

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

SIC Code: 52XX

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 When Offered

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 co	ontribution amo	ount and henefits	s to be included	d in the Defi	ned Contribution					
	Employer – Chose contribution amount and benefits to be included in the Defined Contribution Employer Contribution Per Employee (choose one) \$15 \$15 \$30 \$2-year rate guarantee except dental									
						•				
Basic Life & AD&D – Choose One Amount - <u>Guarantee Issue</u> – When Offered Requires 100% Participation										
\$\sum_\$\$25,000 \$\sum_\$\$50,000 \$\sum_\$\$100,000 \$\sum_\$\$50,000 \$\sum										
■ 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										
		nie i ian - <u>Guara</u> i		1						
☐ Employer Chooses C Maternity is Covered		:1 ./ 0: 1	Plan 1	Plan 2	Plan 3	Plan 4				
as any other Illness		ccident / Sickness	8 Days	8 Days	15 Days	15 Days				
12 X 12 Pre-X Limitat	tions	enefit Amount	60% or 30%	60% or 30%		60% or 30%				
		/eekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500				
	IV	laximum Benefit	12 – Weeks	25 – Week	s 11 – Weeks	24 – Weeks				
□ Long Term Disabi □ 10-20 EE's - 60% up □ 20-99 EE's - 60% up □ Dental - Choose C	to \$3,000 Monthly to \$3,000 or \$5,00	00 Monthly	Benefit DEliminationDefinition	Duration: 2 year on Period: 90 on of Disability: 2	rs / 5 years / SSNRA –					
Torre I Decoration	Plan 1	Plan 2	+	an 3 / 6	Plan 4	Plan 5				
Type I Preventive	100% I/O	100% I/0	-	0% I/O	100% I/O	100% I/O				
Type 2 Basic	80% I/O	80% I/C		0% I/O	80% I/O	90% I 80% O				
Type 3 Major	50% I/O	50% I/C) 50	0% I/O	50% I/O	60% I 50% O				
Type 4 Ortho	N/A	N/A	, ¢50.V	N/A	50% Up to age 19	50% Up to age 19				
Deductible	\$50 X 3	\$50 X 3		3 / <mark>\$100 LT</mark>	\$50 X 3	\$50 X 3				
			o & Perio Type 2		\$2,000 / \$1,000 /pe 3 Plan 1 • Implants • • 24 months orthodor					
■ Vision – Requires	One Enrollee –	Offered Througl	h VSP							
Wait Periods 12/12/1	12 🗌 12/12/24	◆ \$10 Co-Pay ◆ Fra	ames Allowance S	\$150 • Contac	ts \$130					
How to obtain a quot					o Quotes					

Submit this form along with the KCL Group Master Application. Please proved the following:

☐ New group dental coverage ☐ Takeover dental coverage

Number of eligible employees.

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

В

GROUP BENEFITS

SIC Industry Category:

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: .24 \$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

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

Defined Contribution Amount: \$15

Life and AD&D Benefit

Increments of \$25,000, minimum of \$25,000, to a maximum of \$250,000. All Employees

Guarantee Issue = \$100,000 for employees under the age of 65. If the

GROUP BENEFITS

employee is age 65 or over, the amount is \$25,000.

Spouse Increments of \$12,500, minimum of \$12,500, to a maximum of \$125,000, or

one half of employee's elected amount, whichever is less.

Guarantee Issue = the lesser of one half of the employee's elected amount or

\$25,000.

Child

14 days to 6 months of age:

Six months to 19 years (26 if full time student*):

\$1,500 \$10,000

Guarantee Issue = \$10,000

Rates - Employee and Spouse (based on employee's age)

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

.615/per \$1,000

- 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.

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 12404. Policy and certificate referenced herein: PJ136/CJ136

12403 3.19

^{*}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

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

Defined Contribution Amount: \$30 or \$50

Life and AD&D Benefit

Increments of \$25,000, minimum of \$25,000, to a maximum of \$250,000. All Employees

Guarantee Issue = \$100,000 for employees under the age of 65. If the

GROUP BENEFITS

employee is age 65 or over, the amount is \$25,000.

Spouse Increments of \$12,500, minimum of \$12,500, to a maximum of \$125,000, or

one half of employee's elected amount, whichever is less.

Guarantee Issue = the lesser of one half of the employee's elected amount or

\$25,000.

\$1,500

Child

14 days to 6 months of age:

Six months to 19 years (26 if full time student*): \$10,000

Guarantee Issue = \$10,000

Rates - Employee and Spouse (based on employee's age)

<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 quarantee 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.

.455/per \$1,000

- 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.

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 12404. Policy and certificate referenced herein: PJ136/CJ136

12403 3.19

^{*}May vary by state.

^{**}Not available in all states.

Short Term Disability Proposal provided by Kansas City Life Insurance Company

Proposed For: National MGA Defined Contribution Platform

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

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



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:

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

Proposed For: National MGA Defined Contribution Plan

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

Full-time active employees working 30 hours/week Eligibility:

Defined Contribution Amount:

Plan B

Percentage of Salary: 60%

Maximum Monthly Benefit:

Benefit Duration: 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% Continuity of Coverage Protection

Pre-Existing Conditions Limitation: 12/12 Work Place Modification

Recurrent Disability Protection Vocational Rehabilitation Benefit: 5% to \$500 Return to Work Incentive: Unlimited Accumulation of Elimination Period: 2X EP

Requires loss of duties and earnings Survivor Benefit: 3 Months

Full Maternity Coverage Special Conditions Limitation: 24 Months

Mental Illness Limitation: 24 Months EAP - 5 face-to-face visits/member/occurrence/year

Drug and Alcohol Limitation: 24 Months

	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				•	•	of Covered 3,000 Max M	•	efit)	
		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				•	•	of Covered 3,000 Max M	•	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
	2YR	0.199	0.273	0.369	0.494	0.678	0.870	1.054	1.039	0.988
\$50	5YR	0.223	0.305	0.413	0.553	0.759	0.974	1.180	1.163	1.106
	SSNRA	0.297	0.407	0.550	0.737	1.012	1.298	1.573	1.551	1.474
Contribution Level	Benefit Period				•	•	of Covered 3,000 Max M	•	efit)	
		0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15	2YR	0.412	0.564	0.762	1.021	1.402	1.799	2.180	2.149	2.042
	5YR	0.461	0.631	0.853	1.143	1.570	2.013	2.440	2.406	
	SSNRA	Х							21.100	2.286
\$30	2YR	1	X	Х	Х	Х	Х	Х	X	2.286 X
		0.312	0.427	X 0.577	X 0.773	X 1.062	X 1.362	X 1.650		
-	5YR	0.312 0.349							Х	Х
	5YR SSNRA		0.427	0.577	0.773	1.062	1.362	1.650	X 1.627	X 1.546
\$50		0.349	0.427 0.478	0.577 0.646	0.773 0.866	1.062 1.189	1.362 1.524	1.650 1.847 X	X 1.627 1.822	X 1.546 1.731
\$50	SSNRA	0.349 X	0.427 0.478 X	0.577 0.646 X	0.773 0.866 X	1.062 1.189 X	1.362 1.524 X	1.650 1.847 X 1.370	X 1.627 1.822 X 1.351	X 1.546 1.731 X
\$50	SSNRA 2YR 5YR	0.349 X 0.259 0.290	0.427 0.478 X 0.354 0.397	0.577 0.646 X 0.479 0.536	0.773 0.866 X 0.642 0.719	1.062 1.189 X 0.881 0.987	1.362 1.524 X 1.131 1.266	1.650 1.847 X 1.370 1.534	X 1.627 1.822 X 1.351 1.512	X 1.546 1.731 X 1.284 1.437
\$50 Contribution Level	SSNRA 2YR	0.349 X 0.259	0.427 0.478 X 0.354 0.397 X	0.577 0.646 X 0.479 0.536 X	0.773 0.866 X 0.642 0.719 X	1.062 1.189 X 0.881 0.987 X	1.362 1.524 X 1.131	1.650 1.847 X 1.370 1.534 X	X 1.627 1.822 X 1.351 1.512	X 1.546 1.731 X 1.284
Contribution	SSNRA 2YR 5YR SSNRA Benefit	0.349 X 0.259 0.290	0.427 0.478 X 0.354 0.397	0.577 0.646 X 0.479 0.536 X	0.773 0.866 X 0.642 0.719 X	1.062 1.189 X 0.881 0.987 X	1.362 1.524 X 1.131 1.266 X	1.650 1.847 X 1.370 1.534 X	X 1.627 1.822 X 1.351 1.512	X 1.546 1.731 X 1.284 1.437
Contribution	SSNRA 2YR 5YR SSNRA Benefit	0.349 X 0.259 0.290 X	0.427 0.478 X 0.354 0.397 X	0.577 0.646 X 0.479 0.536 X LTD Monthly D / 90 day	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination	1.062 1.189 X 0.881 0.987 X Age Per \$100	1.362 1.524 X 1.131 1.266 X O of Covered	1.650 1.847 X 1.370 1.534 X Payroll lonthly Bene	X 1.627 1.822 X 1.351 1.512 X efit)	X 1.546 1.731 X 1.284 1.437
Contribution Level	SSNRA 2YR 5YR SSNRA Benefit Period	0.349 X 0.259 0.290 X	0.427 0.478 X 0.354 0.397 X (Industr	0.577 0.646 X 0.479 0.536 X LTD Monthly D / 90 day 35-39	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination	1.062 1.189 X 0.881 0.987 X Age Per \$100 1 Period / \$3	1.362 1.524 X 1.131 1.266 X O of Covered 3,000 Max N	1.650 1.847 X 1.370 1.534 X Payroll Ionthly Bene	X 1.627 1.822 X 1.351 1.512 X efit) 60-64	X 1.546 1.731 X 1.284 1.437 X
Contribution Level	SSNRA 2YR 5YR SSNRA Benefit Period 2YR	0.349 X 0.259 0.290 X 0-29 0.507	0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694	0.577 0.646 X 0.479 0.536 X LTD Monthly y D / 90 day 35-39 0.938	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257	1.062 1.189 X 0.881 0.987 X Age Per \$100 1 Period / \$3 45-49 1.726	1.362 1.524 X 1.131 1.266 X 0 of Covered 3,000 Max N 50-54 2.214	1.650 1.847 X 1.370 1.534 X Payroll lonthly Benders 55-59 2.683	X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645	X 1.546 1.731 X 1.284 1.437 X
Contribution Level \$15	SSNRA 2YR 5YR SSNRA Benefit Period 2YR 5YR	0.349 X 0.259 0.290 X 0-29 0.507	0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X	0.577 0.646 X 0.479 0.536 X LTD Monthly D / 90 day 35-39 0.938 X	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257	1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X	1.362 1.524 X 1.131 1.266 X 0 of Covered 3,000 Max N 50-54 2.214	1.650 1.847 X 1.370 1.534 X Payroll lonthly Benders 55-59 2.683 X	X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645	X 1.546 1.731 X 1.284 1.437 X
Contribution Level	SSNRA 2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR	0.349 X 0.259 0.290 X 0-29 0.507 X X 0.384	0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X	0.577 0.646 X 0.479 0.536 X LTD Monthl' y D / 90 day 0.938 X X X 0.710	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X X 0.952	1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X X	1.362 1.524 X 1.131 1.266 X 0 of Covered 3,000 Max N 50-54 2.214 X X	1.650 1.847 X 1.370 1.534 X Payroll lonthly Benders S5-59 2.683 X X 2.031	X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X 2.003	X 1.546 1.731 X 1.284 1.437 X 65+ 2.514 X X
Contribution Level \$15	SSNRA 2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR	0.349 X 0.259 0.290 X 0-29 0.507 X X 0.384 X	0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X	0.577 0.646 X 0.479 0.536 X LTD Monthly D / 90 day 35-39 0.938 X X X	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X X 0.952	1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$: 45-49 1.726 X X 1.307	1.362 1.524 X 1.131 1.266 X 0 of Covered 3,000 Max N 50-54 2.214 X X	1.650 1.847 X 1.370 1.534 X Payroll lonthly Ben 55-59 2.683 X X 2.031 X	X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X 2.003 X	X 1.546 1.731 X 1.284 1.437 X 65+ 2.514 X X 1.903
Contribution Level \$15	SSNRA 2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR 5YR SSNRA	0.349 X 0.259 0.290 X 0-29 0.507 X X 0.384 X X	0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X 0.526 X	0.577 0.646 X 0.479 0.536 X LTD Monthly D / 90 day 35-39 0.938 X X 0.710 X X	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X 0.952 X	1.062 1.189 X 0.881 0.987 X Age Per \$100 45-49 1.726 X X 1.307 X	1.362 1.524 X 1.131 1.266 X O of Covered 3,000 Max N 50-54 2.214 X X 1.676 X	1.650 1.847 X 1.370 1.534 X Payroll Ionthly Benders 55-59 2.683 X X X 2.031 X X	X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X 2.003 X X	X 1.546 1.731 X 1.284 1.437 X 65+ 2.514 X X 1.903 X
Contribution Level \$15	SSNRA 2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR SSNRA 2YR SSNRA 2YR SSNRA 2YR	0.349 X 0.259 0.290 X 0-29 0.507 X X X 0.384 X X 0.318	0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X 0.526 X 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 X X X 0.590	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 0.790	1.062 1.189 X 0.881 0.987 X Age Per \$100 Period / \$3 45-49 1.726 X X 1.307 X 1.085	1.362 1.524 X 1.131 1.266 X 2 of Covered 3,000 Max N 50-54 2.214 X X X 1.676 X	1.650 1.847 X 1.370 1.534 X Payroll lonthly Bender S5-59 2.683 X X X 1.686	X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X 2.003 X X X 1.663	X 1.546 1.731 X 1.284 1.437 X 65+ 2.514 X X X 1.903 X
Contribution Level \$15	SSNRA 2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR 5YR SSNRA	0.349 X 0.259 0.290 X 0-29 0.507 X X 0.384 X X	0.427 0.478 X 0.354 0.397 X (Industr 30-34 0.694 X X 0.526 X	0.577 0.646 X 0.479 0.536 X LTD Monthly D / 90 day 35-39 0.938 X X 0.710 X X	0.773 0.866 X 0.642 0.719 X y Rates By A Elimination 40-44 1.257 X 0.952 X	1.062 1.189 X 0.881 0.987 X Age Per \$100 45-49 1.726 X X 1.307 X	1.362 1.524 X 1.131 1.266 X O of Covered 3,000 Max N 50-54 2.214 X X 1.676 X	1.650 1.847 X 1.370 1.534 X Payroll Ionthly Benders 55-59 2.683 X X X 2.031 X X	X 1.627 1.822 X 1.351 1.512 X efit) 60-64 2.645 X X 2.003 X X	X 1.546 1.731 X 1.284 1.437 X 65+ 2.514 X X 1.903 X

				Long-Term	Disability					
Contribution	Benefit			LTD Monthl	y Rates By A	Age Per \$100	of Covered	Payroll		
Contribution Level	Period		(Industr	y A / 90 day	Elimination	Period / \$5	,000 Max N	lonthly Ben	efit)	
Ecver	renou	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
	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				•	•	of Covered 5,000 Max N		efit)	
Level	renou	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
	2YR	0.209	0.286	0.387	0.518	0.712	0.913	1.107	1.091	1.037
\$50	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
Canadilandian	D 6'4	LTD Monthly Rates By Age Per \$100 of Covered Payroll								
Contribution Level	Benefit Period		(Industr	y C / 90 day	Elimination	Period / \$5	,000 Max N	lonthly Ben	efit)	
2000.	1 01100	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						
	5YR				0.812	1.115	1.430	1.733	1.709	1.624
-		0.366	0.502	0.678	0.812	1.115 1.248	1.430 1.601	1.733 1.940	1.709 1.913	1.624 1.818
	SSNRA	0.366 X	0.502 X							
\$50	SSNRA 2YR			0.678	0.909	1.248	1.601	1.940	1.913	1.818
\$50	2YR	X 0.272	X 0.372	0.678 X 0.503	0.909 X 0.674	1.248 X 0.926	1.601 X 1.187	1.940 X 1.439	1.913 X 1.418	1.818 X 1.348
\$50	2YR 5YR	X 0.272 0.304	X 0.372 0.417	0.678 X 0.503 0.563	0.909 X 0.674 0.755	1.248 X 0.926 1.036	1.601 X 1.187 1.329	1.940 X 1.439 1.610	1.913 X 1.418 1.588	1.818 X 1.348 1.509
\$50	2YR	X 0.272	X 0.372 0.417 X	0.678 X 0.503 0.563 X	0.909 X 0.674 0.755 X	1.248 X 0.926 1.036 X	1.601 X 1.187 1.329 X	1.940 X 1.439 1.610 X	1.913 X 1.418	1.818 X 1.348
\$50	2YR 5YR	X 0.272 0.304	X 0.372 0.417 X	0.678 X 0.503 0.563 X	0.909 X 0.674 0.755 X y Rates By A	1.248 X 0.926 1.036 X Age Per \$100	1.601 X 1.187 1.329 X Of Covered	1.940 X 1.439 1.610 X Payroll	1.913 X 1.418 1.588 X	1.818 X 1.348 1.509
_	2YR 5YR SSNRA	X 0.272 0.304 X	X 0.372 0.417 X (Industr	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day	0.909 X 0.674 0.755 X y Rates By A	1.248 X 0.926 1.036 X Age Per \$100 Period / \$5	1.601 X 1.187 1.329 X O of Covered 5,000 Max N	1.940 X 1.439 1.610 X Payroll Ionthly Ben	1.913 X 1.418 1.588 X	1.818 X 1.348 1.509 X
Contribution Level	2YR 5YR SSNRA Benefit Period	X 0.272 0.304 X 0-29	X 0.372 0.417 X (Industr	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39	0.909 X 0.674 0.755 X y Rates By A Elimination	1.248 X 0.926 1.036 X Age Per \$100 1 Period / \$5	1.601 X 1.187 1.329 X O of Covered 5,000 Max N 50-54	1.940 X 1.439 1.610 X Payroll Ionthly Ben 55-59	1.913 X 1.418 1.588 X efit) 60-64	1.818 X 1.348 1.509 X
Contribution	2YR 5YR SSNRA Benefit Period 2YR	X 0.272 0.304 X 0-29 0.532	X 0.372 0.417 X (Industr 30-34 0.729	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39 0.985	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320	1.248 X 0.926 1.036 X Age Per \$100 Period / \$5 45-49 1.812	1.601 X 1.187 1.329 X 0 of Covered 5,000 Max N 50-54 2.324	1.940 X 1.439 1.610 X Payroll lonthly Ben 55-59 2.817	1.913 X 1.418 1.588 X efit) 60-64 2.777	1.818 X 1.348 1.509 X 65+ 2.640
Contribution Level	2YR 5YR SSNRA Benefit Period 2YR 5YR	X 0.272 0.304 X 0-29 0.532 X	X 0.372 0.417 X (Industr 30-34 0.729 X	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39 0.985 X	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320 X	1.248 X 0.926 1.036 X Age Per \$100 Period / \$5 45-49 1.812	1.601 X 1.187 1.329 X 0 of Covered 5,000 Max N 50-54 2.324 X	1.940 X 1.439 1.610 X Payroll Ionthly Ben 55-59 2.817 X	1.913 X 1.418 1.588 X efit) 60-64 2.777 X	1.818 X 1.348 1.509 X 65+ 2.640 X
Contribution Level \$15	2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA	X 0.272 0.304 X 0-29 0.532 X X	X 0.372 0.417 X (Industr 30-34 0.729 X	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39 0.985 X	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320 X	1.248 X 0.926 1.036 X Age Per \$100 1 Period / \$! 45-49 1.812 X	1.601 X 1.187 1.329 X O of Covered 5,000 Max N 50-54 2.324 X	1.940 X 1.439 1.610 X Payroll Ionthly Ben 55-59 2.817 X	1.913 X 1.418 1.588 X efit) 60-64 2.777 X	1.818 X 1.348 1.509 X 65+ 2.640 X
Contribution Level	2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR	X 0.272 0.304 X 0-29 0.532 X X 0.403	X 0.372 0.417 X (Industr 30-34 0.729 X X 0.552	0.678 X 0.503 0.563 X LTD Monthly p / 90 day 35-39 0.985 X X 0.746	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320 X X 0.999	1.248 X 0.926 1.036 X Age Per \$100 Period / \$1 45-49 1.812 X X	1.601 X 1.187 1.329 X O of Covered 5,000 Max N 50-54 2.324 X X 1.760	1.940 X 1.439 1.610 X Payroll lonthly Ben 55-59 2.817 X X 2.133	1.913 X 1.418 1.588 X efit) 60-64 2.777 X X 2.103	1.818 X 1.348 1.509 X 65+ 2.640 X X 1.999
Contribution Level \$15	2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR	X 0.272 0.304 X 0-29 0.532 X X 0.403 X	X 0.372 0.417 X (Industr 30-34 0.729 X X 0.552 X	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39 0.985 X X X	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320 X X X 0.999	1.248 X 0.926 1.036 X Age Per \$100 1 Period / \$5 45-49 1.812 X X	1.601 X 1.187 1.329 X O of Covered 5,000 Max N 50-54 2.324 X X X	1.940 X 1.439 1.610 X Payroll conthly Ben 55-59 2.817 X X 2.133 X	1.913 X 1.418 1.588 X efit) 60-64 2.777 X X 2.103 X	1.818 X 1.348 1.509 X 65+ 2.640 X X 1.999
Contribution Level \$15	2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR SSNRA	X 0.272 0.304 X 0-29 0.532 X X 0.403 X	X 0.372 0.417 X (Industr 30-34 0.729 X X 0.552 X X	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39 0.985 X X X X X X X X	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320 X X X 0.999 X	1.248 X 0.926 1.036 X Age Per \$100 Period / \$5 45-49 1.812 X X X	1.601 X 1.187 1.329 X O of Covered 5,000 Max N 50-54 2.324 X X X 1.760 X	1.940 X 1.439 1.610 X Payroll Ionthly Ben 55-59 2.817 X X 2.133 X X	1.913 X 1.418 1.588 X efit) 60-64 2.777 X X X X 2.103 X	1.818 X 1.348 1.509 X 65+ 2.640 X X X 1.999 X
Contribution Level \$15	2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR	X 0.272 0.304 X 0-29 0.532 X X 0.403 X	X 0.372 0.417 X (Industr 30-34 0.729 X X 0.552 X	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39 0.985 X X X	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320 X X X 0.999	1.248 X 0.926 1.036 X Age Per \$100 1 Period / \$5 45-49 1.812 X X	1.601 X 1.187 1.329 X O of Covered 5,000 Max N 50-54 2.324 X X X	1.940 X 1.439 1.610 X Payroll conthly Ben 55-59 2.817 X X 2.133 X	1.913 X 1.418 1.588 X efit) 60-64 2.777 X X 2.103 X	1.818 X 1.348 1.509 X 65+ 2.640 X X 1.999
Contribution Level \$15	2YR 5YR SSNRA Benefit Period 2YR 5YR SSNRA 2YR 5YR SSNRA 2YR SSNRA	X 0.272 0.304 X 0-29 0.532 X X 0.403 X	X 0.372 0.417 X (Industr 30-34 0.729 X X 0.552 X X	0.678 X 0.503 0.563 X LTD Monthl y D / 90 day 35-39 0.985 X X X X X X X X	0.909 X 0.674 0.755 X y Rates By A Elimination 40-44 1.320 X X X 0.999 X	1.248 X 0.926 1.036 X Age Per \$100 Period / \$5 45-49 1.812 X X X	1.601 X 1.187 1.329 X O of Covered 5,000 Max N 50-54 2.324 X X X 1.760 X	1.940 X 1.439 1.610 X Payroll Ionthly Ben 55-59 2.817 X X 2.133 X X	1.913 X 1.418 1.588 X efit) 60-64 2.777 X X X X 2.103 X	1.818 X 1.348 1.509 X 65+ 2.640 X X X 1.999 X

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

	Plan 1		Plan	2	Plan 3	
Product Type	Voluntary/ER Sponsored		Voluntary/ER	Voluntary/ER Sponsored		R 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	Pla	n 1	Plan	2	Pla	n 3
Е	\$23	3.94	\$27.53		\$30.83	
ES	\$48.71		\$56.02		\$62.74	
EC	\$62	2.11	\$68.1	13	\$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	Type 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
Е	\$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

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

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: 1

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	INN Coinsurance	OON Coinsurance	Covered Services	Waiting 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	um (Type I, II & III):		\$500 INN cale	ndar year maximur	m per person \$500 OON calendar year maximum p	er person

^{*}The above lists are not inclusive of all services covered. The certificate of coverage will outline all benefits.

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.

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 when attached to form 752G. Policy referenced herein: PJ143/CJ143 Form 751G



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

National MGA Defined Contribution Plan

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

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: 2

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	INN Coinsurance	OON Coinsurance	Covered Services	Waiting 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	lendar year maxin	num per person \$1,000 OON calendar year maximi	um per person

^{*}The above lists are not inclusive of all services covered. The certificate of coverage will outline all benefits.

Monthly Rates

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.

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National MGA Defined Contribution Plan

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: 3

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	INN Coinsurance	OON Coinsurance	Covered Services	Waiting 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):		\$1,500 INN ca	lendar year maxim	num per person \$1,500 OON calendar year maximu	ım per person

*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: \$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.

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GROUP BENEFITS

National MGA Defined Contribution Plan

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

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: 4

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	INN Coinsurance	OON Coinsurance	Covered Services	Waiting 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
Orthodontia Type IV	None	None	50%	50%	Orthodontia Applies to children only, under age 19	24 months
	um (Type I, II & III): aximum (Type IV):				um per person \$2,000 OON calendar year maximu 000 OON lifetime per child	m per person

^{*}The above lists are not inclusive of all services covered. The certificate of coverage will outline all benefits.

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.

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 when attached to form 752G. Policy referenced herein: PJ143/CJ143 Form 751G



GROUP BENEFITS

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

National MGA Defined Contribution Plan

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

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: 5

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	INN Coinsurance	OON Coinsurance	<u>Covered Services</u>	Waiting 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): aximum (Type IV):				um per person \$2,500 OON calendar year maximu ,000 OON lifetime per child	ım per person

^{*}The above lists are not inclusive of all services covered. The certificate of coverage will outline all benefits.

Monthly Rates

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

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 when attached to form 752G. Policy referenced herein: PJ143/CJ143 Form 751G



GROUP BENEFITS

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

National MGA Defined Contribution Plan

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

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: 6

Benefits:	In-Network(INN) Deductible+	Out-Of-Network (OON) Deductible+	INN Coinsurance	OON Coinsurance	Covered Services	Waiting 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	\$100 Lifetime Combined wi	\$100 Lifetime th Major	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontics Periodontic Surgery Oral Cancer Screening	None
*Major Type III	\$100 Lifetime Combined w	\$100 Lifetime ith Basic	50%	50%	Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	12 months
Annual Maxin	num (Type I, II & III):		\$1,500 INN ca	lendar year maxim	num per person \$1,500 OON calendar year maximi	um per person

*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: \$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.

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Proposed For: National MGA Defined Contribution Plan

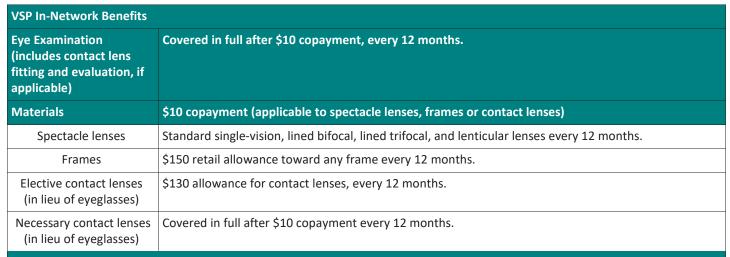
SIC Industry Category: A

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: 1



GROUP BENEFITS

Out-Of-Network Reimbursement Schedule – Visit www.vsp.com for details, if you plan to see a provider other than a VSP network provider.

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
- 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: A

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 requirements.

Plan: 2

VSP In-Network Benefits	/SP In-Network Benefits					
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.					

Out-Of-Network Reimbursement Schedule – Visit www.vsp.com for details, if you plan to see a provider other than a VSP network provider.

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
- 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.

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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 V	alue \$100K	
	Spouse - \$25K / Age 39 / Children	- \$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 Sa	lary \$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	Γ	\$12.93

Long-Term Disability		
Industry B / \$30 DC / Benefit Period - SSNRA	A / Max \$	\$3,000 /
Benefit Percentage 60% / Age 39 / Annua	al Salary	\$35K
Annual Salary		\$35,000
Divided by Months per Year		12
Monthly Salary		\$2,916.67
Benefit %	x _	60%
Monthly Benefit		\$1,750.00
Rounded Up To Nearest Dollar		\$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		\$19.34