

# KANSAS CITY LIFE INSURANCE COMPANY

## PRODUCT GUIDE FOR GROUPS WITH 10 OR MORE EMPLOYEES

*Products and options may not be available in all states.*

*Please contact your Kansas City Life Group sales representative for more information.*

### TRUE GROUP COVERAGE

<b>Standard requirements/provisions</b>	<ul style="list-style-type: none"> <li>• Minimum group size is 10 employees.</li> <li>• Group must be in business at least one year.</li> <li>• Employees must be performing the essential duties of their occupation 30 or more hours per week.</li> <li>• If employer contributes 100% to the cost, 100% employee participation is required.</li> <li>• If employer contributes less than 100% to the cost, 75% employee participation is required.</li> <li>• Applicable waiting periods may apply.</li> </ul>				
	<b>LIFE</b>	<b>STD</b>	<b>LTD</b>	<b>DENTAL</b>	<b>VISION</b>
<b>Elimination periods/co-insurance/co-payments</b>	N/A	0/7/14/30 day for accident; 7/14/30 day for sickness	90 or 180 days	Standard plan In network: 100/90/60/50 Out of network: 100/80/50/50	\$0 / \$10 / \$25
<b>Maximum benefits</b>	Varies by group	60% of weekly earnings; maximum of \$500 up to \$1,500	60% of monthly earnings; maximum of \$6,000 up to \$15,000	Range from \$500 to \$2,500	N/A
<b>Benefit duration</b>	Benefits reduce by: 35% at age 65 55% at age 70 70% at age 75 80% at age 80 Terminates at retirement	Between 9 and 52 weeks	Social Security Normal Retirement Age	N/A	12 or 24 months
<b>Options and/or features</b>	Spouse and dependent coverage; AD&D; Accelerated Death Benefit; Conversion	Recurrent disability; Vocational rehabilitation	Cost of living freeze; Return to work; Recurrent disability; Employee Assistance Program	Orthodontia; Implants; Cosmetic Services*; Endodontics, Periodontics and Oral Surgery moved between Type II and III services; Dental Reserve Account	In and out of network benefits/ Lens replacement
<b>Commission</b>	10% flat	10% flat	10% flat	10% graded	10% flat

### VOLUNTARY COVERAGE

*\*Available with PJ/CJ143 and PJ/CJ144 only.*

<b>Standard requirements/provisions</b>	<ul style="list-style-type: none"> <li>• Group must be in business at least two years.</li> <li>• Employees must be performing the essential duties of their occupation 30 or more hours per week.</li> <li>• A minimum of 10 lives or 20% (25% for LTD) of employees, whichever is greater, must participate. Limited benefits may be available to groups with fewer than 10 enrolled. Vision requires a minimum of two lives enrolled.</li> <li>• Applicable waiting periods may apply.</li> </ul>				
	<b>LIFE</b>	<b>STD</b>	<b>LTD</b>	<b>DENTAL</b>	<b>VISION</b>
<b>Elimination periods/co-insurance/co-payments</b>	N/A	0/7/14/30 day for accident; 7/14/30 day for sickness	90 or 180 days	Standard plan In network: 100/90/60/50 Out of network: 100/80/50/50	\$0 / \$10 / \$25
<b>Maximum benefits</b>	\$500,000 or 5 times annual earnings, whichever is less	60% of weekly earnings; maximum of \$100 up to \$1,500	60% of monthly earnings; maximum of \$1,000 up to \$6,000	Range from \$500 to \$2,500	N/A
<b>Benefit duration</b>	Benefits reduce by: 35% at age 65 55% at age 70 70% at age 75 80% at age 80; Terminates at retirement	13 or 26 weeks; 52 weeks available with approval	Social Security Normal Retirement Age	N/A	12 or 24 months
<b>Options and/or features</b>	Spouse and dependent coverage; AD&D; Accelerated Death Benefit; Conversion and Portability; Guarantee issue is \$100,000 for employees, \$50,000 for spouses	Recurrent disability; Vocational rehabilitation	Cost of living freeze; Return to work; Recurrent disability; Employee Assistance Program	Orthodontia; Implants; Cosmetic Services*; Endodontics, Periodontics and Oral Surgery moved between Type II and III services; Dental Reserve Account	In and out of network benefits/ Lens replacement
<b>Commission</b>	15% flat	15% flat	15% flat	10% graded	10% flat

*\*Available with PJ/CJ143 and PJ/CJ144 only.*

# KANSAS CITY LIFE INSURANCE COMPANY

## PRODUCT GUIDE FOR GROUPS WITH TWO TO NINE EMPLOYEES

*Products and options may not be available in all states.  
Please contact your Kansas City Life Group sales representative for more information.*

### Go2 PLAN — Both Employer Paid and Voluntary

<b>Standard requirements/provisions</b>	<ul style="list-style-type: none"> <li>• Groups must be in business at least one year.</li> <li>• Employees are eligible after 30 days of continuous full-time service.</li> <li>• Employees must be performing the essential duties of their occupation 30 or more hours per week.</li> <li>• All coverages are guaranteed issue for eligible groups.</li> <li>• Applicable waiting periods may apply.</li> </ul>				
	<b>LIFE</b>	<b>STD</b>	<b>LTD</b>	<b>DENTAL</b>	<b>VISION</b>
<b>Minimum employee participation requirements</b>	2 – 5.....100% 6 – 9..... all but 1	2 – 5.....100% 6 – 9..... all but 1	2 – 5.....100% 6 – 9..... all but 1	2 – 4.....100% 5 – 9.....75%	Minimum of 2 employees enrolled
<b>Elimination periods/co-insurance/co-payments</b>	N/A	1st or 8th day accident; 8th day illness	90 or 180 days	5 plan options with In and Out of Network Benefits	\$0 / \$10 / \$25
<b>Maximum benefits</b>	\$50,000	60 percent of insured weekly earnings up to \$1,500 per week	60 percent of insured monthly earnings up to \$6,000 per month	\$1,000 / \$1,500 / \$2,000	N/A
<b>Benefit duration</b>	N/A	13 or 26 weeks	Social Security Normal Retirement Age	N/A	12 or 24 months
<b>Pre-existing condition limitations</b>	N/A	None	12-month look-back period; 6 months treatment free; 24 months of continuous coverage	N/A	N/A
<b>Options and/or features</b>	Dependent life available	Maternity covered same as illness	Partial disability benefit; Employee Assistance Program	Orthodontia/Implants	In and out of network benefits/ Lens replacement
<b>Commission</b>	15% flat	15% flat	15% flat	10% flat	10% flat

*For costs and further details of the coverage, including exclusions, any reductions or limitations, and the terms under which the policies may be continued in force or discontinued, see your agent or write to the Company. The policy described is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rate after one year. Policies referenced: PJ/CJ135, PJ/CJ136, PJ/CJ139, PJ/CJ140, PJ/CJ142, PJ/CJ143, PJ/CJ144 and PJ/CJ147.*

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



Underwritten by: Kansas City Life Insurance Company  
3520 Broadway, Kansas City, MO 64111-2565  
877-266-6767, ext. 8200  
Fax: 816-531-4648  
groupbenefits@kclife.com  
www.kclgroupbenefits.com

