

an'cil-lary' de-fine-ed con'tri-bu'tion plan

SIC Code: 202x - 209X

DC-Plan

Groups 5 - 99

SIC Code Rated No Census Required Six Plans to Choose From Employers Choose the Plans Employees Choose the Benefits



www.yatesinsurance.org 830-816-6601

The BenefitSource DC-Plan

Employers may choose any combination of:

- Basic Life with Accidental Death and Dismemberment (AD&D)
- Voluntary Life with AD&D
- Short Term Disability (STD)
- Long Term Disability (LTD)
- Dental
- Vision

Employers select a defined contribution amount of \$15, \$30 or \$50 per employee per month; this becomes the employers – defined contribution amount. Also, the Employer chooses the plans, one or all, giving the employees the freedom to choose only the benefits they want, and the amount.

Plan Highlights: Groups 5 – 99 (except LTD: 10-99) Basic Life Options: \$25,000 / \$50,000 / \$100,000 100 % Participation <u>When Offered</u> Voluntary Life: \$25,000 up to \$250,000 **Single Participant Required STD: Seven or 14-day Elimination Period** 11- or 25-Week Duration Benefit 30 or 60 Percent Weekly Benefit up to a Maximum of \$1,500 **Single Participant Required** LTD: 60% of Monthly Salary 90- or 180-Day Elimination Periods 10+ Groups – 2 Participants Required Groups 10 – 20 \$3,000 Maximum Benefit Groups 20+ Employees Choose Either \$3,000 or \$5,000 **Dental: Six Plans to Choose From Choose Any Dentist / Single Participant Required** Annual Maximums from \$500 - \$2,500 Vision: \$10 Co-pays / Single Participant Required Frames & Frequency Options of 12 or 24 Months

Employers understand that in order to retain quality employees, offering insurance benefits is key. Employers like easy. Employees like choice. And the Kansas City Life Insurance Company Group Benefits defined contribution plan is the key.

Employers select a defined contribution amount of \$15, \$30 or \$50 per employee per month and then identify which products to make available in the defined contribution platform.

Employers may choose any combination of Basic Life with Accidental Death and Dismemberment (AD&D), Voluntary Life with AD&D, Short Term Disability (STD), Long Term Disability (LTD), Dental and/or Vision.



Basic Life and Accidental Death and Dismemberment

Basic Life and AD&D options are \$25,000, \$50,000 or \$100,000. All amounts are guaranteed issue. A reduction schedule will apply for employees age 65 and older. Dependent Life is also available. When Basic Life is offered, all employees must participate.



Voluntary Life and Accidental **Death and Dismemberment**

Voluntary Life and AD&D allow employees to choose the benefit that best meets their needs. The employee benefit is offered in increments of \$25,000 to a maximum of \$250,000. Employees may also elect to enroll their dependents. The spousal benefit is offered in increments of \$12,500 to a maximum of \$125,000 or 50 percent of the employee amount, whichever is less. Increments of \$2,500 up to \$10,000 are offered for dependent children. Amounts are subject to guarantee issue limits outlined in the proposal.



Short Term Disability

For STD, employers choose between either seven-day or 14-day elimination periods for both accident and illness and between 11- and 25-week benefit durations. Employees who enroll will choose between either a 30 or 60 percent weekly benefit to a maximum of \$1,500.



Long Term Disability

LTD, when offered, is a 60 percent of monthly salary benefit. Employers will choose between 90- or 180-day elimination periods. Employers with fewer than 20 employees will have a \$3,000 maximum benefit. Employers with more than 20 employees will choose between a \$3,000 and \$5,000 maximum benefit. The benefit duration options will vary based on the nature of business but range between Social Security Normal Retirement Age and a 5-year reducing benefit duration.

Vision

VSP Vision Care is the network utilized for the Vision offering. Employees will have a designated co-pay for exams and materials with the frequency of frames, every 12 or 24 months, determined at the employer-level.

Dental

Multiple options are available for Dental. From a traditional indemnity plan with a modest \$500 calendar year maximum to a robust plan which includes implants and child orthodontia along with a \$2,500 calendar year maximum. Employers may choose to offer employees a high-low, dual-choice, by offering two of the five Dental plans available from which employees will choose. All plans include the Kansas City Life Dental Alliance network of providers, though employees may choose to seek services from the provider of their choice.

Defined Contribution 5+

Groups 5 – 99 / SIC Rated / In business 12+ months / Home-based 24+ months Employer selects the plans, one or all; employees choose only the benefits they want! (*This is an abbreviated overview* – see proposals for more details) *EE 30*+ Hours per week



Employer – Chose contribution amount and benefits to be included in the Defined Contribution

Employer Contribution Per Employee (choose one) \$0 \$15 \$30 \$50 2-year rate guarantee except dental

Basic Life & AD&D – Choose One Amount - Guarantee Issue – When Offered Requires 100% Participation

Spouse: \$5,000 Spouse: \$5,000 Children: 14 days to six months \$100, six months and over \$5,000 Everplans* & Value-Added Services Included (* may not be in all states)

Voluntary Life & AD&D - Guarantee Issue up to \$100,000 – Requires One Enrollee

□ \$25,000 - \$250,000

- \$100,000 Guarantee Issue age 64 and under during initial enrollment (Enrollee's age 65 and over the amount is \$25,000)
- Spouse guarantee issue lesser of 50% of employee amount or \$25,000
- Child(ren) coverage option: \$10,000
- · Benefit amounts over \$100,000 require simplified underwriting

Short Term Disability – Choose One Plan - Guarantee Issue - Requires One Enrollee

Employer Chooses One Plan		Plan 1	Plan 2	Plan 3	Plan 4
Maternity is Covered	Accident / Sickness	8 Days	8 Days	15 Days	15 Days
as any other Illness 12 X 12 Pre-X Limitations	Benefit Amount	60% or 30%	60% or 30%	60% or 30%	60% or 30%
	Weekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500
	Maximum Benefit	12 – Weeks	25 – Weeks	11 – Weeks	24 – Weeks

Long Term Disability - Groups of 10+ - Guarantee Issue - Requires Two Enrollee's

10-20 EE's - 60% up to \$3,000 Monthly

- 20-99 EE's 60% up to \$3,000 or \$5,000 Monthly
- Benefit Duration: 2 years / 5 years / SSNRA SIC determination
- Elimination Period: 90 or 180 days
- Definition of Disability: 24 months own OCC

	Jie Flan - Requires	One Enronee - Cho	bose Any Dentist – L		
	Plan 1	Plan 2	Plan 3 / 6	Plan 4	Plan 5
Type I Preventive	100% I/O	100% I/O	100% I/O	100% I/O	100% I/O
Type 2 Basic	80% I/O	80% I/O	80% I/O	80% I/O	90% I 80% O
Type 3 Major	50% I/O	50% I/O	50% I/O	50% I/O	60% I 50% O
Type 4 Ortho	N/A	N/A	N/A	50% Up to age 19	50% Up to age 19
Deductible	\$50 X 3	\$50 X 3	\$50 X 3 / <mark>\$100 LT</mark>	\$50 X 3	\$50 X 3
Annual Maximum	\$500	\$1,000	\$1,500	\$2,000 / \$1,000	\$2,500 / \$2,000
1/O L Jan Natwork O Out of Natwork / 00th LICE + Ende & Paria Type 2 Plans 2.6 + Type 2 Plans 1 + Implants Type 2 Plans 2.5					

I/O I – Inn Network O – Out of Network / 90th UCR • Endo & Perio Type 2 Plans 2-6 • Type 3 Plan 1 • Implants Type 3 Plans 2-5 Waiting periods apply to groups without prior coverage •12 months major • 24 months orthodontia

Vision – Requires One Enrollee – Offered Through VSP

Wait Periods 12/12/12 12/12/24 • \$10 Co-Pay • Frames Allowance \$150 • Contacts \$130

How to obtain a quote visit: <u>www.yatesinsurance.com / Defined Contribution / DC Plan Group Quotes</u>

- When a case is sold, please check all the above boxes that your group is requesting coverage for
- Submit this form along with the KCL Group Master Application. Please proved the following:
- Group SIC Code _____Number of eligible employees.
- New group dental coverage
 Takeover dental coverage

Group Life Insurance and Accidental Death and Dismemberment (AD&D) Proposal Provided by Kansas City Life Insurance Company

Proposed For:	National MGA Defined Contribution Plan
SIC Industry Category:	В
Effective Dates:	4/1/2019 – 1/1/2020
Eligibility:	Full-time active employees working 30 hours/week

Life and AD&D Benefit

Employer choice: \$25,000, \$50,000 or \$100,000

\$15 defined contribution Monthly Life Rate & AD&D per thousand:	.26
\$30 defined contribution Monthly Life Rate & AD&D per thousand:	.24
\$50 defined contribution Monthly Life Rate & AD&D per thousand:	.22

Dependent Life and AD&D Benefit:	.90 per family unit
Spouse:	\$5,000
Child - 6 months to 19 years or 25 if full-time student**:	\$5,000
Infant – 14 days to 6 months**:	\$100

- Rates are guaranteed for 24 Months following the effective date.
- Employee Guarantee Issue (GI) Limit: \$100,000.
- Proposal assumes an employer contribution and requires all eligible employees to enroll.
- Coverage reduces 35% of the original amount at age 65 and 50% of the original amount at age 70.
- Coverage ceases at retirement.
- Waiver of premium is included and will terminate on the earliest of age 65 or retirement.
- Accelerated Death Benefit is included
- AD&D is 24-hour coverage and includes Seat Belt/Airbag, Common Disaster, Repatriation, Day Care, and Education Benefits (Subject to state approval).
- Conversion is included.
- Value Added Services* are included. These services include Beneficiary Companion, Identity Theft Services, Everplans (Life and Legacy Digital Planning Platform), and Travel Assistance.
- "Actively at Work" is required.
- This proposal assumes group has been in business a minimum of one year.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits.

This proposal is valid only when attached to form 12402. Policy and certificate referenced herein: PJ136/CJ136

*Not available in all states.



Group Voluntary Life and Accidental Death and Dismemberment (AD&D) Proposal Provided by Kansas City Life Insurance Company

Provided by Kansas City L	lie insurance Company		
Proposed For:	National MGA Defined Cor	ntribution Plan	KANSAS CITY LIFE
SIC Industry Category:	В		GROUP BENEFITS
Effective Dates:	4/1/2019 – 1/1/2020		
Eligibility:	Full-time active employees	s working 30 hours/week	
Defined Contribution Amount:	\$15		
		Life and AD&D Bene	efit
All Employees		Guarantee Issue = \$	0, minimum of \$25,000, to a maximum of \$250,000. 100,000 for employees under the age of 65. If the r over, the amount is \$25,000.
Spouse		one half of employee'	0, minimum of \$12,500, to a maximum of \$125,000, or s elected amount, whichever is less. e lesser of one half of the employee's elected amount or
Child			
14 days to 6 months of age: Six months to 19 years (26 if full	time student*):	\$1,500 \$10,000 <i>Guarantee Issue = \$1</i>	10,000
Rates - Employee and Spouse	(based on employee's age)		
Δαρ	Monthly Rate	Δge	Monthly Rate

<u>Age</u>	Monthly Rate	<u>Age</u>	Monthly Rate
 29 30-34 35-39 40-44 45-49 50-54 	.135/per \$1,000 .145/per \$1.000 .165/per \$1.000 .225/per \$1.000 .355/per \$1.000 .615/per \$1,000	55-59 60-64 65-69 70+	.905/per \$1,000 1.705/per \$1,000 2.665/per \$1,000 4.885/per \$1,000

Child Rate (covers all eligible children) \$1.60

- Rates are guaranteed for 24 Months following the effective date.
- Coverage is voluntary and assumes a minimum of 1 enrolled employee.
- Coverage reduces 35% of the original amount at age 65 and 50% of the original amount at age 70. Benefits cease at retirement.
- Spouse coverage terminates when spouse reaches age 65 or the insured's retirement from the Policyholder, whichever occurs first.
- Amounts in excess of the guarantee issue limit will require satisfactory evidence of insurability.
- Employees will be permitted to enroll or increase the employee benefit by \$10,000, up to the plan maximum, during an annual enrollment, without evidence of insurability.
- Portability and Accelerated Death Benefit are included.
- Waiver of Premium is included and will terminate on the earliest of age 65 or retirement.
- AD&D is 24-hour coverage and includes Seat Belt, Airbag, Repatriation, Day Care, Education, and Common Disaster Benefits (Subject to state approval).
- "Actively at Work" is required.
- Value Added Services are included. These services include Beneficiary Companion, ID Theft Assistance & Travel Assistance.
- To elect dependent coverage, the employee must also be enrolled. Dependents must be performing normal activities and not confined as described in the certificate on the effective date of coverage.
- Everplans** (Life and Legacy Digital Planning Platform) is included.
- Age-bracketed premiums will be adjusted for employees once per year during the renewal month.
- This proposal assumes group has been in business a minimum of two years.

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*May vary by state.

**Not available in all states.

Group Voluntary Life and Accidental Death and Dismemberment (AD&D) Proposal Provided by Kansas City Life Insurance Company

Provided by Kansas City Li	ife insurance Company		
Proposed For:	National MGA Defined Contr	ibution Plan	KANSAS CITY LIFE
SIC Industry Category:	В		GROUP BENEFITS
Effective Dates:	4/1/2019 – 1/1/2020		
Eligibility:	Full-time active employees v	working 30 hours/week	
Defined Contribution Amount:	\$30 or \$50		
		Life and AD&D Ben	<u>efit</u>
All Employees		Guarantee Issue = \$	00, minimum of \$25,000, to a maximum of \$250,000. 100,000 for employees under the age of 65. If the or over, the amount is \$25,000.
Spouse		one half of employee	00, minimum of \$12,500, to a maximum of \$125,000, or 's elected amount, whichever is less. The lesser of one half of the employee's elected amount or
Child		<i>\$20,000</i> .	
14 days to 6 months of age:	······································	\$1,500	
Six months to 19 years (26 if full t	ime student^):	\$10,000 <i>Guarantee Issue</i> = \$	10,000
Rates - Employee and Spouse (based on employee's age)		
Age	Monthly Rate	Ane	Monthly Rate

<u>Age</u>	Monthly Rate	<u>Age</u>	Monthly Rate
< 29 30-34 35-39 40-44 45-49 50-54	.105/per \$1,000 .115/per \$1,000 .135/per \$1,000 .175/per \$1,000 .265/per \$1,000 .455/per \$1,000	55-59 60-64 65-69 70+	.665/per \$1,000 1.245/per \$1,000 1.925/per \$1,000 3.535/per \$1.000

Child Rate (covers all eligible children) \$1.60

- Rates are guaranteed for 24 Months following the effective date.
- Coverage is voluntary and assumes a minimum of 1 enrolled employee.
- Coverage reduces 35% of the original amount at age 65 and 50% of the original amount at age 70. Benefits cease at retirement.
- Spouse coverage terminates when spouse reaches age 65 or the insured's retirement from the Policyholder, whichever occurs first.
- Amounts in excess of the guarantee issue limit will require satisfactory evidence of insurability.
- Employees will be permitted to enroll or increase the employee benefit by \$10,000, up to the plan maximum, during an annual enrollment, without evidence of insurability.
- Portability and Accelerated Death Benefit are included.
- Waiver of Premium is included and will terminate on the earliest of age 65 or retirement.
- AD&D is 24-hour coverage and includes Seat Belt, Airbag, Repatriation, Day Care, Education, and Common Disaster Benefits (Subject to state approval).
- "Actively at Work" is required.
- Value Added Services are included. These services include Beneficiary Companion, ID Theft Assistance & Travel Assistance.
- To elect dependent coverage, the employee must also be enrolled. Dependents must be performing normal activities and not confined as described in the certificate on the effective date of coverage.
- Everplans** (Life and Legacy Digital Planning Platform) is included.
- Age-bracketed premiums will be adjusted for employees once per year during the renewal month.
- This proposal assumes group has been in business a minimum of two years.

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*May vary by state.

**Not available in all states.

Short Term Disability Proposal provided by Kansas City Life Insurance Company

KANSAS CITY LIFE

Effective Dates: 04/01/2019 – 1/1/2020

Eligible Class: All full-time active employees working 30 hours per week

National MGA Defined Contribution Platform

INDUSTRY B	Plan I	Plan II	Plan III	Plan IV
Percentage of Salary:	60% or 30%	60% or 30%	60% or 30%	60% or 30%
Weekly Maximum:	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Duration:	12 Weeks	25 weeks	11 weeks	24 week
Benefits Payable: Accident: Sickness:	8 th Day 8 th Day	8 th Day 8 th Day	15 th Day 15 th Day	15 th Day 15 th Day
Rate per \$10 of Benefit	.38	.52	.32	.45

Applicable to all plans:

Proposed For:

Pre-Existing Condition Exclusion:	12/12
1st Day Hospital:	No
Definition of Disability:	Residual

Proposal Provisions

- Rates are guaranteed for 24 months following the effective date.

- 'Actively at Work' is Required.
- Coverage is non-occupational.
- Maternity covered same as any other illness.
- Weekly Salary is defined as weekly salary only, rounded to the next higher \$1. Commission, Overtime, bonuses and other extra pay are excluded.
- If written, a copy of present carrier's policy will be required for claims administration.
- Value Added Services are included. These services include Beneficiary Companion, ID Theft Assistance, & Travel Assistance.
- Group must have been in business for one year.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits.

Group Long Term Disability Proposal Provided by Kansas City Life Insurance Company

National MGA Defined Contribution Plan

Proposed For:

Effective Dates:

Eligibility:

4/1/2019 – 1/1/2020



5 5

Full-time active employees working 30 hours/week

Defined Contribution Amount:

Plan C

Percentage of Salary: Maximum Monthly Benefit: Benefit Duration:	60%
Elimination Period:	
Integration:	Full Family
Own Occupation:	24 months
Definition of Disability:	Residual
Gainful Occupation:	80% Own / 60% Any
Employer FICA Match:	Included

Plan Parameters

Minimum Monthly Benefit: \$100 or 10% Pre-Existing Conditions Limitation: 12/12 Recurrent Disability Protection Return to Work Incentive: Unlimited Requires loss of duties and earnings Full Maternity Coverage Mental Illness Limitation: 24 Months Drug and Alcohol Limitation: 24 Months Continuity of Coverage Protection Work Place Modification Vocational Rehabilitation Benefit: 5% to \$500 Accumulation of Elimination Period: 2X EP Survivor Benefit: 3 Months Special Conditions Limitation: 24 Months EAP - 5 face-to-face visits/member/occurrence/year

	Rates per \$100		Rate per \$100
<u>Age</u>	of Covered Payroll	<u>Age</u>	of Covered Payroll
Under 29	.XX	50-54	.XX
30-34	.XX	55-59	.XX
35-39	.XX	60-64	.XX
40-44	.XX	65+	.XX
45-49	.XX		

Proposal Provisions

- Rates are guaranteed for 24 months following the effective date.
- Coverage assumes employer is contributing to the premium and requires a minimum of 2 employees to enroll.
- Waiver of premium is included.
- If written, a copy of present carrier's policy will be required for claims administration.
- 'Actively at Work' is Required.
- Annual Salary is defined as base annual salary. Commission, overtime, bonuses and other extra pay are excluded.
- Participation in Social Security and Workers Compensation is required.
- Value Added Services* are included. These services include Beneficiary Companion, ID Theft Assistance & Travel Assistance.
- Age-bracketed premiums will be adjusted for employees once per year during the renewal month.
- This proposal assumes the group has been in business for a minimum of one year, two years if a home-based business.

This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. Policy and certificates described herein PJ 140/CJ 140.

*May not be available in all states.

				Long-Term	Disability							
Contribution Level	Benefit Period	LTD Monthly Rates By Age Per \$100 of Covered Payroll (Industry A / 90 day Elimination Period / \$3,000 Max Monthly Benefit)										
		0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+		
	2YR	0.279	0.382	0.516	0.691	0.949	1.218	1.475	1.455	1.383		
\$15	5YR	0.312	0.427	0.578	0.774	1.063	1.363	1.652	1.629	1.548		
	SSNRA	0.416	0.570	0.770	1.032	1.417	1.817	2.202	2.171	2.064		
	2YR	0.211	0.289	0.391	0.523	0.719	0.922	1.117	1.102	1.047		
\$30	5YR	0.236	0.324	0.437	0.586	0.805	1.032	1.251	1.233	1.172		
	SSNRA	0.315	0.431	0.583	0.781	1.073	1.376	1.667	1.644	1.562		
	2YR	0.175	0.240	0.324	0.435	0.597	0.765	0.927	0.914	0.869		
\$50	5YR	0.196	0.269	0.363	0.486	0.668	0.857	1.038	1.024	0.973		
	SSNRA	0.261	0.358	0.484	0.649	0.891	1.142	1.384	1.365	1.297		
Contribution Level	Benefit Period				• •	Age Per \$100 n Period / \$3		•	efit)			
		0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+		
	2YR	0.317	0.434	0.586	0.786	1.079	1.384	1.677	1.653	1.571		
\$15	5YR	0.354	0.486	0.656	0.879	1.208	1.549	1.877	1.851	1.759		
-	SSNRA	0.473	0.648	0.875	1.173	1.610	2.065	2.503	2.468	2.345		
	2YR	0.240	0.328	0.444	0.595	0.817	1.048	1.269	1.252	1.190		
\$30	5YR	0.268	0.368	0.497	0.666	0.914	1.173	1.421	1.401	1.332		
	SSNRA	0.358	0.490	0.663	0.888	1.219	1.564	1.895	1.868	1.776		
			0.273	0.369	0.494	0.678	0.870	1.054	1.039	0.988		
	2YR	0.199	0.275									
\$50	2YR 5YR	0.199 0.223	0.305	0.413	0.553	0.759	0.974	1.180	1.163	1.106		
\$50				0.413 0.550	0.553 0.737	0.759 1.012	0.974 1.298	1.180 1.573	1.163 1.551	1.106 1.474		
\$50 Contribution Level	5YR	0.223	0.305	0.550 LTD Monthl	0.737 y Rates By A		1.298 of Covered	1.573 Payroll	1.551			
Contribution Level	5YR SSNRA Benefit	0.223	0.305	0.550 LTD Monthl	0.737 y Rates By A	1.012 Age Per \$100	1.298 of Covered	1.573 Payroll	1.551			
Contribution	5YR SSNRA Benefit	0.223 0.297	0.305 0.407 (Industr	0.550 LTD Monthl y C / 90 day	0.737 y Rates By A Elimination	1.012 Age Per \$100 Period / \$3	1.298 of Covered ,000 Max N	1.573 Payroll Ionthly Ben	1.551 efit)	1.474		
Contribution Level	5YR SSNRA Benefit Period	0.223 0.297 0-29	0.305 0.407 (Industr 30-34	0.550 LTD Monthl y C / 90 day 35-39	0.737 y Rates By A Elimination 40-44	1.012 Age Per \$100 Period / \$3 45-49	1.298 of Covered ,000 Max W 50-54	1.573 Payroll Ionthly Ben 55-59	1.551 efit) 60-64	1.474 65+		
Contribution Level	5YR SSNRA Benefit Period 2YR	0.223 0.297 0-29 0.412	0.305 0.407 (Industr 30-34 0.564	0.550 LTD Monthl y C / 90 day 35-39 0.762	0.737 y Rates By A Elimination 40-44 1.021	1.012 Age Per \$100 Period / \$3 45-49 1.402	1.298 of Covered ,000 Max M 50-54 1.799	1.573 Payroll Ionthly Ben 55-59 2.180	1.551 efit) 60-64 2.149	1.474 65+ 2.042		
Contribution Level	5YR SSNRA Benefit Period 2YR 5YR	0.223 0.297 0-29 0.412 0.461	0.305 0.407 (Industr 30-34 0.564 0.631	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853	0.737 y Rates By / Elimination 40-44 1.021 1.143	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570	1.298 of Covered ,000 Max M 50-54 1.799 2.013	1.573 Payroll Ionthly Ben 55-59 2.180 2.440	1.551 efit) 60-64 2.149 2.406	1.474 65+ 2.042 2.286		
Contribution Level \$15	5YR SSNRA Benefit Period 2YR SYR SSNRA	0.223 0.297 0-29 0.412 0.461 X	0.305 0.407 (Industr 30-34 0.564 0.631 X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X	0.737 y Rates By <i>P</i> Elimination 40-44 1.021 1.143 X	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X	1.573 Payroll Ionthly Ben 2.180 2.440 X	1.551 efit) 60-64 2.149 2.406 X	1.474 65+ 2.042 2.286 X		
Contribution Level \$15	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR	0.223 0.297 0-29 0.412 0.461 X 0.312	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362	1.573 Payroll Ionthly Ben 55-59 2.180 2.440 X 1.650	1.551 efit) 60-64 2.149 2.406 X 1.627	1.474 65+ 2.042 2.286 X 1.546		
Contribution Level \$15	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR	0.223 0.297 0-29 0.412 0.461 X 0.312 0.349	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.427	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524	1.573 Payroll Ionthly Ben 2.180 2.440 X 1.650 1.847	1.551 60-64 2.149 2.406 X 1.627 1.822	1.474 65+ 2.042 2.286 X 1.546 1.731		
Contribution Level \$15 \$30	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA	0.223 0.297 0-29 0.412 0.461 X 0.312 0.349 X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X	0.737 y Rates By <i>J</i> Elimination 40-44 1.021 1.143 X 0.773 0.866 X	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X	1.298 of Covered ,000 Max W 50-54 1.799 2.013 X 1.362 1.524 X	1.573 Payroll Ionthly Benn 55-59 2.180 2.440 X 1.650 1.847 X	1.551 60-64 2.149 2.406 X 1.627 1.822 X	1.474 65+ 2.042 2.286 X 1.546 1.731 X		
Contribution Level \$15 \$30	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266	1.573 Payroll Ionthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534	1.551 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437		
Contribution Level \$15 \$30	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR	0.223 0.297 0-29 0.412 0.461 X 0.312 0.349 X 0.259	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X	1.573 Payroll Ionthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X	1.551 efit) 60-64 2.149 2.406 X 1.627 1.822 X 1.351	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284		
Contribution Level \$15 \$30	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day	0.737 y Rates By <i>J</i> Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By <i>J</i> Elimination	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$3	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X of Covered 5,000 Max M	1.573 Payroll Ionthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Ionthly Ben	1.551 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437		
Contribution Level \$15 \$30 \$50 Contribution Level	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA Benefit	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X Age Per \$100	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X of Covered	1.573 Payroll onthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll	1.551 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437		
Contribution Level \$15 \$30 \$50 Contribution	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA Benefit	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day	0.737 y Rates By <i>J</i> Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By <i>J</i> Elimination	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$3	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X of Covered 5,000 Max M	1.573 Payroll Ionthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Ionthly Ben	1.551 efit) 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit)	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X		
Contribution Level \$15 \$30 \$50 Contribution Level	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA Benefit Period	0.223 0.297 0-29 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X X 0.259 0.290 X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr 30-34	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X of Covered ,000 Max M 50-54	1.573 Payroll Jonthly Ben 55-59 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Jonthly Ben 55-59	1.551 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit) 60-64	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X 65+		
Contribution Level \$15 \$30 \$50 Contribution Level	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA Benefit Period	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X X 0.259 0.290 X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.354 0.397 X (Industr 30-34 0.694	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day 35-39 0.938	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726	1.298 of Covered ,000 Max W 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X 0 of Covered ,000 Max W 50-54 2.214	1.573 Payroll onthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Ionthly Ben 55-59 2.683	1.551 efit) 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X		
Contribution Level \$15 \$30 \$50 Contribution Level	5YR SSNRA Benefit Period 2YR SYR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA Benefit Period 2YR SSNRA SYR SSNRA 2YR SYR SYR	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X X 0.259 0.290 X X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day 35-39 0.938 X	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X	1.298 of Covered ,000 Max W 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X of Covered ,000 Max W 50-54 2.214 X	1.573 Payroll onthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Ionthly Ben 55-59 2.683 X	1.551 efit) 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X 65+ 2.514 X		
Contribution Level \$15 \$30 \$50 Contribution Level \$15	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA Benefit Period 2YR SYR SSNRA	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X X 0.259 0.290 X X X X X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day 35-39 0.938 X X	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X X	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X of Covered 5,000 Max M 50-54 2.214 X X	1.573 Payroll Ionthly Ben 55-59 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Ionthly Ben 55-59 2.683 X X	1.551 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X X	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X 65+ 2.514 X X		
Contribution Level \$15 \$30 \$50 Contribution Level \$15	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR SYR SSNRA 2YR SSNRA 2YR SSNRA Benefit Period 2YR SSNRA 2YR SYR SSNRA 2YR	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X X 0.259 0.290 X X 0.259 0.290 X X X X 0.384	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X X 0.526	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day 35-39 0.938 X X X 0.710	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X X X 0.952	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X X X 1.307	1.298 of Covered ,000 Max W 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X 0 of Covered 50-54 2.214 X 50-54 2.214 X X 1.676	1.573 Payroll onthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll conthly Ben 55-59 2.683 X X X X 2.031	1.551 efit) 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X X 2.003	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X 1.284 1.437 X 4.437 X 5.514 X X X 1.514		
Contribution Level \$15 \$30 \$50 Contribution Level \$15 \$30	5YRSSNRABenefit Period2YR5YRSSNRA2YRSYRSSNRA2YRSYRSSNRABenefit Period2YRSYRSSNRASSNRASSNRASSNRASSNRASSNRASYRSSNRA2YRSYRSYRSSNRA2YRSYRSSNRA2YRSYRSYR	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X X 0.259 0.290 X X 0.259 0.290 X X X 0.384 X X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X X 0.526 X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day 35-39 0.938 X X 0.710 X	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X X 0.952 X	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.987 X 0.987 X 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X X 1.307 X	1.298 of Covered ,000 Max W 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X 0 of Covered 5,000 Max W 50-54 2.214 X X 1.676 X	1.573 Payroll onthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Ionthly Ben 55-59 2.683 X X X 2.031 X	1.551 efit) 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X 2.003 X	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X 1.437 X 65+ 2.514 X X 1.903 X		
Contribution Level \$15 \$30 \$50 Contribution Level \$15	5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA Benefit Period 2YR SSNRA 2YR SYR SSNRA 2YR SYR SSNRA 2YR SYR SSNRA 2YR SSNRA	0.223 0.297 0.297 0.412 0.461 X 0.312 0.349 X 0.259 0.290 X X 0.259 0.290 X X 0.259 0.290 X X X 0.384 X X X X X X	0.305 0.407 (Industr 30-34 0.564 0.631 X 0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X X 0.526 X X	0.550 LTD Monthl y C / 90 day 35-39 0.762 0.853 X 0.577 0.646 X 0.479 0.536 X LTD Monthl y D / 90 day 35-39 0.938 X X 0.710 X X	0.737 y Rates By A Elimination 40-44 1.021 1.143 X 0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X X 0.952 X X	1.012 Age Per \$100 Period / \$3 45-49 1.402 1.570 X 1.062 1.189 X 0.881 0.987 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X X X 1.307 X X	1.298 of Covered ,000 Max M 50-54 1.799 2.013 X 1.362 1.524 X 1.131 1.266 X of Covered 5,000 Max M 50-54 2.214 X X 1.676 X X X	1.573 Payroll Jonthly Ben 2.180 2.440 X 1.650 1.847 X 1.370 1.534 X Payroll Jonthly Ben 2.683 X X X 2.031 X X	1.551 60-64 2.149 2.406 X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X X 2.003 X X X	1.474 65+ 2.042 2.286 X 1.546 1.731 X 1.284 1.437 X 1.284 1.437 X 1.284 1.437 X 1.546 1.731 X 1.284 1.437 X 1.546 X 1.546 1.731 X 1.284 1.437 X 1.546 1.731 X 1.284 1.437 X 1.546 1.731 X 1.284 1.437 X 1.546 1.731 X 1.284 1.437 X 1.284 1.437 X 1.284 1.437 X 1.546 1.731 X 1.284 1.437 X 1.284 1.437 X 1.284 1.437 X 1.295 1.516 1.731 X 1.284 1.437 X 1.284 1.437 X 1.295 1.516 1.731 X 1.284 1.437 X 1.295 1.516 1.731 X 1.284 1.437 X 1.295 1.516 1.731 X 1.295 1.437 X 1.295 1.437 X 1.295 1.437 X 1.295 1.437 X 1.295 1.437 X 1.295 1.437 X X 1.290 1.390 X X X 1.290 X X X 1.290 X X X 1.290 X X X X X 1.903 X X		

				Long-Term	Disability					
Contribution	Benefit			LTD Monthl	y Rates By /	Age Per \$10	0 of Covered	d Payroll		
Level	Period		(Industr	y A / 90 day	Eliminatio	n Period / \$!	5,000 Max N	Nonthly Ben	efit)	r
		0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
	2YR	0.293	0.401	0.542	0.726	0.997	1.278	1.549	1.528	1.452
\$15	5YR	0.327	0.449	0.606	0.813	1.116	1.431	1.734	1.710	1.625
	SSNRA	0.437	0.598	0.809	1.083	1.488	1.908	2.312	2.280	2.167
	2YR	0.221	0.304	0.410	0.550	0.755	0.968	1.173	1.157	1.099
\$30	5YR	0.248	0.340	0.459	0.615	0.845	1.084	1.313	1.295	1.230
	SSNRA	0.331	0.453	0.612	0.820	1.126	1.445	1.751	1.726	1.641
4	2YR	0.184	0.252	0.340	0.456	0.627	0.804	0.974	0.960	0.913
\$50	5YR	0.206	0.282	0.381	0.511	0.701	0.900	1.090	1.075	1.021
	SSNRA	0.274	0.376	0.508	0.681	0.935	1.199	1.453	1.433	1.362
Contribution Level	Benefit Period				• •	Age Per \$10 n Period / \$!		l Payroll Aonthly Ben	efit)	
		0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
	2YR	0.332	0.456	0.616	0.825	1.133	1.453	1.761	1.736	1.650
\$15	5YR	0.372	0.510	0.689	0.923	1.268	1.626	1.971	1.943	1.847
	SSNRA	0.496	0.680	0.919	1.231	1.691	2.168	2.628	2.591	2.462
	2YR	0.252	0.345	0.466	0.625	0.858	1.100	1.333	1.314	1.249
\$30	5YR	0.282	0.386	0.522	0.699	0.960	1.231	1.492	1.471	1.398
	SSNRA	0.376	0.515	0.696	0.932	1.280	1.642	1.989	1.962	1.864
\$50	2YR	0.209	0.286	0.387	0.518	0.712	0.913	1.107	1.091	1.037
	5YR	0.234	0.321	0.433	0.580	0.797	1.022	1.239	1.221	1.161
	SSNRA	0.312	0.427	0.578	0.774	1.063	1.363	1.652	1.629	1.548
Contribution	Benefit		I	LTD Monthl	y Rates By A	Age Per \$10	0 of Covered	d Payroll		
Level	Period		(Industr	y C / 90 day	Eliminatio	n Period / \$	5,000 Max N	Ionthly Ben	efit)	
		0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15	2YR	0.432	0.592	0.800	1.072	1.472	1.889	2.289	2.257	2.145
	5YR	0.484	0.663	0.896	1.200	1.648	2.114	2.562	2.526	2.401
	SSNRA	Х	Х	Х	Х	Х	Х	Х	Х	Х
\$30	2YR	0.327	0.448	0.606	0.812	1.115	1.430	1.733	1.709	1.624
	5YR	0.366	0.502	0.678	0.909	1.248	1.601	1.940	1.913	1.818
	SSNRA	Х	Х	х	Х	Х	Х	х	Х	Х
\$50	2YR	0.272	0.372	0.503	0.674	0.926	1.187	1.439	1.418	1.348
	5YR	0.304	0.417	0.563	0.755	1.036	1.329	1.610	1.588	1.509
-	SSNRA	X	X	X	X	X	X	X	X	X
		~				Age Per \$10				~
Contribution	Benefit							/onthly Ben	efit)	
Level	Period	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15	2YR	0.532	0.729	0.985	1.320	1.812	2.324	2.817	2.777	2.640
, _ ,	5YR	X	X	X	X	X	X	X	X	X
-	SSNRA	x	x	x	x	x	x	x	x	x
\$30	2YR	0.403	0.552	0.746	0.999	1.372	1.760	2.133	2.103	1.999
330 0										
	5YR	X	X	X	X	X	X	X	X	X
4= 0	SSNRA	X	X	X	X	X	X	X	X	X
\$50	2YR	0.334	0.458	0.619	0.830	1.139	1.461	1.771	1.746	1.659
	5YR	Х	Х	Х	Х	Х	Х	х	Х	х
	SSNRA	Х	X	х	Х	Х	х	х	Х	х

National MGA Defined Contribution Dental Plans/Rates from Kansas City Life

	Pla	Plan 1		2	Pla	n 3
Product Type	Voluntary/E	R Sponsored	Voluntary/ER	Sponsored	Voluntary/ER Sponsored	
	INN	OON	INN	OON	INN	OON
Type I (Preventative)	100	100	100	100	100	100
Type 2 (Basic)	80	80	80	80	80	80
Type 3 (Major)	50	50	50	50	50	50
Type 4 (Child Ortho)	None	None	None	None	None	None
Deductible	\$50	\$50	\$50	\$50	\$50	\$50
Type 1 Ded Waived	yes	yes	yes	yes	yes	yes
Per Family Deductible	\$150	\$150	\$150	\$150	\$150	\$150
Endo	Type 3	Type 3	Type 2	Type 2	Type 2	Type 2
Perio	Type 3	Type 3	Type 2	Type 2	Type 2	Type 2
Oral Surgery	Type 3	Type 3	Type 3	Type 3	Type 3	Type 3
Implants	Not Covered	Not Covered	Type 3	Type 3	Type 3	Type 3
Annual Maximum	\$500	\$500	\$1,000	\$1,000	\$1,500	\$1,500
Ortho Maximum	N/A	N/A	N/a	N/A	N/A	N/A
Waiting Periods	0/0/12/NA	0/0/12/NA	0/0/12/NA	0/0/12/NA	0/0/12/NA	0/0/12/NA
UCR		90th		90th		90th

Base Rates@ .95 AF	Plan 1		Plan	2	Pla	n 3
E	\$23.94		\$27.53		\$30.83	
ES	\$48	3.71	\$56.0)2	\$62	2.74
EC	\$62	.11	\$68.1	.3	\$76	5.30
F	\$91	05	\$104.	70	\$11	7.27
	Pla	n 4	Plan	5	Pla	n 6
Product Type	Voluntary/E	R Sponsored	Voluntary/ER	Sponsored	Voluntary/E	R Sponsored
	INN	OON	INN	OON	INN	OON
Type I (Preventative)	100	100	100	100	100	100
Type 2 (Basic)	80	80	90	80	80	80
Type 3 (Major)	50	50	60	50	50	50
Type 4 (Child Ortho)	50	50	50	50	None	None
Deductible	\$50	\$50	\$50	\$50	\$100 Lifetime	\$100 Lifetime
Type 1 Ded Waived	yes	yes	yes	yes	yes	yes
Per Family Deductible	\$150	\$150	\$150	\$150	N/A	N/A
Endo	Type 2	Type 2	Type 2	Type 2	Type 2	Type 2
Perio	Type 2	Type 2	Type 2	Type 2	Type 2	Type 2
Oral Surgery	Туре 3	Type 3	Type 3	Type 3	Type 3	Type 3
Implants	Type 3	Type 3	Type 3	Type 3	Type 3	Type 3
Annual Maximum	\$2,000	\$2,000	\$2,500	\$2,500	\$1,500	\$1,500
Ortho Maximum	\$1,000	1000	\$2,000	\$2,000	N/A	N/A
Waiting Periods	0/0/12/24	0/0/12/24	0/0/12/24	0/0/12/24	0/0/12/NA	0/0/12/NA
UCR		90th		90th		90th

Base Rates@ .95 AF	Plan 4	Plan 5	Plan 6
E	\$32.69	\$34.97	\$30.83
ES	\$66.50	\$71.16	\$62.74
EC	\$88.51	\$104.45	\$76.30
F	\$133.68	\$156.41	\$117.27

National MGA Defined Contribution Plan

А

1

Proposed For: Groups located in Montana, Oklahoma, South Dakota, Texas and Wyoming

SIC Industry Category:

Effective Dates: 4/1/2019 - 1/1/2020

Eligibility: Full-time employees working 30 hours/week

Dependent Eligibility: Spouse and unmarried children up to age 26 - Could vary depending on state requirements.

Plan:

Benefits:	In-Network(INN) Deductible+	<u>Out-Of-Network</u> (OON) Deductible+	<u>INN</u> Coinsurance	<u>OON</u> Coinsurance	Covered Services	<u>Waiting</u> Period +
*Preventive Type I	None	None	100%	100%	Routine Exams Bitewing (one set per 12 months) X-Rays (one complete series per 60 months) Prophylaxis Sealants Flouride Treatments Space Maintainers Periodontal Maintenance	None
*Basic Type II	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Major	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Oral Cancer Screening	None
*Major Type III	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	50%	50%	Oral Surgery Endodontics Periodontics Periodontic Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair	12 months
Annual Maxim	num (Type I, II & III):		\$500 INN cale	ndar year maximu	ım per person \$500 OON calendar year maximum	per person

\$500 INN calendar year maximum per person | \$500 OON calendar year maximum per per

*The above lists are not inclusive of all services covered. The certificate of coverage will outline all benefits. +This plan assumes takeover credit. New enrollees will be subject to any applicable benefit waiting periods.

Monthly Rates

Employee Only: \$23.94 Employee + Spouse: \$48.71 Employee + Child/ren: \$65.38 Family: \$91.05

• Rates are guaranteed for 12 months following the effective date.

• Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.

This plan pays at the 90th percentile.

• Dental Reserve Account allows enrollees to save a portion of the Annual Maximum to utilize in the future when benefit requirements are met.

Kansas City Life Dental Alliance providers may be found at www.kclgroupbenefits.com/DentalProvidersSearch

· Group must have been in business for one year.



National MGA Defined Contribution Plan

2

Proposed For: Groups located in Montana, Oklahoma, South Dakota, Texas and Wyoming

KANSAS CITY LIFE GROUP BENEFITS

 SIC Industry Category:
 A

 Effective Dates:
 4/1/2019 – 1/1/2020

 Eligibility:
 Full-time employees working 30 hours/week

Dependent Eligibility: Spouse and unmarried children up to age 26 - Could vary depending on state requirements.

Plan:

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	<u>INN</u> Coinsurance	<u>OON</u> Coinsurance	Covered Services	<u>Waiting</u> Period +
*Preventive Type I	None	None	100%	100%	Routine Exams Bitewing (one set per 12 months) X-Rays (one complete series per 60 months) Prophylaxis Sealants Flouride Treatments Space Maintainers Periodontal Maintenance	None
*Basic Type II	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Major	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontics Periodontic Surgery Oral Cancer Screening	None
*Major Type III	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	50%	50%	Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	12 months
Annual Maxim	um (Type I, II & III):		\$1,000 INN ca	llendar year maxin	num per person \$1,000 OON calendar year maxim	um per person
Monthly Rates	407.50				services covered. The certificate of coverage will New enrollees will be subject to any applicable bene	
Employee Only:	\$27.53					

 Employee Only:
 \$27.53

 Employee + Spouse:
 \$56.02

 Employee + Child/ren:
 \$68.13

 Family:
 \$104.70

• Rates are guaranteed for 12 months following the effective date.

• Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.

• This plan pays at the 90th percentile.

• Dental Reserve Account allows enrollees to save a portion of the Annual Maximum to utilize in the future when benefit requirements are met.

Kansas City Life Dental Alliance providers may be found at www.kclgroupbenefits.com/DentalProvidersSearch

Group must have been in business for one year.

National MGA Defined Contribution Plan

А

3

Proposed For: Groups located in Montana, Oklahoma, South Dakota, Texas and Wyoming

SIC Industry Category:

Effective Dates: 4/1/2019 – 1/1/2020

Eligibility: Full-time employees working 30 hours/week

Dependent Eligibility: Spouse and unmarried children up to age 26 - Could vary depending on state requirements.

Plan:

<u>Benefits:</u>	In-Network(INN) Deductible+	<u>Out-Of-Network</u> (OON) Deductible+	<u>INN</u> Coinsurance	<u>OON</u> <u>Coinsurance</u>	Covered Services	<u>Waiting</u> Period +
*Preventive Type I	None	None	100%	100%	Routine Exams Bitewing (one set per 12 months) X-Rays (one complete series per 60 months) Prophylaxis Sealants Flouride Treatments Space Maintainers Periodontal Maintenance	None
*Basic Type II	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Major	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontics Periodontic Surgery Oral Cancer Screening	None
*Major Type III	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	50%	50%	Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	12 months
Annual Maxim	num (Type I, II & III):		\$1,500 INN ca	ılendar year maxir	num per person \$1,500 OON calendar year maxim	ium per person
					I services covered. The certificate of coverage will New enrollees will be subject to any applicable ben	

Monthly Rates

 Employee Only:
 \$30.83

 Employee + Spouse:
 \$62.74

 Employee + Child/ren:
 \$76.30

 Family:
 \$117.27

• Rates are guaranteed for 12 months following the effective date.

• Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.

• This plan pays at the 90th percentile.

• Dental Reserve Account allows enrollees to save a portion of the Annual Maximum to utilize in the future when benefit requirements are met.

· Kansas City Life Dental Alliance providers may be found at www.kclgroupbenefits.com/DentalProvidersSearch

• Group must have been in business for one year.



National MGA Defined Contribution Plan

А

4

Proposed For: Groups located in Montana, Oklahoma, South Dakota, Texas and Wyoming

SIC Industry Category:

Effective Dates: 4/1/2019 – 1/1/2020

Eligibility: Full-time employees working 30 hours/week

Dependent Eligibility: Spouse and unmarried children up to age 26 - Could vary depending on state requirements.

Plan:

	(OON) Deductible+	<u>Coinsurance</u>	<u>Coinsurance</u>		Period +
None	None	100%	100%	Routine Exams Bitewing <i>(one set per 12 months)</i> X-Rays <i>(one complete series per 60 months)</i> Prophylaxis Sealants Flouride Treatments Space Maintainers Periodontal Maintenance	None
\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Major	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontics Periodontic Surgery Oral Cancer Screening	None
\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	50%	50%	Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	12 months
None	None	50%	50%	Orthodontia Applies to children only, under age 19	24 months
ım (Type I, II & III): ıximum (Type IV):					um per person
	So Annual Deductible Maximum: \$50 Annual Deductible Maximum: None m (Type I, II & III) :	Deductible Maximum: 3 X Individual combined with Major \$50 Annual Deductible Maximum: \$50 Annual 3 X Individual combined with Basic None None m (Type I, II & III): ximum (Type IV): None	Deductible Maximum: 3 X Individual combined with Major \$50 Annual Deductible Maximum: \$50 Annual 3 X Individual combined with Basic None None None None \$2,000 INN cal ximum (Type IV):	Deductible Maximum: 3 X Individual combined with Major \$50 Annual Deductible Maximum: \$50 Annual 3 X Individual combined with Basic None None None None \$2,000 INN calendar year maxim \$1,000 INN lifetime per child \$1	 \$50 Annual Deductible Maximum: \$50 Annual Sto Annual Combined with Major \$50 Annual Sto Annual Sto Annual Sto Annual Deductible Maximum: \$50 Annual Sto Annual Sto Annual Combined with Major \$50 Annual Sto Annual Sto Annual Combined with Major \$50 Annual Sto Annual Sto Annual Combined with Major \$50 Annual Sto Annual Sto Annual Combined with Major \$50 Annual Sto Annual Sto Annual Combined with Major \$50 Annual Sto Annual Combined with Major \$50 Annual Combined with Major \$50 Annual Sto Annual Sto Annual Sto Annual Combined with Major \$50 Annual Sto Annual Sto Annual Sto Annual Combined with Basic \$50 Annual Deductible Maximum: \$50 Annual Sto Annual Sto Annual Sto Annual Combined with Basic \$50 Annual Deductible Maximum: \$50 Annual Sto Annual Sto Annual Sto Annual Combined with Basic \$50 Annual Sto Annual Sto Annual Sto Annual Combined with Basic \$50 Annual Sto Annual Sto Annual Sto Annual Combined with Basic \$2000 INN calendar year maximum per person \$2,000 ONN calendar year maximum per person \$2,00

Monthly Rates

 Employee Only:
 \$32.69

 Employee + Spouse:
 \$66.50

 Employee + Child/ren:
 \$88.51

 Family:
 \$133.68

• Rates are guaranteed for 12 months following the effective date.

• Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.

• This plan pays at the 90th percentile.

• Dental Reserve Account allows enrollees to save a portion of the Annual Maximum to utilize in the future when benefit requirements are met.

• Kansas City Life Dental Alliance providers may be found at www.kclgroupbenefits.com/DentalProvidersSearch

• Group must have been in business for one year.



National MGA Defined Contribution Plan

А

5

Proposed For: Groups located in Montana, Oklahoma, South Dakota, Texas and Wyoming

SIC Industry Category:

Effective Dates: 4/1/2019 – 1/1/2020

Eligibility: Full-time employees working 30 hours/week

Dependent Eligibility: Spouse and unmarried children up to age 26 - Could vary depending on state requirements.

Plan:

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	<u>INN</u> Coinsurance	<u>OON</u> Coinsurance	Covered Services	<u>Waiting</u> Period +
*Preventive Type I	None	None	100%	100%	Routine Exams Bitewing (one set per 12 months) X-Rays (one complete series per 60 months) Prophylaxis Sealants Flouride Treatments Space Maintainers Periodontal Maintenance	None
*Basic Type II	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Major	90%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontics Periodontic Surgery Oral Cancer Screening	None
*Major Type III	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	60%	50%	Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	12 months
Orthodontia Type IV	None	None	50%	50%	Orthodontia Applies to children only, under age 19	24 months
	um (Type I, II & III): laximum (Type IV):				num per person \$2,500 OON calendar year maxir 2,000 OON lifetime per child	num per person

Employee Only:\$34.97Employee + Spouse:\$71.16Employee + Child/ren:\$104.45Family:\$156.41

• Rates are guaranteed for 12 months following the effective date.

• Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.

• This plan pays at the 90th percentile.

• Dental Reserve Account allows enrollees to save a portion of the Annual Maximum to utilize in the future when benefit requirements are met.

• Kansas City Life Dental Alliance providers may be found at www.kclgroupbenefits.com/DentalProvidersSearch

• Group must have been in business for one year.



National MGA Defined Contribution Plan

А

6

Proposed For: Groups located in Montana, Oklahoma, South Dakota, Texas and Wyoming

SIC Industry Category:

Effective Dates: 4/1/2019 – 1/1/2020

Eligibility: Full-time employees working 30 hours/week

Dependent Eligibility: Spouse and unmarried children up to age 26 - Could vary depending on state requirements.

Plan:

In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	<u>INN</u> Coinsurance	<u>OON</u> Coinsurance	Covered Services	<u>Waiting</u> Period +
None	None	100%	100%	Routine Exams Bitewing (one set per 12 months) X-Rays (one complete series per 60 months) Prophylaxis Sealants Flouride Treatments Space Maintainers Periodontal Maintenance	None
\$100 Lifetime Combined w	\$100 Lifetime ith Major	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontics Periodontic Surgery Oral Cancer Screening	None
\$100 Lifetime Combined w	\$100 Lifetime /ith Basic	50%	50%	Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	12 months
num (Type I, II & III):		\$1,500 INN ca	ilendar year maxin	num per person \$1,500 OON calendar year maxim	num per person
	Deductible+ None \$100 Lifetime Combined w \$100 Lifetime	Deductible+ None(OON) Deductible+NoneNone\$100 Lifetime Combined with Major\$100 Lifetime Combined with Basic	Deductible+ (OON) Deductible+ Coinsurance None None 100% \$100 Lifetime \$100 Lifetime 80% Combined with Major 80% \$100 Lifetime \$00 \$100 Lifetime \$0% \$100 Lifetime \$0% \$100 Lifetime \$100 Lifetime Combined with Major 50%	Deductible+ None(OON) Deductible+ I00%Coinsurance I00%Coinsurance I00%\$100 Lifetime Combined with Major80%80%\$100 Lifetime Combined with Basic50%50%	Deductible+(OON) Deductible+CoinsuranceCoinsuranceNoneNone100%100%Routine Exams Bitewing (one set per 12 months) X-Rays (one complete series per 60 months) Prophylaxis Sealants Flouride Treatments Space Maintainers Periodontal Maintenance\$100 Lifetime Combined with Major80%80%Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontic Surgery Oral Cancer Screening\$100 Lifetime Combined with Basic50%50%Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants

+This plan assumes takeover credit. New enrollees will be subject to any applicable benefit waiting periods.

Monthly Rates	
Employee Only:	\$30.83
Employee + Spouse:	\$62.74
Employee + Child/ren:	\$76.30
Family:	\$117.27

• Rates are guaranteed for 12 months following the effective date.

• Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.

• This plan pays at the 90th percentile.

• Dental Reserve Account allows enrollees to save a portion of the Annual Maximum to utilize in the future when benefit requirements are met.

· Kansas City Life Dental Alliance providers may be found at www.kclgroupbenefits.com/DentalProvidersSearch

• Group must have been in business for one year.



Proposed For:	National MGA Defined Contribution Plan	
SIC Industry Category:	Α	KANSAS CITY LIFE
Effective Dates:	4/1/2019 – 1/1/2020	GROUP BENEFITS
Eligibility:	Full-time employees working 30 hours/week	
Dependent Eligibility:	Spouse and unmarried children up to age 26 - Could vary depending on state requiremen	ts.

Plan:

Eye Examination (includes contact lens fitting and evaluation, if applicable)	Covered in full after \$10 copayment, every 12 months.
Materials	\$10 copayment (applicable to spectacle lenses, frames or contact lenses)
Spectacle lenses	Standard single-vision, lined bifocal, lined trifocal, and lenticular lenses every 12 months.
Frames	\$150 retail allowance toward any frame every 12 months.
Elective contact lenses (in lieu of eyeglasses)	\$130 allowance for contact lenses, every 12 months.
Necessary contact lenses (in lieu of eyeglasses)	Covered in full after \$10 copayment every 12 months.

Eye examination up to \$45; frames up to \$70; spectacle lenses (per pair) up to: single vision \$30, lined bifocal \$50, lined trifocal \$65, lenticular \$100. Elective contacts up to \$105, necessary contacts up to \$105.

Monthly Rates

Employee Only:	\$ 9.02
Employee + Spouse:	\$ 19.14
Employee + Child/ren:	\$ 19.29
Family:	\$ 30.83

- Rates are guaranteed for 24 months following the effective date.
- Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.
- VSP providers may be found at: www.vsp.com

1

• Groups must be in business a minimum of one year.

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: PJ147/CJ147. This proposal is complete and valid only when attached to form 12270.

VSP is a registered trademark of Vision Service Plan.

Proposed For:	National MGA Defined Contribution Plan		
SIC Industry Category:	Α	KANSAS CITY LIFE	
Effective Dates:	4/1/2019 – 1/1/2020	GROUP BENEFITS	
Eligibility:	Full-time employees working 30 hours/week		
Dependent Eligibility:	Spouse and unmarried children up to age 26 - Could vary depending on state requiremen	ts.	

Plan:

Eye Examination (includes contact lens fitting and evaluation, if applicable)	Covered in full after \$10 copayment, every 12 months.
Materials	\$10 copayment (applicable to spectacle lenses, frames or contact lenses)
Spectacle lenses	Standard single-vision, lined bifocal, lined trifocal, and lenticular lenses every 12 months.
Frames	\$150 retail allowance toward any frame every 24 months.
Elective contact lenses (in lieu of eyeglasses)	\$130 allowance for contact lenses, every 12 months.
Necessary contact lenses (in lieu of eyeglasses)	Covered in full after \$10 copayment every 12 months.

Eye examination up to \$45; frames up to \$70; spectacle lenses (per pair) up to: single vision \$30, lined bifocal \$50, lined trifocal \$65, lenticular \$100. Elective contacts up to \$105, necessary contacts up to \$105.

Monthly Rates

Employee Only:	\$ 7.23
Employee + Spouse:	\$ 14.46
Employee + Child/ren:	\$ 15.48
Family:	\$ 24.73

- Rates are guaranteed for 24 months following the effective date.
- Proposal assumes coverage is 0% employer paid and requires a minimum of 1 enrolled employee.
- VSP providers may be found at: www.vsp.com

2

• Groups must be in business a minimum of one year.

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: PJ147/CJ147. This proposal is complete and valid only when attached to form 12270.

VSP is a registered trademark of Vision Service Plan.

KCL DEFINED CONTRIBUTION PROGRAM RATE CALCULATION EXAMPLES

Basic Life		
Industry B / \$30 DC / Face Value \$100K		
Cost Per \$1,000 (see quote page)		\$0.24
Face Value	x	100
Monthly Premium		\$24.00

	Voluntary Life		
	Industry B / \$30 DC / Age 42 / Face \	/alue \$100K	
	Spouse - \$25K / Age 39 / Childre	n - \$10K	
EO	Cost Per \$1,000 (see quote page)		\$0.175
	Face Value (\$100,000)	x	100
	Monthly Premium		\$17.50
SP	Cost Per \$1,000 (see quote page)		\$0.135
	Face Value (\$25,000)	x	25
	Monthly Premium	+	\$3.38
СН	Monthly Premium (\$10,000)	+	\$1.60
	TOTAL		\$22.48

Short-Term Disability Industry B / Plan III / Annual Sala	ary \$35K	
Annual Salary		\$35,000
Divided by Weeks per Year		52
Weekly Salary		\$673.08
Benefit %	x	60%
Weekly Benefit		\$403.85
Rounded Up		\$404.00
Divided by \$10		\$40.40
Rate per \$10 of Benefit (see quote page)	x	\$0.32
Monthly Premium		\$12.93

Industry B / \$30 DC / Benefit Period - SSNRA	/ Max s	\$3,000 /
Benefit Percentage 60% / Age 39 / Annua	l Salary	\$35K
Annual Salary		\$35,000
Divided by Months per Year		12
Monthly Salary		\$2,916.67
Benefit %	х _	60%
Monthly Benefit		\$1,750.00
Rounded Up To Nearest Dollar	Ľ	\$1,750.00
Monthly Salary		\$2,916.67
Divided by \$100		\$29.17
Rate per \$100 of Covered Payroll (see quote page)	x _	\$0.663
Monthly Premium	Г	\$19.34