## Group Dental Proposal provided by Kansas City Life Insurance Company

Proposed For:Aztec Secrets Plan 1 - All EmployeesEffective Date:9/1/2025Eligibility:Full-time (30 hours/week)

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



## **GROUP BENEFITS**

<u>Benefits:</u>	<u>In-Network(INN)</u> Deductible+	Out-Of-Network (OON) Deductible+	<u>INN</u> Coinsurance	<u>OON</u> Coinsurance	Covered Services	<u>Waiting</u> Period +
*Preventive Type I	None	None	100%	100%	Clinical Oral Examinations Bitewing (one set per 12 months) X-Rays (one complete series per 60 months) Prophylaxis Sealants Flouride Treatments Space Maintainers Oral Cancer Screening	None
*Basic Type II	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Major	80%	80%	Anesthesia Palliative Treatment Tissue Conditioning Consultation (Second Opinion) Simple Extractions Surgical Extractions Fillings Other Oral Surgical Procedures Endodontics Periodontal Maintenance Non-Surgical Periodontics Surgical Periodontics	None
*Major Type III	\$50 Annual Deductible Maximum:	\$50 Annual 3 X Individual combined with Basic	50%	50%	Intravenous Sedation Replacement Crown, Inlay or Onlay Denture and/or Bridgework Crowns, Inlays, Onlays, Labial Veneers, and Crown buildups Crown and Prosthodontic Restoration	None
Annual Maximum (Type I, II & III):		\$1,500 INN calendar year maximum per person   \$1,500 OON calendar year maximum per pers				

## **Monthly Rates**

Employee Only:	\$39.74
Employee + Spouse:	\$78.63
Employee + Child/ren:	\$68.08
Family:	\$128.04

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

• Proposal assumes coverage is 0% employer paid and requires 65% 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 10% 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 and certificate referenced herein: PJ144/CJ144 Form 12704