

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

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	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 Surgery Endodontics Periodontal Maintenance Periodontics Periodontic Surgery Oral Cancer Screening	None
*Major Type III	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	50%	50%	Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair Implants	None
Orthodontia Type IV	None	None	50%	50%	Orthodontia Applies to adults and children	None
Annual Maximum (Type I, II & III):			\$1,500 INN calendar year maximum per person \$1,500 OON calendar year maximum per person			
Orthodontia Maximum (Type IV):			\$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
- 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

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GROUP BENEFITS

Benefits:	<u>In-Network(INN)</u> <u>Deductible+</u>	<u>Out-Of-Network</u> <u>(OON) Deductible+</u>	<u>INN</u> <u>Coinsurance</u>	<u>OON</u> <u>Coinsurance</u>	<u>Covered Services</u>	<u>Waiting</u> <u>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	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 Surgery Periodontics Periodontic Surgery Oral Cancer Screening	None
*Major Type III	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	50%	50%	Endodontics Periodontal Maintenance Crowns, Inlays, and Onlays Prosthetics Denture and Crown Repair	None
Orthodontia Type IV	None	None	50%	50%	Orthodontia Applies to children only, under age 19	None
Annual Maximum (Type I, II & III):			\$1,000 INN calendar year maximum per person \$1,000 OON calendar year maximum per person			
Orthodontia Maximum (Type IV):			\$1,000 INN lifetime per child \$1,000 OON lifetime per child			

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Monthly Rates

Employee Only: \$19.23
 Employee + Spouse: \$37.81
 Employee + Child/ren: \$46.52
 Family: \$56.67

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