

Administrative Guide List Bill

Kansas City Life Insurance Company



KANSAS CITY LIFE

GROUP BENEFITS

KANSAS CITY LIFE

Group Administrative Procedures

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Welcome to Kansas City Life Insurance Company

Thank you for choosing us to assist your organization in meeting its employee benefits needs. This Administrative Guide covers the major aspects of plan administration and is designed to help successfully administer your group insurance. For your plan to operate as intended, we appreciate your assistance in providing timely and accurate information.

Please note this guide does not change the provisions in your group specific policy(ies) and certificate(s) and may not address every situation or unique circumstance. If you have any questions, please refer to your master policy(ies) and certificate(s) or contact your group Client Services Representative (CSR) at Kansas City Life.

When contacting Kansas City Life with any questions you have concerning your insurance coverage, please have your company (policyholder) name and policy number available.

Our office hours are from 8 a.m. – 4:15 p.m. CT, Monday – Friday.

Your CSR's name, extension number, and email address are located on your premium statement.

Customer Account Team numbers are:

Toll-free: 877-266-6767 – automated attendant
Kansas City area: 816-753-7000 – operator assisted
816-753-7299 – automated attendant
Fax number: 816-753-2964

All group forms may be found on our website at www.kclgroupbenefits.com. Many administrative forms are state specific, thus the website is designed to assist you in locating forms for your state simply by selecting your company's state of domicile.

Send administrative correspondence to:

ATTN: (The name of your CSR)

Kansas City Life Group Benefits Administration

Kansas City Life Insurance Company

P.O. Box 219425

Kansas City, MO 64121-9425

Disclaimer

This guide is not a certificate of insurance but a brief description only. The group policy alone determines all rights and benefits.

RESOURCES

Website access

Kansas City Life Group Benefits welcomes you to take a look at our user-friendly website. This site should be considered an extension of the personal customer service you receive from us, not as a replacement. We want you to be able to better assist your employees when it comes to their benefits. Online, you can:

- Download applications, enrollment forms, and claims forms
- Find a Kansas City Life Dental Alliance provider
- Find a vision provider
- Research all the products Kansas City Life offers
- Utilize insurance calculators
- Access contact information for claims and customer service

Online functionality

You may make employee additions for life, dental, vision, and disability coverage through our website. It is highly recommended that you consult the Dashboard Instruction Manual before proceeding with this feature. This may be accessed at www.kclgroupbenefits.com. Under the *Employer* drop-down menu at the top of the page, select *Dashboard Manual (PDF)*.

To proceed, go to www.kclgroupbenefits.com, click *Login* (top right corner of the screen), then click the green login button under Group Dashboard, and enter your username and password. (This is provided in the email you receive from Kansas City Life when your policy is issued. You will be required to change your password the first time you sign in.)

Through online access you have the ability to view and pay your bill, elect paperless billing, change your password, provide broker access, print a dental ID card, and order a replacement Davis Vision ID card. In addition, you may make modifications to existing employees as well as process enrollments for new hires, rehired, or open enrollment additions. You are also able to view documents associated with your policy such as certificate booklets and information on Value Added Services and EAP services included with your coverage as applicable.

If you have any questions about your policy, how to utilize the website, or make changes to your bill, please contact your CSR whose name appears on the remittance page of your bill.

Administration forms

State and product-specific forms are available for you to download at www.kclgroupbenefits.com.

- Under *Employers*, choose *Find a Form*, then select your state and products.

Examples of forms available include beneficiary change, change of information request, claim forms, Continuation of Coverage, Conversion Application, Conversion Notice, enrollment forms, and health statements.

BILLING INFORMATION

Due date

Premiums will be due each month on the date corresponding to the policy anniversary date.

Premium statement

The premium statement lists the:

- Premium due date
- Premium amount due
- Participants enrolled, terminated, and corresponding adjustments

Carefully review each statement for accuracy by checking to see if:

- Premium has been allocated accurately
- All eligible employees are listed
- Terminated employees' coverage(s) have been removed
- All coverage amounts are reflected correctly

The premium statement is used as an audit trail for premium, eligibility, and coverage.

You may view your current billing statement by logging into Group Dashboards at www.kcgroupbenefits.com and selecting *View Bills*.

Payment

Payment should be made on or before the due date found on your premium statement to avoid the possibility of a lapse in coverage. Remit the grand total due. Any adjustments will be reflected on the next premium statement.

Payments may be submitted by either:

- Mailing a check
- ACH (request form from your CSR)
- Online Webpay at www.kcgroupbenefits.com

Adjustments

Please report all changes within 31 days:

New employee

- If coverage is noncontributory, the employer must submit completed, signed, and dated enrollment forms.
- If coverage is contributory or voluntary, the employer must maintain completed, signed, and dated enrollment forms or completed, signed, and dated waiver forms, if an employee chooses not to enroll.

Terminated employee or dependent

Notify Kansas City Life of a termination by either:

- Crossing the individual off the premium statement
- Writing it on the premium summary page
- Emailing it to the CSR
- Submitting it via the Group Dashboard at www.kcgroupbenefits.com
- Submitting a Change of Information form

Always provide the date (MM/DD/YYYY) the termination occurred.

Rehired employees

A new enrollment form must be submitted within 31 days of the employee's rehire date. The rehire date in the Employer Section of the enrollment form should reflect the date full-time employment resumed.

Employees rehired within six to 12 months from the date of their termination will be eligible for insurance the day the employee again becomes a member of an eligible class.

Employees rehired more than six to 12 months from the date of termination are considered new employees and must fulfill the eligibility waiting period.

Refer to your policy documents to determine the rehire provision included within your policy.

Changes (Class, salary, name, address, add, or delete a dependent)

Notify Kansas City Life of a change by either:

- Writing adjustments or class changes next to the name on the premium statement
- Writing adjustments or class changes on the statement summary page
- Emailing the change to the CSR
- Submitting the change via the Group Dashboard at www.kcgroupbenefits.com
- Submitting a Change of Information form

Always provide the date (MM/DD/YYYY) change occurred.

For employees who become eligible or terminate during the current statement period, premiums will be reflected appropriately on the next premium statement.

BENEFICIARY DESIGNATIONS

Life, Voluntary Life, and Accident

Carefully drawn beneficiary designations provide payment of proceeds to named beneficiaries without delay. Whenever possible, it is recommended each employee name individuals as beneficiaries clearly identified by full name and relationship to the employee. The payment of proceeds can usually be completed more quickly when a person is named rather than an estate, trust, or some other nonpersonal beneficiary. Generally more information is needed if an individual is not named.

In addition to naming a primary beneficiary, it is advisable to name a contingent beneficiary. If one is not named and the primary beneficiary predeceases the insured, proceeds are paid according to the master policy. When beneficiaries are to receive unequal amounts, percentages of the total benefits should be shown. When the unequal amounts option is chosen, there must be a contingent beneficiary listed for each beneficiary named. Specific dollar amounts allocated to each beneficiary are not acceptable.

If the beneficiary is the estate, a minor, or is deemed incompetent, and if an estate representative or guardian has been appointed, copies of Letters of Administration or Letters of Guardianship must be furnished when a claim is reported. If no appointment has been made and none is expected, advise the Kansas City Life Claims Department and wait for further instructions.

Critical Illness

Any proceeds due will be paid to the insured employee, unless in certain circumstances benefits have been assigned or the employee is not competent. Any accrued benefits unpaid at the death of the employee will be paid to the named beneficiary, if any, otherwise to the employee's estate.

Changing designations

When an employee elects to change a beneficiary, a beneficiary change form should be completed, dated, and signed by the employee and witnessed. Without the date and signatures, this form could be void. It is the responsibility of the employer to maintain the current employee beneficiary information. Our Claims Department will contact the employer for the current beneficiary designation at time of claim.

Irrevocable Beneficiaries

Once an irrevocable beneficiary is named, no changes can be made by the insured without the written consent of the designated irrevocable beneficiary(ies).

Long Term Disability (LTD) and Short Term Disability (STD)

Beneficiary designations are not required. Any proceeds due will be paid according to contract provisions.

EMPLOYEE CERTIFICATES

The group insurance certificate is an important document because it explains the benefits and provisions of the group insurance plan(s). It also includes employee rights under Employee Retirement Income Security Act 1974 (ERISA). Each eligible employee must be given a copy of the group insurance certificate within 120 days after becoming eligible for coverage. After that, an updated certificate must be given to each participating employee whenever important changes are made in the plan.

The group plan administrator will receive an electronic version of the certificate at inception to be distributed to all eligible employees. There are several acceptable methods of distributing the certificates:

- Hand delivery
- Mail (1st, 2nd, or 3rd class)
- Employer intranet
- Special insert in an employee or employer publication. Be sure the distribution list is up-to-date if this option is used.

It is not acceptable to post a group certificate in a location frequented by employees (for example, a lounge or cafeteria).

An electronic version of the certificate should be kept on hand by the employer to distribute to new employees as they become eligible and enroll. You may request an electronic version of the certificate by either contacting your CSR or through our Group Dashboard by logging in at www.kclgroupbenefits.com and selecting *Policy Documents*.

COBRA

The Consolidated Omnibus Budget Act of 1985 (COBRA) is a federal continuation of coverage requirement that applies to any employer who normally employs 20 or more employees (with the exception of federal government and religious organizations). Employers must provide for the continuation of identical coverage to employees and/or insured dependents in the following events:

Upon the termination of employment:

- Voluntary or involuntary termination
- Death
- Reduction in hours
- Entitlement to Medicare benefits

On the termination of the relationship between an insured individual and an insured dependent:

- Divorce or legal separation
- Dependent child ceasing to be a dependent

When any of these qualifying events occur, the employee and/or insured dependent of an employee, who would otherwise lose coverage under the plan because of a qualifying event, must be provided with the opportunity to continue their dental and/or vision coverage. Contact your CSR if you have questions about COBRA coverage.

CLAIM PROCEDURES

In the event of a claim, Kansas City Life should be notified within the number of days as described in the certificate. To avoid delays in claim processing, make sure all information is completed on the appropriate claim form. To obtain the appropriate forms you may go to our website at www.kclgroupbenefits.com or contact your CSR.

Life, Voluntary Life, Waiver of Premium, and/or Dismemberment

The Notice of Claim form may be used to report deaths, waiver of premium or dismemberment claims or you may provide to the claims department:

- Group policy number and certificate number (if applicable)
- Insured's full name and address
- Insured's date of birth
- Date of death or dismemberment
- Cause of death or dismemberment

Upon receipt of the complete information, the Claims Department will send the appropriate detailed forms and instructions directly to the claimant and claim processing will begin. Should clarification or additional information be necessary, the Claims Department will contact the appropriate party directly.

When calling Kansas City Life with any questions you have concerning claims administration, please have your company (policyholder) name and policy number available.

Kansas City area: 816-753-7000 – operator assisted
816-753-7299 – automated attendant
Toll-free: 800-821-6164 – automated attendant
Extension: 6080 – Death Claims
Extension: 6090 – Waiver of Premium and Dismemberment

All correspondence on group life, waiver of premium, and dismemberment claims should always include the group policy number and be addressed to:

Claims Department
Kansas City Life Insurance Company
P.O. Box 219282
Kansas City, MO 64121-9282

Email: kclclaims@kclife.com

Long Term Disability and/or Short Term Disability

For information on filing disability claims, please refer to the Claim Information section of the Employee's Certificate.

When calling Kansas City Life with any questions you have concerning claims administration, please have your company (policyholder) name and policy number available.

Toll-free: 888-305-0590

All correspondence on disability claims should always include the group policy number and be addressed to:

FullscopeRMS
P.O. Box 9757
Portland, ME 04104

Or **fax** to: 207-766-3448

Or **email** to: claims@yourbenefitexpert.com

Dental

Claim forms must be provided in the following situations:

1. If a dental claim is denied by the medical carrier when treatment was due to an accident.
2. Any changes in employment or dependent status (spouse or children employment, full-time student, other insurance effective dates, etc.)

The claim form should be completed as follows:

1. The employee should complete the employee and patient information sections, the Coordination of Benefits (COB) information, and direct payment information sections if applicable.
2. The dentist should complete the dentist's information section. (The dentist's portion of the claim form does not need to be completed if the dentist submits a universal claim form with the proper information and it is properly signed by the claimant.)

The claim should be submitted to Kansas City Life within 90 days* from the date of service. Claims may be filed electronically by provider through Change Healthcare at www.changehealthcare.com. When registering you will need our payer number, which is CX058.

For additional information on filing dental claims, please refer to the claim provisions section of the Employee's Certificate.

**The number of days may vary by state.*

Explanation of Benefits (EOB)

When a claim is paid, the employee and the provider of service receives an EOB from Kansas City Life. The EOB is a statement that provides detailed information regarding total charges, ineligible charges, benefits, and the amount paid.

Claim denied

If a claim for benefits is wholly or partially denied, the insured will be furnished with an EOB containing the decision.

On any denied claim, the insured individual or a designated representative may appeal to us for a full and fair review. From the date the claim is denied, a written application must be submitted within 180 days or within the time limit your state law requires.

After the request for review is received, we will make a decision no more than 60 days after the receipt of the request, except in special circumstances, but in no case more than 120 days, or within the time limit your state law requires.

Hearing discount

All dental plans include cost savings on audiological services and hearing aids at more than 7,000 TruHearing locations nationwide. There are no claims to file or waiting periods. For more information or to locate a provider, call 844-224-2717.

Questions

When calling Kansas City Life with any questions you have concerning claims administration on Dental, please have your group policy number and the insured individual's name available.

Kansas City area: 816-753-7000 – operator assisted
816-753-7299 – automated attendant
Toll-free: 800-874-5254 – automated attendant
Extension: 6045 – Dental

Please submit all claims to:

Kansas City Life Group Benefits – Claims
Kansas City Life Insurance Company
P.O. Box 9040 • Austin, TX 78766

Vision

When making a vision claim (Davis Vision/VSP® Vision Care), proof of each charge must be furnished. Attach itemized receipts for services with the claim form.

Be sure the receipts show:

1. Name of the provider
2. Name of the patient
3. Date of the treatment
4. Description of service and materials
5. Amount of charge
6. Signature

Davis Vision claims should be submitted within 20 – 90 days* from the date of service. Claim forms cannot be faxed. They must be mailed in. **VSP® Vision Care** claims should be submitted within 180 days* from the date of service.

**The number of days may vary by state.*

The claim reimbursement form is to be used when members go to an out-of-network provider. If they go to an in-network provider, the provider will handle the claim form. All in-network benefits will be paid directly to the provider. Out-of-network claims will be paid to the employee unless a written authorization for payment to the provider is provided. When calling Kansas City Life with any questions you have concerning claims administration on Vision, please have your group policy number and the insured individual's name. To locate a Davis Vision provider go to: www.davisvision.com. Click on *Member*, then *Open Enrollment* and enter the Kansas City Life Client Code located in the employee Welcome Kit. If you do not have a code, enter 2834. For additional information on **Davis Vision**, use the following contact information:

General Information: 888-336-7606
Claims: 800-999-5431

Submit **Davis Vision** claims to:
Vision Claims Processing Unit
P.O. Box 1525 • Latham, NY 12110

To locate a **VSP® Vision Care** provider go to: www.kclgroupbenefits.com. Under *Employees*, click *VSP Provider Directory*.

For additional information on **VSP® Vision Care**, use the following contact information:

Customer Service: 800-877-7195

VSP®
P.O. Box 385018 • Birmingham, AL 35238-5018

Critical Illness

Notice of claim should be sent within 20 days after the date of diagnosis of the Critical Illness or Critical Illness procedure for which a benefit is claimed, or as soon as is reasonably possible. No claim will be accepted one year after the time of notice is required.

The claimant will need to complete a Kansas City Life Insurance Company Critical Illness Claim Form. Within 15 days upon receipt of this claim form, Kansas City Life will send any necessary forms for filing a proof of loss. Written proof of loss must be provided within the number of days stated in the certificate of insurance. Upon receipt of the Proof of Loss, we will request any additional information needed to evaluate the claim. Appropriate evidence needed to establish benefit eligibility may include, but is not limited to, physician or hospital records including diagnostic tests, histological, pathological, or operative reports.

After we receive the vital information, evaluate and process proof of loss, we will pay benefits due immediately. Benefits will be paid to the employee unless such benefits have been assigned.

If a claim for benefits is wholly or partly denied, written notification of the decision will be furnished, which will provide the specific reason(s) for denial and reference to the policy provisions on which the denial is based. It will provide a description of any additional information necessary to prepare a claim and why it is necessary. You or your representative may appeal to Kansas City Life Insurance Company for a full and fair review.

For additional information on filing Critical Illness Claims, please refer to the Claim Information section of the Employee's Certificate.

When calling Kansas City Life with any questions you have concerning claims administration, please have your company (policyholder) name and policy number available.

Toll-free: 800-821-6164, ext. 6090

All correspondence on Critical Illness Claims should always include the group policy number and be addressed to:

Kansas City Life Group Benefits

Attn: Critical Illness Team

P.O. Box 219282 • Kansas City, MO 64121-9282

Or **fax** to: 816-753-1198

Or **email** to: claimsdistributiongroup@kclife.com

Accident

Notice of claim should be sent within the number of days stated in the certificate of insurance after the date of the accident for which a benefit is claimed or the date of covered loss for which a benefit is claimed, or as soon as is reasonably possible. No claim will be accepted one year after the time of notice is required.

The employee will need to complete a Kansas City Life Insurance Company Accident Claim Form. Proof of claim must be given within the time period stated in the certificate of insurance. Proof of claim may include documentation furnished by a physician and supported by clinical, radiological, histological, pathological, and/or laboratory evidence. It may also include one or more of the following: a physician's bill, a hospital bill, or other proof of charge.

After we receive the vital information, evaluate and process proof of claim, we will pay benefits due within 30 days.

If a claim for benefits is wholly or partly denied, written notification of the decision will be furnished which will provide the specific reason(s) for denial and reference to the policy provisions on which the denial is based. It will provide a description of any additional information necessary to prepare a claim and why it is necessary.

You or your representative may appeal to Kansas City Life Insurance Company for a full and fair review.

For additional information on filing Accident Claims, please refer to the Claim Information section of the Employee's Certificate.

When calling Kansas City Life with any questions you have concerning claims administration, please have your company (policyholder) name and policy number available.

Toll-free: 855-845-8774

All correspondence on Accident Claims should always include the group policy number and be addressed to:

Kansas City Life Group Benefits – Claims

Kansas City Life Insurance Company

P.O. Box 9040 • Austin, TX 78766-9040

Or **fax** to: 844-310-1539

Or **email** to: kclaccident@boonchapman.com

CONVERSION, PORTABILITY, and CONTINUATION

Conversion provisions only apply to Life and Voluntary Life. Portability provisions only apply to voluntary Life and Accident.* Voluntary Life coverage may be extended under Conversion or Portability, but not both. Continuation applies to Critical Illness.

Conversion: Life and/or Voluntary Life

At termination, employees may convert their group life insurance benefit to an individual whole life insurance policy issued by Kansas City Life. A Notice of Conversion Rights Under Group Life Insurance Policy should be given to all employees whose life insurance terminates. To apply, the employee must complete an Application for Conversion of Group Life Insurance. The application and the first month's premium must be submitted within 31 days of termination.

If an employee should die within the 31-day period, the amount of insurance which is eligible to convert will be paid to the beneficiary, even if no application for conversion has been made.

Conversion is limited by state law and policy provisions. See your contract for specific limitations on conversion. For additional details or to obtain the appropriate rates and forms, contact your CSR or visit our website at www.kclgroupbenefits.com.

Portability: Voluntary Life and Accident*

If your group elected portability, please refer to the group certificate for details.

Please note the following about portability:

- After the first bill, bills will be quarterly and premiums will not be refunded.
- If portability is terminated for any reason, coverage will not be reinstated (reinstatement may be available in some states).
- Depending on state regulations, employees may not be allowed to convert coverage once they have ported.**

**Portability is not available in all states for both Voluntary Life and Accident.*

***Applicable to Voluntary Life only.*

Continuation Benefit: Critical Illness

The Continuation Benefit allows employees and dependents covered under the plan for a minimum of 12 months to continue coverage when it terminates due to termination of: employment; membership in an eligible class; or the insurance of any class of individuals. The continuing coverage will be the same coverage provided under the certificate as of the date coverage terminates.

To apply, the employee must complete the Group Continuation Benefit Critical Illness Application and submit it along with the first month's premium to Kansas City Life within 31 days of termination.

The continuation benefit will terminate on the earliest to occur of:

1. Two years or when You turn age 70;
2. the date of Your failure to pay the required premium within the 31 day grace period;
3. unless Your Spouse applies for continuing coverage under Spouse Continuation, the date You die; or
4. the date You are rehired by Your Employer or return to an eligible class and are covered under the Group Critical Illness Insurance Policy in effect prior to continuing Your coverage;
5. the date coverage under this Continuation provision is canceled by Kansas City Life Insurance Company for any reason upon 31 days notice; or
6. the date the Group Critical Illness Insurance Policy terminates.

Once continuing coverage is canceled it cannot be reinstated.

ENROLLMENT and CONTRIBUTIONS

Definitions

Noncontributory

A group insurance policy issued to an employer in which the employer pays 100% of the cost of the benefit. The employee contributes no part of the premium. All eligible employees must be insured.

Contributory

A group insurance policy issued to an employer in which both the employer and employee contribute to the cost of the benefit. Minimum participation is required to continue coverage.

Voluntary

A group insurance policy issued to an employer in which the employee contributes 100% of the cost of the benefit. Minimum participation is required to continue coverage.

Enrollment

Noncontributory coverage

If the product does not require employees to pay any portion of the premium, all eligible employees must be enrolled. The enrollment form should be completed, dated, signed, and submitted within 31 days of eligibility date to Kansas City Life. Coverage for noncontributory plans automatically becomes effective on the day the eligibility period is met, provided an employee is actively at work on that date and a member of an eligible class. If an employee applies for insurance more than 31 days after becoming eligible, premiums will be charged back to the date the employee became eligible.

Contributory and Voluntary coverage

If the product requires employees to pay any portion of the premium, coverage is not automatic.

All eligible employees should submit an enrollment form within 31 days of their eligibility date to Kansas City Life. Enrollment submitted after 31 days will require additional medical information.

When electing coverage, an enrollment form must be completed, dated, and signed indicating coverage elected. If an employee does not wish to elect coverage(s), they should print their full name on the top line of the front of the enrollment form, then sign and date the waiver statement indicating they are declining coverage.

Coverage for a contributory product is effective on the day the eligibility period is met, provided the employee is actively at work on that date. If an employee applies for insurance more than 31 days after becoming eligible, the employee will be considered a late applicant. Refer to the Late Applicants section for additional information.

Every effort should be made to have employees join in order to maintain the minimum participation requirements for the group.

Dependents

Dependents are eligible for coverage if indicated in the Schedule of Benefits of your Master Policy. Employees need to enroll dependents for coverage within 31 days of being eligible by selecting the coverage on the enrollment form. See policy for definition of eligible dependents.

Noncontributory coverage

If your plan is one in which the employer pays all or part of the dependent premium, coverage will become effective on the same date as an employee's coverage, provided an employee has applied for dependent coverage by completing an enrollment form and selecting the coverage. If employees add a dependent after their enrollment for reasons of marriage, birth, adoption, etc., they must apply for dependent coverage within 31 days after the date the event occurred. If employees apply for dependent coverage more than 31 days after a dependent is eligible, they will be added the date they were eligible to come onto the plan and premium will be charged back to the date the dependent became eligible.

Contributory and Voluntary coverage

If your plan is one in which the employees pay all or part of the dependent premium, coverage will become effective on the same date as the employees' coverage, provided an employee has applied for dependent coverage by completing an enrollment form and selecting the coverage. If employees add a dependent after their enrollment for reasons of marriage, birth, adoption, etc., they must apply for dependent coverage within 31 days of the date the event occurred. If employees apply for dependent coverage more than 31 days after a dependent is eligible, refer to the Late Applicants section.

IDENTIFICATION CARDS

Dental

An electronic ID card will be emailed at inception of the group plan to the plan administrator. This should be distributed to existing employees and you should maintain a copy of the electronic card to supply to new employees.

Employees and their dependents should show their ID card any time they receive services. (The ID card is not a guarantee that benefits are payable, but is to be used for information purposes only). Encourage employees to carry the card with them at all times.

When your supply runs low, you can print replacement cards through our website by logging in at www.kclgroupbenefits.com and selecting the *Request Dental/Vision ID Cards* option under *Employers*. Employees can also print a replacement ID card from the website by selecting the *Request Dental/Vision ID Card* option under *Employees*.

Davis Vision

Each employee enrolled in vision coverage will receive a Member Welcome Kit along with two ID cards that will be mailed to the employee's home address.

These ID cards are not required to receive vision benefits. Employees and their dependents can present their ID card any time they receive services. The card is not a guarantee that benefits are payable, but is to be used for information purposes only.

For replacement of lost ID cards:

1. You may contact your CSR for assistance and provide the employee's full name, date of birth, and mailing address.

OR

2. The member may log onto www.davisvision.com, select *Member* and register a username and password. Users must sign in and select *Access Form* and *Benefits* and then click on *Membership Card*. The employee may then print the ID card that displays.

VSP® Vision Care

ID cards are not required to receive service. Members can print a member/coverage card from the VSP® website at www.vsp.com.

LATE APPLICANTS

Noncontributory plans

Late enrollees on a noncontributory plan will be effective the date they have completed their eligibility waiting period. Premiums will be due from the effective date of coverage. Any charges due will appear on the premium statement following receipt of the enrollment form.

Contributory and Voluntary plans

Life, STD, and LTD

If an employee does not enroll for coverage within 31 days following completion of the eligibility waiting period, they may enroll at a later date and provide evidence of insurability.

When an employee decides to enroll, both the enrollment form and a health statement must be completed and sent to Kansas City Life for processing.

If dependent life coverage is provided and the employee has elected coverage by marking the enrollment form appropriately, each dependent will need to be included on the health statement. Dependents should be specifically designated if any medical information applies.

It is important to provide all required information completely on health statements to avoid delays in processing.

Dental

If an employee does not enroll for coverage within 31 days following completion of the eligibility waiting period, the employee may enroll at a later date.

If an open enrollment is available on your group, employees will be able to enroll at any time during the open enrollment period. An enrollment form must be completed, signed, and submitted to Kansas City Life within this period of time. Refer to your policy to determine if an open enrollment is available and selected for your group.

If an open enrollment is not available, new enrollees will be considered Late Applicants. Coverage for a late applicant is not immediate and subject to limited benefits, though premiums are due and payable from the effective date. Consult your policy for details.

Critical Illness

If an employee does not enroll for coverage within 31 days following completion of the eligibility waiting period, they may enroll at a later date.

If an annual enrollment is available on your group, employees will be able to enroll at any time during the open enrollment period. An enrollment form must be completed, signed, and submitted to Kansas City Life within this period of time. Refer to your policy to determine if an open enrollment is available for your group.

If an annual enrollment is not available, new enrollees will be considered Late Applicants. If an employee/dependent elects to enroll as a Late Applicant, both the enrollment form and a health statement must be completed and sent to Kansas City Life for processing.

It is important to provide all required information completely on health statements to avoid delays in processing.

Accident and Vision

If an employee does not enroll for coverage within 31 days following completion of the eligibility waiting period, they may only enroll during the annual enrollment. An enrollment form must be completed, signed, and submitted to Kansas City Life within this period of time. Refer to your policy to determine if an open enrollment is available for your group.

Effective dates

Employee

Coverage will become effective on the date Kansas City Life approves the health statement (if applicable), provided an employee is actively at work on that date and is a member of an eligible class.

Dependent

Coverage will become effective on the date Kansas City Life approves the health statement (if applicable), provided the dependents are not confined to a hospital.

You will receive notification from Kansas City Life that coverage has been approved or declined. The enrollee will appear on the next premium statement following the approval date.

Health statements

Health statements vary by state. You may obtain the appropriate version by visiting www.kclgroupbenefis.com or contacting the CSR.

LEGAL REQUIREMENTS

ERISA

Certain reporting and disclosure provisions of ERISA are applicable to your group insurance plan. These reporting and disclosure provisions are the sole responsibility of the plan administrator. If a plan administrator has not been named, these provisions are the responsibility of the employer. For additional information you may consult the ERISA section of your group certificate, visit www.dol.gov, or consult your legal advisor.

Taxation of Group Life Insurance

The IRS, as of the publication of this document, requires taxes to be paid on coverage in excess of \$50,000 (the amount which is taxable to the employee).

For additional information on reporting requirements, please contact the IRS directly or consult with your tax adviser. Kansas City Life will not provide tax advice.

Refer to www.irs.gov. Search Publication 15-B (Employer's Tax Guide to Fringe Benefits) and reference "Coverage Over The Limit."

Tax Reporting on Long Term Disability

The IRS, as of the publication of this document, requires taxes to be paid on portions of sick pay benefits. This reporting is the responsibility of the plan administrator although Kansas City Life does offer W-2 services on request. Kansas City Life will provide monthly, quarterly and annual reports on any employee who received or is receiving benefits in order for you to complete the W-2.

For additional information on filing requirements related to sick pay reporting, please contact the IRS directly or consult with your tax adviser. Kansas City Life will not provide tax advice.

Refer to www.irs.gov. Search Publication 15-A (Employer's Supplemental Tax Guide).

Taxation of Group Accident and Critical Illness Insurance

According to the IRS, if you paid the premiums on an accident or critical illness policy, the benefits are not taxable. Payouts from an insurance policy taken out through the employer are not taxed if you paid the premiums with after-tax dollars. If you paid the premiums for an accident or critical illness policy through a cafeteria plan, the premium is not included as taxable income and is considered paid by the employer. Therefore, benefits are taxable. If the employer pays the premium on an accident or critical illness policy, the benefits are taxable. For additional information on reporting requirements, please contact the IRS directly or consult your tax adviser. Kansas City Life does not provide tax advice.

PREFERRED PROVIDER ORGANIZATION – PPO

Dental

Kansas City Life dental plans allow employees to seek coverage from any provider. However, employees may see enhanced benefits and cost savings if they choose to receive services from a Kansas City Life Dental Alliance provider. The Kansas City Life Dental Alliance is comprised of multiple networks including Connection Dental (primary) and Zelis (secondary).

These networks have negotiated a reduced fee schedule with participating dentists. Employees should verify provider participation prior to scheduling an appointment by accessing the listing of providers at www.kclgroupbenefits.com/DentalProvidersSearch.

In any case where there is an insufficient number of participating or panel providers to provide a covered benefit, we will ensure that the member obtains the covered benefit at no greater cost to the member than if the benefit were obtained from participating or panel providers. If a member goes to an out-of-network or non-panel provider due to an insufficient number of participating or panel providers within the service area, there will be no balance billing or penalty for obtaining services from an out-of-network or non-panel provider.

FAQs REGARDING DENTAL

What is a group open enrollment period?

Group open enrollment period is an annual period of at least 30 days during which eligible employees and/or dependents may enroll in the plan if they are not currently enrolled.

May I choose my own dentist?

Yes, Kansas City Life allows dental plan members to choose from any practicing dentist. Additionally, all dental plan participants have access to the Kansas City Life Dental Alliance Provider listing available at www.kclgroupbenefits.com/DentalProvidersSearch.

What if I need a second opinion?

Employees may request a second medical opinion if they disagree with their dentist or the dental plan's determination regarding the reasonableness or necessity of a surgical procedure. They may also request a second opinion if they feel they're not responding satisfactorily to the current treatment plan after a reasonable lapse of time.

Will information remain confidential?

All patient information is considered confidential, is governed by confidentiality policies and procedures, and will not be disclosed unless required by law. We may use confidential health information to process claims, perform quality audits, improve services and respond to appeals. In cases where we need additional information that is confidential, we will not release that information without employees' express written consent. Please read our privacy policy.

Financially, what are the responsibilities?

When employees receive care from any dental provider, they are responsible for any applicable co-payment, deductible, and co-insurance, as well as payments for services not covered by their dental plan, as explained in their policy. Healthcare providers may request payment of co-payment at the time of service.

What does in-network mean?

An in-network provider is a dental provider who has agreed to supply covered services to members as a cost-savings.

What does out-of-network mean?

An out-of-network provider is a dentist who has not contracted with the Kansas City Life Dental Alliance.

What is a co-pay?

A co-pay, or co-payment, is the amount employees are responsible to pay the provider directly at the time of an office visit or other treatment. The co-payment amount for services is listed in the Schedule of Benefits.

What is a deductible?

A deductible is the pre-determined amount employees are responsible to pay out-of-pocket for covered services during the policy year before the dental plan starts paying. Only covered services apply toward the deductible.

What is co-insurance?

Co-insurance is the percentage of charges employees are responsible for after they have met their deductible for the policy year. The percentage amount may be found in the Schedule of Benefits.

What are usual, customary, and reasonable (UCR) fees?

The usual fee is the fee usually charged for a given service by an individual provider to their private patient. The customary fee is the range of usual fees charged by providers of similar training and experience in an area. The reasonable fee is a fee that meets the two previous criteria or, in the opinion of the responsible medical or dental association's review committee, is justifiable considering the special circumstances of the particular case in question.

How do I know what the deductible and co-insurance are?

Both are outlined in the schedule of benefits. Employees may also consult their employer's benefits coordinator or contact Kansas City Life for information on deductibles and co-insurance.

How do employees change their address?

When an employee's address changes, Kansas City Life will need to be notified by either completing a Change of Information form, or updating the information through the Group Dashboard on www.kclgroupbenefits.com and selecting the *Update Member Information* option. This will eliminate delays in receiving pre-authorization information or EOBs.

How do employees add or terminate a dependent?

When an employee wants to add a new dependent, a Change of Information form must be completed, signed and submitted within 31 days of the date the dependent was acquired. This can be submitted directly to Kansas City Life or by entering the information in our Group Dashboard at www.kclgroupbenefits.com and selecting the *Add Member* option. All adjustments will be made on the next premium statement.

When an employee wants to cancel a dependent's insurance, a Change of Information form must also be completed, signed, and submitted within 31 days of the change. This can be submitted directly to Kansas City Life or by entering the information in our Group Dashboard at www.kclgroupbenefits.com and selecting the *Terminate Members* option. All adjustments will be made on the next premium statement.

How can employees obtain a new or additional ID card?

Employees can print replacement cards through our website at www.kclgroupbenefits.com by selecting the *Request Dental/Vision ID Card* option under *Employee*.

Student coverage

Will a child have coverage while away at college?

Children can be covered as a dependent until age 26 regardless of full-time student status.

Until what age is a child covered?

Students are eligible until they have reached age 26. Their coverage will stay in effect until the final day of the month in which they turn 26.

Coordination of benefits

What if employees (or their dependents) also have coverage through another carrier?

If employees have additional coverage, it is their responsibility to provide us with this information as soon as possible so that we may coordinate benefits with the other policy. They may receive a request annually asking them to update this information.

Grievances and appeals

What can employees do if they have a grievance or do not agree with a decision on a denied dental claim?

We recommend they contact Customer Service if they disagree with a payment decision made on a claim. If the question is not resolved to their satisfaction they may also provide an appeal in writing. The appeal may be mailed to:

Kansas City Life
Attention: Appeals Coordinator
P.O. Box 9040
Austin, TX 78766

Locate claim forms

All claim forms may be found on www.kclgroupbenefits.com

- On the home page, under *Employers*, click *Find a Form*
- Select your state and products

PRIVACY NOTICE

This notice describes the privacy rules the Kansas City Life Insurance Company Group of Companies follows with respect to the non-public personal information of its customers. We follow these rules for both current and former customers.

The companies are:

- Kansas City Life Insurance Company, Old American Insurance Company, and Grange Life Insurance Company, which are life insurance companies;
- Sunset Financial Services, Inc., a broker dealer; and
- KCL Service Company, an insurance agency.

As we provide products and services to you, we may collect certain information. This may include information:

- that you give us on applications and other forms, including address, social security number, or other personal identifiers.
- about your transactions with us, such as the kinds of products you buy and your payment history; or
- that we receive from outside sources, such as a consumer reporting agency and health care providers.

We do not sell your non-public personal information to third parties. Each affiliated company will only disclose its customers' non-public personal information:

- among the other affiliates;
- to provide services to its customers;
- to administer its business;
- to market products; and
- as allowed by law.

We may disclose customers' non-public personal information to our agents. We may also disclose it to others to provide service, to help us market our own products, or to establish retained asset accounts for settlement proceeds or benefits.

We will require in writing that your information be kept confidential. We will also require in writing that the information must be used only for the reason we disclosed it. This includes information we get from a consumer reporting agency. If we ever change this policy, we will give you a chance to opt out.

Sometimes we acquire medical information about our customers. We may need this information to process a claim or issue a policy. We will only disclose medical information:

- to administer our business;
- to perform services and transactions you ask for;
- to comply with laws and regulations; and
- as you or your representative approve.

There are federal rules that may apply to use and disclosure of your personal health information if you are covered by a health insurance policy or group dental or vision insurance plan. In these cases, you will receive a separate notice.

We have security controls in place to protect your non-public personal information. We limit use of our customers' information to our employees who need such information to do their jobs and to outside entities as required or permitted by law. We also have physical and electronic safeguards that are intended to assure the privacy of your non-public personal information.

You may review the information we have on file about you. If you think it is wrong, you may ask for a change. If we agree, we will make the change.

We have the right to change our privacy rules. If we do that, we will send a written notice to all customers who may be affected by the change.



KANSAS CITY LIFE

GROUP BENEFITS

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