



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

SIC Code: 70XX

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

Key DC

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

\$25,000 \$50,000 \$100,000 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
 Maternity is Covered
 as any other Illness
 12 X 12 Pre-X Limitations

	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
Accident / Sickness	8 Days	8 Days	15 Days	15 Days
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

Dental - Choose One Plan - Requires One Enrollee - Choose Any Dentist – Discount Vison / Hearing Included

	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3 / 6	<input type="checkbox"/> Plan 4	<input type="checkbox"/> Plan 5
Type 1 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 / \$100 LT	\$50 X 3	\$50 X 3
Annual Maximum	\$500	\$1,000	\$1,500	\$2,000 / \$1,000	\$2,500 / \$2,000

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: www.yatesinsurance.com/DefinedContribution/DCPlanGroupQuotes

- 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 provide the following:
- Group SIC Code _____ Number of eligible employees. _____
- New group dental coverage Takeover dental coverage

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

	Plan 1		Plan 2		Plan 3	
Product Type	Voluntary/ER 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	Plan 3
E	\$23.94	\$27.53	\$30.83
ES	\$48.71	\$56.02	\$62.74
EC	\$62.11	\$68.13	\$76.30
F	\$91.05	\$104.70	\$117.27

	Plan 4		Plan 5		Plan 6	
Product Type	Voluntary/ER 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	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
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

Group Dental Proposal provided by Kansas City Life Insurance Company



KANSAS CITY LIFE

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: **1**

<u>Benefits:</u>	<u>In-Network(INN) Deductible+</u>	<u>Out-Of-Network (OON) Deductible+</u>	<u>INN Coinsurance</u>	<u>OON Coinsurance</u>	<u>Covered Services</u>	<u>Waiting Period +</u>
*Preventive Type I	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
*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 Maximum (Type I, II & III):			\$500 INN calendar year maximum per person \$500 OON calendar year maximum 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: \$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

Group Dental Proposal provided by Kansas City Life Insurance Company



KANSAS CITY LIFE

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: 2

<u>Benefits:</u>	<u>In-Network(INN) Deductible+</u>	<u>Out-Of-Network (OON) Deductible+</u>	<u>INN Coinsurance</u>	<u>OON Coinsurance</u>	<u>Covered Services</u>	<u>Waiting Period +</u>
*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 Maximum (Type I, II & III):			\$1,000 INN calendar year maximum per person \$1,000 OON calendar year maximum 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: \$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.

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 Dental Proposal provided by Kansas City Life Insurance Company



KANSAS CITY LIFE

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: 3

<u>Benefits:</u>	<u>In-Network(INN) Deductible+</u>	<u>Out-Of-Network (OON) Deductible+</u>	<u>INN Coinsurance</u>	<u>OON Coinsurance</u>	<u>Covered Services</u>	<u>Waiting Period +</u>
*Preventive Type I	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
*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 Maximum (Type I, II & III):			\$1,500 INN calendar year maximum per person \$1,500 OON calendar year maximum 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.

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 Dental Proposal provided by Kansas City Life Insurance Company



KANSAS CITY LIFE

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

<u>Benefits:</u>	<u>In-Network(INN) Deductible+</u>	<u>Out-Of-Network (OON) Deductible+</u>	<u>INN Coinsurance</u>	<u>OON Coinsurance</u>	<u>Covered Services</u>	<u>Waiting Period +</u>
*Preventive Type I	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
*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
Annual Maximum (Type I, II & III):			\$2,000 INN calendar year maximum per person \$2,000 OON calendar year maximum per person			
Orthodontia Maximum (Type IV):			\$1,000 INN lifetime per child \$1,000 OON lifetime per child			

*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: \$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.kcgroupbenefits.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 Dental Proposal provided by Kansas City Life Insurance Company



KANSAS CITY LIFE

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: 5

<u>Benefits:</u>	<u>In-Network(INN) Deductible+</u>	<u>Out-Of-Network (OON) Deductible+</u>	<u>INN Coinsurance</u>	<u>OON Coinsurance</u>	<u>Covered Services</u>	<u>Waiting Period +</u>
*Preventive Type I	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
*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
Annual Maximum (Type I, II & III):			\$2,500 INN calendar year maximum per person \$2,500 OON calendar year maximum per person			
Orthodontia Maximum (Type IV):			\$2,000 INN lifetime per child \$2,000 OON lifetime per child			

*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: \$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 Dental Proposal provided by Kansas City Life Insurance Company



KANSAS CITY LIFE

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: 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 with Major	\$100 Lifetime	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Restorative Extractions Endodontics Periodontics Periodontic Surgery Oral Cancer Screening	None
*Major Type III	\$100 Lifetime Combined with Basic	\$100 Lifetime	50%	50%	Oral Surgery Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	12 months
Annual Maximum (Type I, II & III):			\$1,500 INN calendar year maximum per person \$1,500 OON calendar year maximum 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.

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 Vision Proposal provided by Kansas City Life Insurance Company

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**



KANSAS CITY LIFE

GROUP BENEFITS

VSP 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 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.
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.

Group Vision Proposal provided by Kansas City Life Insurance Company

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: **2**



KANSAS CITY LIFE

GROUP BENEFITS

VSP 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.

VSP is a registered trademark of Vision Service Plan.