

**Group Dental Proposal provided by Kansas City Life Insurance Company**
**Proposed For:** Jefferson Parish Government Plan 1 - High - All Employees

**Effective Date:** 1/1/2023

**Eligibility:** Full-time (30 hours/week)

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

**KANSAS CITY LIFE**
**GROUP BENEFITS**

| <b>Benefits:</b>                              | <b><u>In-Network(INN)</u><br/><u>Deductible+</u></b> | <b><u>Out-Of-Network</u><br/><u>(OON) Deductible+</u></b> | <b><u>INN</u><br/><u>Coinsurance</u></b>  | <b><u>OON</u><br/><u>Coinsurance</u></b> | <b><u>Covered Services</u></b>  | <b><u>Waiting</u><br/><u>Period +</u></b> |
|---|--|---|---|--|---|---|
| <b>*Preventive<br/>Type I</b>                 | None   | None  | 100%  | 100%                                     | Routine Exams<br>Bitewing ( <i>one set per 12 months</i> )<br>X-Rays ( <i>one complete series per 60 months</i> )<br>Prophylaxis<br>Sealants<br>Flouride Treatments<br>Space Maintainers                          | None                                      |
| <b>*Basic<br/>Type II</b>                     | \$50 Annual<br>Deductible Maximum:                   | \$50 Annual<br>3 X Individual<br>combined with Major      | 80%   | 80%                                      | Anesthesia<br>Palliative Treatment<br>Tissue Conditioning<br>Restorative<br>Extractions<br>Oral Surgery<br>Endodontics<br>Periodontal Maintenance<br>Periodontics<br>Periodontic Surgery<br>Oral Cancer Screening | None                                      |
| <b>*Major<br/>Type III</b>                    | \$50 Annual<br>Deductible Maximum:                   | \$50 Annual<br>3 X Individual<br>combined with Basic      | 50%   | 50%                                      | Crowns, Inlays, and Onlays<br>Prosthetics<br>Denture and Crown Repair<br>Implants   | None                                      |
| <b>Orthodontia<br/>Type IV</b>                | None   | None  | 50%   | 50%                                      | Orthodontia<br>Applies to adults and children   | None                                      |
| <b>Annual Maximum (Type I, II &amp; III):</b> |  |   | \$1,500 INN calendar year maximum per person   \$1,500 OON calendar year maximum per person |  |   |   |
| <b>Orthodontia Maximum (Type IV):</b>         |  |   | \$2,000 INN lifetime per person   \$2,000 OON lifetime 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: \$27.11

Employee + Spouse: \$53.59

Employee + Child/ren: \$50.16

Family: \$95.09

- Rates are guaranteed for 12 months following the effective date.
- Proposal assumes coverage is 0% employer paid and requires 76% participation. A minimum of 10 enrolled employees is required.
- 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](http://www.kclgroupbenefits.com/DentalProvidersSearch)
- Flat 0% Commission is included.

The proposal is subject to revision if the plan is not effective within 60 days of the proposal date and rates are subject to change should there be significant changes in the employer data, employee census or plan design. This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. This proposal assumes group has been in business a minimum of one year. This proposal is valid when attached to form 752. Policy referenced herein: PJ143/CJ143 Form 751

**Group Dental Proposal provided by Kansas City Life Insurance Company****Proposed For:** Jefferson Parish Government Plan 1 - Low - All Employees**Effective Date:** 1/1/2023**Eligibility:** Full-time (30 hours/week)**Dependent Eligibility:** Spouse and unmarried children up to age 26 - Could vary depending on state requirements.**KANSAS CITY LIFE****GROUP BENEFITS**

| <b>Benefits:</b>                              | <b><u>In-Network(INN)</u><br/><u>Deductible+</u></b> | <b><u>Out-Of-Network</u><br/><u>(OON) Deductible+</u></b> | <b><u>INN</u><br/><u>Coinsurance</u></b>  | <b><u>OON</u><br/><u>Coinsurance</u></b> | <b><u>Covered Services</u></b>   | <b><u>Waiting</u><br/><u>Period +</u></b> |
|---|--|---|---|--|--|---|
| <b>*Preventive<br/>Type I</b>                 | None   | None  | 100%  | 100%                                     | Routine Exams<br>Bitewing ( <i>one set per 12 months</i> )<br>X-Rays ( <i>one complete series per 60 months</i> )<br>Prophylaxis<br>Sealants<br>Fluoride Treatments<br>Space Maintainers | None                                      |
| <b>*Basic<br/>Type II</b>                     | \$50 Annual<br>Deductible Maximum:                   | \$50 Annual<br>3 X Individual<br>combined with Major      | 80%   | 80%                                      | Anesthesia<br>Palliative Treatment<br>Tissue Conditioning<br>Restorative<br>Extractions<br>Oral Surgery<br>Periodontics<br>Periodontic Surgery<br>Oral Cancer Screening                  | None                                      |
| <b>*Major<br/>Type III</b>                    | \$50 Annual<br>Deductible Maximum:                   | \$50 Annual<br>3 X Individual<br>combined with Basic      | 50%   | 50%                                      | Endodontics<br>Periodontal Maintenance<br>Crowns, Inlays, and Onlays<br>Prosthetics<br>Denture and Crown Repair  | None                                      |
| <b>Orthodontia<br/>Type IV</b>                | None   | None  | 50%   | 50%                                      | Orthodontia<br>Applies to children only, under age 19  | None                                      |
| <b>Annual Maximum (Type I, II &amp; III):</b> |  |   | \$1,000 INN calendar year maximum per person   \$1,000 OON calendar year maximum per person |  |  |   |
| <b>Orthodontia Maximum (Type IV):</b>         |  |   | \$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:        | \$19.23 |
| Employee + Spouse:    | \$37.81 |
| Employee + Child/ren: | \$46.52 |
| Family:               | \$56.67 |

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