

We have developed simple, competitive plan options for groups with as few as two employees offered on an employer-paid, contributory or voluntary basis.

## PLAN PARAMETERS

- Eligible groups will be between two and nine lives.
- Eligible group must have been in business for one year.
- Coverage is not available in all states.
- Life, STD, LTD and Employer-Paid Vision rates are guaranteed for three years. Voluntary Vision rates are guaranteed for two years. Dental rates are guaranteed for one year. All rates are stand alone.
- Employees must be performing the material and substantial duties of their own occupation for a minimum of 30 hours per week.
- No individual eligible as an employee may be insured as a dependent. If two employees are married, only one may insure eligible children.
- Firms in Chapter 11 bankruptcy, made up of 1099-contracted employees or are home-based businesses (for Life, STD and LTD) are not eligible.
- If the employer pays 100 percent of the premium, all eligible employees must be enrolled.
  - For Life, STD and LTD – if the employee contributes to or pays 100 percent of the cost:
    - Firms with 2 – 4 eligible employees, all must enroll.
    - Firms with 5 – 9 eligible employees, all but one must enroll.
  - For Dental – if the employee contributes to or pays 100 percent of the cost:
    - Firms with 2 – 4 eligible employees, all must enroll.
    - Firms with 5 – 9 eligible employees requires 75 percent participation.
  - For Vision – if the employee contributes to the cost, a minimum of two employees must enroll.
- Employees who do not enroll when first eligible will be subject to the late applicant provision or evidence of insurability.
- Eligible dependents include spouses and unmarried children under age 26.
- A \$15-per-month billing fee is applicable. Billing fee may be waived if a group enrolls for paperless billing and pays by electronic funds transfer or enrolls for two or more Go2 products.

In order to obtain a quote, please submit requested plan design and census information to [go2@kclife.com](mailto:go2@kclife.com). You may choose to run your own proposal as well. Visit [www.kclgroupbenefits.com](http://www.kclgroupbenefits.com) to locate the Go2 Quoter.

# go2 plan – dental

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## DENTAL OVERVIEW

Small-business employers need to offer a comprehensive dental package and they can with a plan from Kansas City Life. With five plan options offered on both an employer-sponsored and voluntary basis, groups can find a good fit.

## AVAILABLE PLANS

Employers may elect plans that allow employees to seek services from any provider or directed PPO plans, which allow employees to experience additional cost savings by using a network provider. Upon choosing a network provider, employees are not balance billed.

## COVERED SERVICES\*

Routine exams and cleanings, X-rays and fluoride treatments are covered under Preventive Services. Basic Services may include fillings, extractions and emergency palliative treatment. Major Services include crowns, bridges, dentures and oral surgery. Endodontics will generally be included under Basic Services, but will be paid under Major Services for Plan 1. Periodontics will vary between Type II and Type III Services depending on the plan elected. Implants are included in Major Services on Plan 5. Orthodontia is available to dependent children who are under the age of 19 when treatment is received.

*\*The above list is not inclusive of all services covered. The certificate of coverage will outline all benefits.*

## KANSAS CITY LIFE DENTAL ALLIANCE

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

## ANNUAL MAXIMUMS

Plan options include \$1,000, \$1,500 and \$2,000 calendar year maximums. For applicable plans, the lifetime maximum for orthodontia is \$1,000.

## CO-INSURANCE PERCENTAGES

Co-insurance percentages will vary depending on the type of service. Options are available from traditional indemnity-style plans to alternatives that provide increased co-insurance percentages for network providers or reduced co-insurance percentages for out of network procedures as a cost-savings alternative.

## DEDUCTIBLE

All plans include a \$50 per person per calendar year combined deductible for Basic and Major Services, with a maximum of three per family. There is no deductible on Preventive or Orthodontic Services.

## WAITING PERIODS

The Go2 plans do not require a waiting period for Preventive or Basic Services but do include a 12-month waiting period for Major and Orthodontia coverage.

## DEPENDENT COVERAGE

Eligible dependents include the spouse and unmarried children under the age of 26. *Specific details of dependent eligibility may vary by state.*

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.

## go2 plan – dental

Product type	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Voluntary/ Employer sponsored		Voluntary/ Employer sponsored		Voluntary/ Employer sponsored		Voluntary/ Employer sponsored		Voluntary/ Employer sponsored	
	INN	OON	INN	OON	INN	OON	INN	OON	INN	OON
	Co-insurance		Co-insurance		Co-insurance		Co-insurance		Co-insurance	
<b>Type I (Preventive)</b>	100	100	100	100	100	100	100	100	100	100
<b>Type II (Basic)</b>	80	80	80	80	80	80	80	80	90	80
<b>Type III (Major)</b>	50	50	50	50	50	50	50	50	60	50
<b>Type IV (Child ortho under the age of 19)</b>	None	None	None	None	None	None	50	50	50	50
<b>Deductible</b>	\$50 x 3	\$50 x 3	\$50 x 3	\$50 x 3	\$50 x 3	\$50 x 3	\$50 x 3	\$50 x 3	\$50 x 3	\$50 x 3
<b>Endodontics</b>	Type 3	Type 3	Type 2	Type 2	Type 2	Type 2	Type 2	Type 2	Type 2	Type 2
<b>Periodontics</b>	Type 3	Type 3	Type 2	Type 2	Type 3	Type 3	Type 2	Type 2	Type 2	Type 2
<b>Implants</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Type 3	Type 3
<b>Annual maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000
<b>Ortho maximum</b>	N/A	N/A	N/A	N/A	N/A	N/A	\$1,000	\$1,000	\$1,000	\$1,000
<b>Waiting periods</b>	0/0/12/na	0/0/12/na	0/0/12/na	0/0/12/na	0/0/12/na	0/0/12/na	0/0/12/12	0/0/12/12	0/0/12/12	0/0/12/12
<b>UCR</b> (Usual customary and reasonable)	MAC	80th UCR	MAC	90th UCR	MAC	90th UCR	MAC	90th UCR	MAC	90th UCR
<b>MAC</b> (Maximum allowable charge)										

*INN = In network benefits*

*OON = Out of network benefits*