



KANSAS CITY LIFE

GROUP BENEFITS

Class 1 High Plan - AFTA EEs 20+hrs/wk

Coinsurance

In Network Out Of Network

100% 100%

TYPE I - Preventive Services

Includes procedures of a diagnostic or preventive nature:

- Routine Examinations
- X-rays - bitewing and full mouth/panormamic
- One complete panoramic or full mouth series
- Prophylaxis (cleaning and scaling)
- Sealants
- Periodontal Maintenance
- Fluoride treatments
- Space Maintainers

80% 80%

TYPE II - Basic Services

Includes procedures of basic restorative and corrective services:

- Restorative
- Anesthesia
- Tissue Conditioning
- Endodontics(root canal & pulpal therapy)
- Oral surgery
- Extractions
- Periodontics(treatment of gum disease)
- Periodontic Surgery
- Oral Cancer Screening
- Emergency palliative treatment

50% 50%

TYPE III - Major Services (No waiting period*)

Includes procedures for major restorative and corrective services:

- Restorative (inlays and crowns)
- Prosthetics (dentures and bridges)
- Denture and crown repair
- Implants

50% 50%

TYPE IV - Orthodontic Services (No waiting period*)

This class includes orthodontic care for proper alignment of teeth.

\$2000 \$2000

Annual Maximum (Types I-III) calendar year maximum per person

\$2000 \$2000

Orthodontic Maximum (Type IV) lifetime maximum per person

Deductible:

In Network: A \$50 per person per calendar year deductible with a 3 times family maximum applicable to basic and major services. **Out of Network:** A \$50 per person per calendar year deductible with a 3 times family maximum applicable to basic and major services.

Dental Reserve Account:

Allows enrollees to carryover a portion of the annual maximum to future years.

Kansas City Life Dental Alliance:

Please visit kclgroupbenefits.com to obtain a list of dental providers in your area.

Dental ID Card

Electronic Dental ID Cards are available via KCLGroupBenefits.com. Visit KCLGroupBenefits.com. Under Employees, select Request Dental/Vision ID card. Enter your group number and Social Security Number. You will have the option to either save or print the document, whichever you prefer.

Rates (Effective 1/1/2026 - 12/31/2027):

Employee Only:	\$48.37
Employee+Spouse:	\$96.49
Employee+Child/ren:	\$119.23
Family:	\$167.79

This outline is intended to be a brief summary of your benefits and does not include all plan provisions and limitations. Details of your benefits may be found in your certificate booklet. If there are any discrepancies between this outline and the certificate, the certificate governs.

DENTAL

For: Carson City School District

Division Name: CCSD Dental High

Group Number: 24313