

Long Term Disability (LTD)



Kansas City Life
Insurance Company



Group
Benefits

Do you have a spouse, child or parent in your life who relies on you for financial support? If so, how would they obtain the finances needed for necessities such as food, utilities and other expenses if you became disabled and unable to work?

Just over 1 in 4 of today's 20-year-olds will become disabled before age 67.

Source: Social Security Basic Facts, 2015.



According to the Federal Reserve and the U.S. Census Bureau, only **38% of adults have an emergency fund to use in place of income to pay bills.**

Source: CDA 2014 Consumer Disability Awareness Study.

Long Term Disability is one of the coverages people think they can go without. Unfortunately, anyone can suffer a disability. In the event of an accident or illness that leaves you unable to work, disability coverage is a way to help secure your future financially, by maintaining an income that otherwise would cease if you stop working.

LTD BENEFIT SUMMARY FOR

Ninnescah Valley Health Systems, Inc. dba Kingman Healthcare Center

All Full-time active employees working 30 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Plan of Benefits

Monthly Benefit: 66.67% of Monthly Earnings

Minimum Monthly Payment: The greater of \$100 or 10% of your Gross Monthly Payment

Maximum Monthly Benefit: \$12500 per month

Elimination Period (the number of days you must be continuously disabled due to injury or sickness before benefits begin): 90 consecutive days

Accumulation of Elimination Period (if you return to work while satisfying the elimination period, you may satisfy your elimination period within the accumulation period): 180 consecutive days

Pre-Existing Condition Limitation: Benefits will not be paid if disability begins in the first 12 months following effective date of coverage and is caused by, contributed to by, or the result of a condition for which: You received medical treatment, consultation, care or services, including diagnostic measures, or took or were prescribed drugs or medicines in the 3 months just prior to effective date of coverage

Note: Includes Employee Assistance Program, up to five face-to-face visits per member, per issue, per year.

Employer Paid LTD Rate: Per \$100 Covered Payroll is 0.44.

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs. This is a brief description only and is not a contract. 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 rates. Coverage is not available in all states.

Policy and certificate referenced: PJ140/CJ140



KANSAS CITY LIFE

GROUP BENEFITS

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2025 Plan Year