



# Life, Dental and Vision Insurance

From Kansas City Life Insurance Company

Each benefit is stand-alone. Tailor your products based on the needs of your employees. Even groups as few as two employees are eligible for benefits.



**KANSAS CITY LIFE**  
GROUP BENEFITS

Contact your broker or  
Kansas City Life Group Benefits  
for more information:  
[groupbenefits@kclife.com](mailto:groupbenefits@kclife.com)



## Plan parameters for all products:

- Eligible groups will be chamber members in good standing and have been in business a minimum of one year.
- Employers will have between 2 – 99 eligible employees working a minimum of 30 hours per week.
- Eligible employees must be W-2 (not 1099).
- Actively at work is required.
- Rates are valid for groups with effective dates between January 1, 2021, and December 15, 2021.
- Rates are guaranteed for 12-months following the effective date.
- A minimum of 50% participation or two lives, whichever is greater, is required.
- Plans may be sold as non-contributory, contributory or voluntary.
- Ineligible industries:
  - Life: Forestry, Fishing, Mining, Water and Air Transportation, Police and Fire Departments and Private Households.
  - Dental: Dental Offices and Private Households. Law Firms and Schools must be rated at the Home Office.
  - Vision: Vision Offices and Private Households, Law Firms and Schools must be rated at the Home Office.

## 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 two 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. 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 two eligible employees.



# Group Term Life and Accidental Death and Dismemberment (AD&D)

Employers may choose to offer Group Term Life and AD&D to eligible full-time employees on a guaranteed issue basis. Employers will select either a \$25,000 or \$50,000 benefit.

Monthly Premium Per Employee		
	\$25,000	\$50,000
Age		
Under 40	\$3.25	\$6.50
40 – 54	\$7.00	\$14.00
55 – 74	\$32.00	\$64.00

Employers with employees in excess of 74 years of age must be rated in the Home Office.

Coverage reduces 35% at age 65, 55% of the original amount at age 70. Coverage ceases at age 75 or retirement, whichever occurs first.

Waiver of premium is included and will terminate on the earliest of age 65 or retirement.

Accelerated Death Benefit and Conversion are included.

## Everplans

The term life product provides all enrolled employees with access to the Everplans platform. Everplans is a digital tool that helps individuals organize, store and share all of their most important information from legal documents to personal wishes – in one, secure, convenient place – so it can be found whenever loved ones need it, wherever they are.

## Value Added Services are provided by Generali Global Assistance (GGA) and include:

### Beneficiary Companion

GGA will take care of the administrative details, notify third parties and conduct proactive measures to protect a deceased individual's identity from theft – relieving the stress of paperwork for beneficiaries so they can focus on the healing process.

### Travel Assistance

With a local presence in 200 countries and territories worldwide and 24/7/365 assistance centers staffed with multilingual assistance coordinators and case managers as well as medical staff, GGA is here to help obtain the care and attention needed in case of an emergency while traveling.

### ID Theft Assistance

This basic identity theft protection program provides consumers with the information to protect themselves and guidance to help them resolve identity theft. This solution assists with prevention, detection and resolution.

# Dental

Employers may select one of the following three plan options.

	Plan 1	Plan 2	Plan 3
Preventive co-insurance	100%	100%	100%
Basic co-insurance	80%	80%	80%
Major co-insurance	50%	50%	50%
Orthodontia co-insurance	–	–	50%
Deductible	\$50 x 3	\$50 x 3	\$50 x 3
Endodontics	Basic	Basic	Basic
Periodontics	Basic	Basic	Basic
Annual maximum	\$1,000	\$1,500	\$2,000
Ortho maximum	–	–	\$2,000
Waiting periods	None	None	None
Dental reserve account	Included	Included	Included
	Plan 1	Plan 2	Plan 3
Employee only	\$31.85	\$35.62	\$37.55
Employee + spouse	\$62.82	\$70.36	\$74.22
Employee + child/ren	\$76.23	\$82.02	\$97.50
Family	\$117.25	\$127.26	\$147.73



These plans pay at the Maximum Allowable Charge.

Kansas City Life Dental Alliance Network is comprised of multiple networks including Connection Dental (primary), Zelis (secondary) and Diversified Dental Network. A complete list of providers may be found at [www.kclgroupbenefits.com/DentalProvidersSearch](http://www.kclgroupbenefits.com/DentalProvidersSearch).

## Dependent Coverage

Eligible dependents include the spouse and unmarried children under the age of 26. No one may be insured as a dependent of more than one insured individual. If two employees are married, only one may insure the spouse and eligible children.

## Dental Reserve Account

All plans include the Dental Reserve Account allowing enrolled individuals to increase his/her annual maximum up to 50% of the annual maximum benefit provided at least one claim for Preventive or Basic Services is incurred during the calendar year and claims are equal to or less than half of the plan maximum.

## 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.

## 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.



# Vision

Employers may offer the following Vision benefit.

## VSP In-Network Benefits

Eye Examination	Covered in full after \$10 copayment, every 12 months.
Materials	\$25 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)	\$150 allowance for contact lenses, fitting and evaluation, every 12 months.
Necessary contact lenses (in lieu of eyeglasses)	Covered in full after copayment, every 12 months.

**Out-Of-Network Reimbursement Schedule – Visit [www.vsp.com](http://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.**

Employee Only:	\$7.35
Employee + Spouse:	\$14.69
Employee + Child/ren:	\$15.72
Family:	\$25.13

offer early morning, evening and weekend appointments, and 24-hour access to emergency care. Benefits are also available to enrollees who may choose to seek services from an out-of-network provider.

Employees who enroll will have the freedom to choose a provider who is right for them. They may choose from 95,000 access points, including the largest national network of independent doctors and more than 5,700 participating retail chain locations. For added convenience, 84% of VSP® doctors

Review the network at [www.vsp.com/fnd-eye-doctors.html](http://www.vsp.com/fnd-eye-doctors.html).

## Group Life Termination Provisions

### Termination of the Policy

Termination of this policy, for any reason, will not prejudice any claim originating prior to termination.

### 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.

### Termination by the Company

The Company reserves the right to terminate this policy:

- 1) if the number of individuals insured is fewer than 10;
- 2) if fewer than 50% of the individuals eligible for any contributory insurance are participating;
- 3) if fewer than 100% of the individuals eligible for any non-contributory insurance are participating;
- 4) the Policyholder fails to promptly furnish any information which the Company may reasonably require; or
- 5) the Policyholder, without good and sufficient cause, fails to perform its duties pertaining to this policy.

The Company will give written notice of termination to the Policyholder at least 60 days in advance unless the Policyholder and the Company both agree otherwise in writing.

### Termination of a Covered Person's Insurance

All insurance provided for a Covered Person will terminate at 11:59 p.m. on the earliest of the following:

- 1) on the date this policy terminates;
- 2) on the date a Covered Person ceases to be in an eligible class;
- 3) on the date employment terminates. This will be the date the Insured Individual ceased active work. Accrued vacation and/or sick days will not extend termination date; or
- 4) at the end of the period for which the Insured Individual has made any required contribution.

## Group Dental Limitations and Exclusions and

### Termination Provisions

#### Limitations and exclusions

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) for treatment or services that are not medically necessary, or not appropriate, or that are primarily for cosmetic reasons (unless noted in Type 5 Services Cosmetic);
- 12) for any duplicate device or appliance;
- 13) 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;
- 14) for instruction or supplies for plaque control, oral hygiene, or nutritional counseling or behavioral management unless instruction or supplies are for children under the age of 19;
- 15) for the use of materials (other than fluorides and sealants applied by your provider) to prevent tooth decay;
- 16) for bite registrations (study models) for adults and children age 19 and older;
- 17) for surgical implants or transplants of any type (including any prosthetic device attached to them);
- 18) for treatment of temporomandibular disorders unless treatment is for children under the age of 19;
- 19) 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 unless treatment is for children under the age of 19.
- 20) for prosthetic appliances or fixed bridges to replace missing 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;
- 21) 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.)
- 22) 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;
- 23) 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;

- 24) for replacement of a lost or stolen appliance;
- 25) for intravenous sedation in conjunction with routine dental procedures for adults and children age 19 and over;
- 26) for the following periodontal procedures: apically positioned flaps, local delivery of chemotherapeutic agents. Occlusal analysis, adjustments, guards, crown lengthening and provisional splinting are excluded for adults and children age 19 and over;
- 27) for adjustments and/or repairs to dentures or bridgework within the first 12 months for adults and children age 19 and over;
- 28) for caries susceptibility tests;
- 29) for bacteriologic studies or pulp vitality tests for adults and children age 19 and over;
- 30) analgesia for adults and children age 19 and over;
- 31) for sedative fillings and temporary or provisional restorations for adults and children age 19 and over;
- 32) for photographs for adults and children age 19 and over;
- 33) for broken appointments;
- 34) for the completion of insurance forms;
- 35) for procedures or services not specifically addressed under the list of Covered Dental Services

## Termination Provisions

### 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 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 60 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.

## Vision Limitations and Exclusions and Termination Provisions

### Limitations and Exclusions

Benefits will not be paid for and the term "Covered Vision Expenses" will not include charges for:

- 1) Services and/or materials not specifically included in the Schedule of Benefits as covered Plan Benefits.
- 2) Plano lenses (lenses with refractive correction of less than  $\pm .50$  diopter).
- 3) Two pair of glasses instead of bifocals.
- 4) Replacement of lenses, frames and/or contact lenses furnished under this Policy which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- 5) Orthoptics or vision training and any associated supplemental testing.
- 6) Medical or surgical treatment of the eyes.
- 7) Contact lens insurance policies or service agreements.
- 8) Refitting of contact lenses after the initial (90-day) fitting period.
- 9) Contact lens modification, polishing or cleaning.
- 10) Services or materials furnished to a Covered Person before the Effective Date of the Policy or after the date a Covered Person's Insurance ends.
- 11) Services or materials obtained while outside the U.S., except for emergency vision care.
- 12) Eye examinations or corrective eyewear required by an Employer as a condition of employment.

## Termination Provisions

### 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 Company

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

- 1) the participation requirements in Section 1. Policy Data 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 60 days in advance unless the Policyholder and Kansas City Life both agree otherwise.

### Termination of Insured Individual's Insurance

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 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; or
- 5) the date the Insured Individual ceases to be actively-at-work as a full-time employee of the Policyholder except as provided under a covered leave of absence or temporary layoff.

**Disclaimer**

*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. Policies and certificates referenced: PJ136-NV/CJ136, PJ143-NV/CJ143-NV, PJ147-NV/CJ147.*



**KANSAS CITY LIFE**

**GROUP BENEFITS**

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