's insurance terminate?**

Insurance under the Policy for the Insured Individual will end at 11:59 p.m. on the earliest of:

- 1) the date the Group Critical Illness Insurance Policy terminates;
- 2) the date the Insured Individual ceases to be in an eligible class;
- 3) the date the Insured Individual's employment or membership with the Policyholder organization terminates. This will be the date the Insured Individual ceases active work. Accrued vacation and/or sick days will not extend termination date.
- 4) the end of the period for which the Insured Individual has made any required contribution;
- 5) the date that all of the Critical Illness and Critical Illness Procedure benefits have been paid; or
- 6) the date of the Insured Individual's death.

### **Under what circumstances will Spouse Critical Illness Insurance Benefit coverage be terminated?**

The insurance of a Spouse terminates on the earliest of the following dates:

- 1) 31 days after the end of the period for which premiums have been paid for the Insured Individual's Spouse insurance;
- 2) the date the Spouse Critical Illness Insurance Benefit terminates;
- 3) the date the Insured Individual's insurance under the Group Critical Illness Insurance Policy terminates;
- 4) the date the Spouse is no longer a Spouse as defined; or
- 5) the date the Spouse attains age [70].

### **Under what circumstances will Child(ren) Critical Illness Insurance Benefit coverage be terminated?**

The insurance of a Child(ren) terminates on the earliest of the following dates:

- 1) 31 days after the end of the period for which premiums have been paid for the Child(ren) Critical Illness Insurance Benefit;
- 2) the date the Child(ren) Critical Illness Insurance Benefit terminates;
- 3) the date the Insured Individual's insurance under the Group Critical Illness Insurance Policy terminates; or
- 4) the date the Child is no longer a Child as defined.

# Critical Illness

## Termination for Nonpayment 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. The Policyholder will be liable to Kansas City Life for all unpaid premium for the time this policy was in force.

## Termination by the Company

Kansas City Life reserves the right to terminate this policy:

- 1) If the participation requirements in Section 1. Policy Data are not maintained;
- 2) at any time by giving written notice to the Policyholder at least [30-60] days in advance;
- 3) if the Policyholder fails to promptly furnish any information that Kansas City Life may reasonably require; or
- 4) if the Policyholder, without good and sufficient cause, fails to perform its duties pertaining to this policy.

Kansas City Life will give written notice of termination to the Policyholder at least [30-60] days in advance unless the Policyholder and Kansas City Life both agree otherwise.

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



**KANSAS CITY LIFE**

**GROUP BENEFITS**

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