

dental – provided by Kansas City Life Insurance Company

Kansas City Life Insurance Company is pleased to present its Group Dental insurance proposal.

Kansas City Life provides an affordable dental plan that offers the combination of benefits, options and customer service that will satisfy your employees. Because it's a stand-alone plan, coverage is not tied to medical plans or other benefits. Unlike many other dental plans, Kansas City Life provides comprehensive benefits while allowing your employees and their families the freedom to select the dentist of their choice.

Kansas City Life is committed to providing claims service that sets the standard for quality. Our dedicated, knowledgeable professionals process claims promptly and accurately. Kansas City Life's state-of-the-art claims system and cost control procedures assure that your benefit plan will be properly managed.

The proposal outlines the features, concepts, provisions, benefits and exclusions the plan provides. It explains our standard benefits and may be subject to some state restrictions. Your Kansas City Life Sales Representative can explain these differences, if necessary.

The premium rate and plan design quotation is based on the underwriting data provided. Final premium rates and plan provisions are determined based on the composition of the group of persons who will become insured, policyholder contributions, and applicable state laws.

This proposal is valid until we update, replace or withdraw it.

The actual group insurance policy may contain additional provisions not fully described in this proposal. If there are any discrepancies between this proposal and the group insurance policy, the policy will prevail.

Research shows several types of heart disease, clogged arteries, stroke and bacterial endocarditis may be linked to oral health.¹

Diabetes increases your risk of gum disease, cavities, tooth loss and a variety of oral infections²

This is a brief description only and is not a contract. Variables and exclusions may vary by group and will be outlined in the Group Master Policy. 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. Insured individuals receive a Certificate of Insurance specifying the benefits to which they are entitled. The policy described is cancelable or renewable at the option of the Company. The Company has the right to increase the premium rate after one year. Coverage may not be available in all states. Policy referenced herein: PJ143/CJ143

¹ Bauer, Brent, M.D. "Buzzed On Inflammation." *Mayo Clinic Health Letter*. July 2008.

<<http://healthletter.mayoclinic.com/editorial/editorial.cfm/i/163/t/Buzzed%2520on%2520inflammation/>>.

² Mayo Clinic Staff. "Diabetes and Dental Care: Guide to a Healthy Mouth." *Mayo Clinic*. Nov. 2012.

<<http://www.mayoclinic.org/diseases-conditions/diabetes/in-depth/diabetes/art-20043848>>.

Underwritten by Kansas City Life Insurance Company, 3520 Broadway, Kansas City, MO 64111

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The right protection from the right company

A promise of financial security is only as good as the company that makes it. When Kansas City Life makes a promise, we stand behind it. Since 1895, we have assisted policyholders through world wars, the Great Depression and various periods of recession and inflation.

Kansas City Life's reputation is built on integrity, sound investment strategies and honest business practices. To us, integrity is not an outdated notion in today's fast-paced world. It is the guiding force behind every decision we make. Every product we sell is backed by more than 120 years of quality service and financial security.

High Rating from Independent Analyst

A.M. BEST COMPANY: A (EXCELLENT)

As of September 2017

Rating is based on A.M. Best's measurement of Kansas City Life's financial strength and operating performance. There are 16 ratings from A.M. Best, ranging from A++ (Superior) to S (Suspended).

We'll be with you...

We're Kansas City Life.

We are pleased that you are considering making Kansas City Life a part of your employee benefit package. We offer a wide range of Group products, including Life, Dental, Short Term Disability, Long Term Disability and Vision on an employer-sponsored and voluntary basis for groups as few as two.

Our tradition of excellence ensures outstanding products and services.

When you select Kansas City Life, you will receive the same high level of service we have been providing for more than 120 years.

Personalized Service

KCL Group Benefits is pleased to offer a dental plan that fits the needs of both employers and employees. The options that accompany this dental plan make it easy to fit the budget of any employer. Depending on the plan employers choose, employees can enjoy saving additional costs through a network provider.

In addition to receiving one of the most competitive contracts in the industry today, the contract is backed by an outstanding staff of service professionals. Your plan is assigned to a specific administrator who handles all of the routine monthly procedures. We also provide you access to a Dental product manager who is an expert in claims handling and contractual matters. Kansas City Life provides prompt and accurate claims processing and the average claim turnaround time is four calendar days.

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Eligibility and Participation Provisions

Employee and Dependent Eligibility

Full-time employees actively working at least 30 hours a week are eligible for coverage. Eligible dependents of an insured individual include the spouse and unmarried children up to 26. (This provision may vary by state.)

Participation Requirements

Non-contributory Plans

If the plan is non-contributory (100% employer paid for employees), all eligible full-time active employees must be enrolled. If the employer pays 100% of the dependent premium, 100% of the dependents must also be enrolled. However, if the employer does not pay 100% of dependent premium, there is not a dependent participation requirement.

Contributory Plans

If the plan is contributory, at least 75% of eligible full-time employees must be enrolled and the employer must pay a minimum of 50% of the employee premium. Employees covered under another group program may decline coverage with Kansas City Life and will not be included in calculating eligibility as long as more than half the group participates. Also under this plan, there is not a contribution or participation requirements for dependents.

Voluntary Plans

If the plan is voluntary, the employee pays 100% of the premium for employee and dependent coverage. The minimum participation requirement is 25% of eligible employees.

After participation requirements are applied, Kansas City Life's minimum group size is 5 insured employees.

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Definitions and Major Benefit Provisions

Deductible

A deductible applies to each insured individual each calendar year with a family limit. Once a family deductible has been satisfied during a calendar year, covered dental expenses incurred by any other insured family member will not be subject to the deductible for the balance of the year.

Deductibles must be satisfied with eligible charges and apply to the appropriate type of dental services. Deductibles and the types of services to which they apply are shown on the proposal.

Benefit Waiting Period

The benefit waiting period is the length of time insured individuals must be covered under the policy before services incurred will be an eligible expense. Benefit waiting periods are shown on the proposal.

Benefits Payable

Once the deductibles and waiting periods have been met, Kansas City Life will pay the insured portion of covered dental expenses up to plan maximums. Covered Dental Expenses include charges for dental services listed under Covered Dental Services if done by or under the direction of a licensed provider. Not included are charges that are determined to be in excess of the Usual, Customary and Reasonable or Maximum Allowable Charge as outlined on the proposal. Coinsurance percentages and plan maximums are shown on the Benefits and Cost Summary.

Continuation of Coverage/COBRA

Most groups with 20 or more employees are required by federal law to offer continuation of coverage to insured's that are no longer eligible for their group dental coverage. Insured individuals and any insured dependents may elect to continue the dental plan up to 18 consecutive months if coverage ends due to termination of employment or reduction in hours. The plan may be continued by an insured dependent up to 36 months if coverage ends due to an employee's death, divorce, legal separation, entitlement to Medicare benefits or if a child no longer qualifies for dependent coverage and may vary by state.

Coordination of Benefits

Payments are coordinated with other group plans so that benefits from all plans under which the insured is covered do not exceed charges.

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Participating and Non-participating Providers (This provision may vary by state.)

Participating Providers have agreed to a negotiated fee schedule that is generally less than the Usual, Customary, and Reasonable charges of other providers in any given region. With select plans, in addition to potentially lower total charges, deductibles and coinsurance percentages for Participating Providers may differ from those for Non-Participating Providers.

Depending on the dental plan purchased by the Policyholder, the allowable charge for Non-Participating Providers may be determined on a Usual, Customary, and Reasonable (UCR) basis or the Maximum Allowable Charge (MAC) schedule negotiated with Participating Providers. See the proposal for the specifics of your plan.

Employees are not required to see a Participating Provider, but doing so has the potential to reduce the total out-of-pocket cost.

The following is an example of out-of-pocket costs between Participating and Non-Participating Providers. Actual charges may vary. For specific information regarding deductibles and coinsurance percentages for your plan, see the proposal.

	Participating Provider	Non-Participating Provider
Initial Charge	\$700	\$700
Allowable Charge	\$500 (Negotiated Fee)	\$650 (UCR Limit/Negotiated Fee)
Deductible	\$50	\$50
Coinsurance Percentage	60%	50%
Amount Paid by Kansas City Life	\$270 (\$500 - \$50 Deductible) x 60%	\$300 (\$650 - \$50 Deductible) x 50%
Amount Paid by the Insured (Out-of-pocket)	\$230 (\$500 Allowable Charge - \$270 paid by Kansas City Life)	\$400 (\$700 Initial Charge - \$300 paid by Kansas City Life)

Participating Providers will never bill an insured individual for the balance between the initial charge and the allowable charge. Non-Participating Providers may choose to bill the insured for the balance between the initial charge and the allowable charge, a practice known as balance billing.

Preferred Providers

The Kansas City Life Dental Alliance is comprised of multiple national networks including Connection Dental and Zelis. To locate a network provider visit kclgroupbenefits.com.

Should you not find a specific provider within the network, you may also complete and submit a provider nomination form as our team will actively recruit nominated providers.

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Predetermination of Benefits

A written treatment plan may be submitted prior to the commencement of treatment for any course of treatment for which the estimated cost is \$400 or more or involves the following: root canal therapy, periodontal surgery, installation of crowns, initial installation or replacement of bridgework or dentures, or the addition of new teeth to existing bridgework. By doing this, employees know in advance how much expense they will incur and the benefits the plan provides.

Claims Administration

Our dedicated, knowledgeable professionals process claims promptly and accurately. Our state-of-the-art claims system and cost-control procedures assure that the benefit plan will be properly managed. Kansas City Life accepts claims filed electronically.

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Late Applicant Provision

Employees who have completed the probationary waiting period should enroll for Dental coverage within 31 days of becoming eligible and coverage will be effective on the first day of the month following enrollment. Employees and dependents who do not enroll when first eligible are considered late applicants. Benefits for late applicants are limited to Preventive Services for a minimum of 12 consecutive months. Late applicants will be entitled to full benefits beginning the next calendar year (Jan. 1) following 12 consecutive months of continuous coverage.

If a completed enrollment card is submitted prior to a child's third birthday, the late applicant provision will not apply.

Prior Coverage Credit

If you currently have dental coverage, your group may qualify for deductible credit and waiting period credit. Prior coverage credit typically will be approved after Kansas City Life evaluates the following:

- Replacement of an existing group dental plan by Kansas City Life
- Similarity of benefits
- Similarity of benefit waiting periods
- Duplication of current employee status
- Continuous coverage of employees and/or dependents

When prior coverage credit has been approved, previously insured individuals will receive waiting period and deductible credit.

Deductible Credit will reduce the deductible by the amount satisfied with the prior carrier. To ensure a smooth transition of your dental benefits, it is requested that you provide KCL your prior carrier's deductible report. If no such report is provided, employees who had satisfied their deductible under the prior carrier will be required to submit satisfactory evidence (i.e. explanation of benefits) at time of claim so that any credit may be applied.

The proposal indicates if prior coverage was considered at the time of rate calculation. Documentation of prior carrier coverage must be submitted with the application.

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Dental Reserve Account

Kansas City Life Group Benefits is pleased to offer an enhancement to its True Group Dental contracts. The Dental Reserve Account feature allows enrolled employees and their dependents to save a portion of their calendar year maximum to utilize in the future when they meet the plan's maximum.

To qualify for this provision, the plan must contain Type III (Major) Services and covered individuals must have been eligible for Type III Services for at least three months. Individuals who have been eligible for Type III Services for less than three months at the start of the calendar year will not be eligible until the following calendar year. Each individual must have submitted at least one claim for preventive or basic services during the previous calendar year to be eligible for this benefit.

Covered individuals who receive dental services during the calendar year that are equal to or less than half of the plan maximum, will be eligible for this benefit. At the end of the calendar year, those individuals who have not exceeded the qualifying limit (50 percent of the annual maximum benefit) will have 25 percent of their annual plan maximum benefit credited towards their reserve account. Individuals may receive up to two adjustments for a total lifetime credit of 50 percent of the annual plan maximum. The credits may be earned in non-consecutive years.

Example:

Qualifying Limit	Annual Reserve Account	Maximum Lifetime Reserve Account
\$500	\$250	\$500
\$750	\$375	\$750
\$1,000	\$500	\$1,000

\$1,000 Calendar Year Maximum

Year 1 Benefits paid by Kansas City Life = \$350 for the calendar year. Individual is eligible for a credit of \$250 during the next calendar year. Available benefit for Year 2 = \$1,250 (\$1,000 annual max + \$250 reserve account benefit)

Year 2 Benefits paid by Kansas City Life = \$650 for the calendar year (exceeds individual qualifying limit). Individual is not eligible for an additional reserve account credit. Available benefit for Year 3 = \$1,250 (\$1,000 annual max + existing \$250 reserve account benefit)

Year 3 Benefits paid by Kansas City Life = \$1,100 for the calendar year (exceeds individual annual maximum and uses \$100 of the reserve account). Individual is not eligible for an additional reserve account credit. Available benefit for Year 4 = \$1,150 (\$1,000 annual max + remaining \$150 reserve account benefit)

Year 4 Benefits paid by Kansas City Life = \$400 for the calendar year. Individual is eligible for a credit of \$250 during the next calendar year.

Available benefit for Year 5 = \$1,400 (\$1,000 annual max + \$250 reserve account benefit + remaining \$150 reserve account benefit)

In this example, reserve account credits were earned in both Years 1 and 4 totaling the maximum lifetime reserve of \$500. No additional credits may be earned. Increases in annual maximums do not apply to the maximum lifetime orthodontia benefit.

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LIMITATIONS AND EXCLUSIONS (These provisions may vary by state.)

Kansas City Life will not pay for (and covered dental expenses do not include) charges:

1. for any care, services, supplies or treatment rendered on an experimental, investigational, or research basis not recognized as a generally accepted dental practice by the dental profession or The American Dental Association;
2. for services that, to any extent, are payable under any other group insurance or service plan (that provides coverage for medical charges) for which the Policyholder makes payroll deductions or pays all or part of the cost;
3. due to injury, sickness or disease that is covered under any Workers' Compensation Law, occupational disease law or similar laws;
4. made by any facility owned or operated by the United States or any of its agencies unless you are legally required to pay in the absence of insurance;
5. made by any government entity unless you are required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made;
6. for which you do not legally have to pay or that would not be made if you were not insured under the Policy;
7. for services provided by a member of your immediate family (including spouse, siblings, parents, children, or grandparents either by blood, marriage, or legal adoption) or a member of your household;
8. which are incurred before insurance begins or after it ends;
9. for procedures started before the benefit waiting period has been met (other than orthodontia) which include but are not limited to:
 - a) crowns, inlays, onlays, bridges and prosthetic appliances (which are considered started when the initial impression is taken);
 - b) root canals (which are considered started when the pulp chamber is opened);
 - c) treatment or supplies that are for congenital or developmental malformations existing on your effective date;
10. for any dental procedure performed outside of the United States and its Territories;
11. that are more than the usual, customary and reasonable (UCR) charge;
12. for treatment or services that are not medically necessary, not appropriate, or that are primarily for cosmetic reasons (unless noted in Type 5 Services Cosmetic);
13. for any duplicate device or appliance;
14. for duplication or repetition of non-surgical periodontal procedures (excluding periodontal maintenance) within any 12 consecutive month period and duplication or repetition of any surgical periodontal procedure within any 24 consecutive month period;
15. for instruction or supplies for plaque control, oral hygiene, or nutritional counseling or behavioral management;
16. for the use of materials (other than fluorides and sealants applied by your provider) to prevent tooth decay;
17. for bite registrations (study models);
18. for surgical implants or transplants of any type (including any prosthetic device attached to them)
19. for treatment of temporomandibular disorders;

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20. for dentures, crowns, inlays, onlays, dental appliances, or procedures to:
 - a) alter vertical dimension;
 - b) restore or maintain occlusion;
 - c) splint or replace tooth structure lost as a result of abrasion, attrition, or erosion; or
 - d) treat temporomandibular disorders.
21. for prosthetic appliances or fixed bridges to replace teeth that were not extracted while this coverage was in force unless necessitated by the loss of one or more natural teeth while covered under this plan. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Benefits will be pro-rated;
22. for prosthetic appliances or fixed bridgework to replace non-functional teeth; (A non-functional tooth is a tooth that is not opposed in the opposite arch.)
23. for replacement of any prosthetic appliance or fixed bridge unless the existing prosthetic appliance or fixed bridge is at least 8 years old and cannot be made serviceable for adults age 19 and over; for replacement of any prosthetic appliance or fixed bridge unless the existing prosthetic appliance or fixed bridge is at least 5 years old and cannot be made serviceable for children under age 19;
24. for replacement of any crown, inlay or onlay unless the crown, inlay or onlay is at least 8 years old and cannot be made serviceable for adults age 19 and over; for replacement of any crown, inlay or onlay unless the crown, inlay or onlay is at least 5 years old and cannot be made serviceable for children under age 19;
25. for replacement of a lost or stolen appliance;
26. for intravenous sedation in conjunction with routine dental procedures;
27. for the following periodontal procedures: occlusal analysis, adjustments or guards, crown lengthening, provisional splinting, apically positioned flaps, local delivery of chemotherapeutic agents;
28. for adjustments and/or repairs to dentures or bridgework within the first 12 months;
29. for bacteriologic studies, caries susceptibility tests or pulp vitality tests;
30. cephalometric x-rays
31. analgesia;
32. for sedative fillings and temporary or provisional restorations;
33. for photographs;
34. for broken appointments;
35. for the completion of insurance forms; or
36. for procedures or services not specifically addressed under the list of Covered Dental Services

In addition, benefits may be subject to a benefit waiting period. The benefit waiting period is the length of time insured individuals must be covered under the policy before services incurred will be an eligible expense. Benefit waiting periods are shown on the proposal.

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Termination Provisions (These provisions may vary by state.)

Termination for Non-Payment of Premium

If any premium is not paid before the end of the grace period, this policy will automatically terminate at the end of the grace period. The Policyholder will be liable to Kansas City Life for all unpaid premium for the time this policy was in force.

Termination by the Policyholder

The Policyholder may terminate this policy by giving written notice to Kansas City Life at least 31 days in advance.

Termination by the Company

Kansas City Life reserves the right to terminate this policy if:

1. the participation requirements on the Schedule of Benefits are not maintained;
2. the Policyholder fails to furnish promptly any information that Kansas City Life may reasonably require; or
3. the Policyholder, without good and sufficient cause, fails to perform its duties pertaining to this policy in good faith.

Kansas City Life will give written notice of termination to the Policyholder at least 31 days in advance unless the Policyholder and Kansas City Life both agree otherwise.

Termination of Insured Individual's Insurance

Subject to the Extension of Benefits provision found within the Benefits Payable section in the certificate, all insurance provided under this policy for an Insured Individual will terminate at 11:59 p.m. on the earliest of the following:

1. the date this policy terminates;
2. the date this policy is amended or changed to exclude coverage for the class of eligible individuals to which the Insured Individual belongs;
3. the date that the Insured Individual ceases to be a member of the classes for whom insurance is provided;
4. the end of the period for which the Insured Individual has made any required contribution;
5. the date that the Insured Individual ceases to be actively-at-work as a full-time employee of the Policyholder;
6. the date that the Insured Individual's dependents cease to be eligible;
7. the date, which the Insured Individual or the Insured Individual's dependent enters the Armed Forces, other than for reserve duty of 30 days or less.

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