

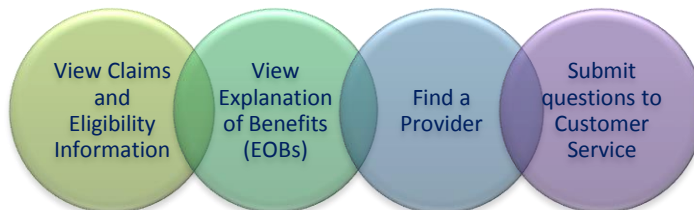
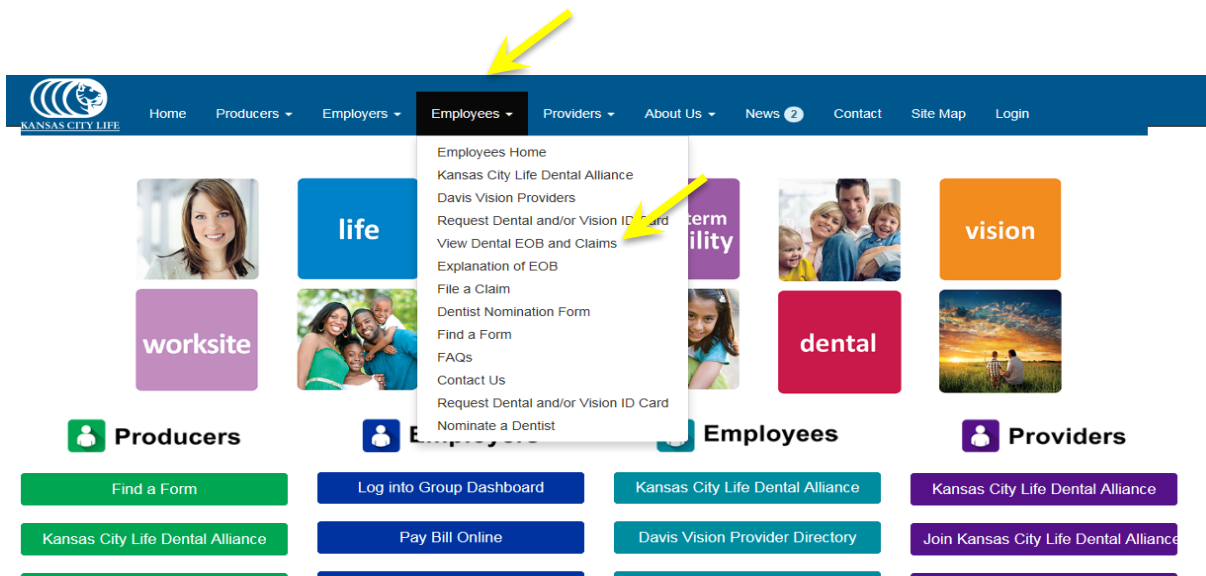


KANSAS CITY LIFE

GROUP BENEFITS

INTRODUCING THE ONLINE PORTAL

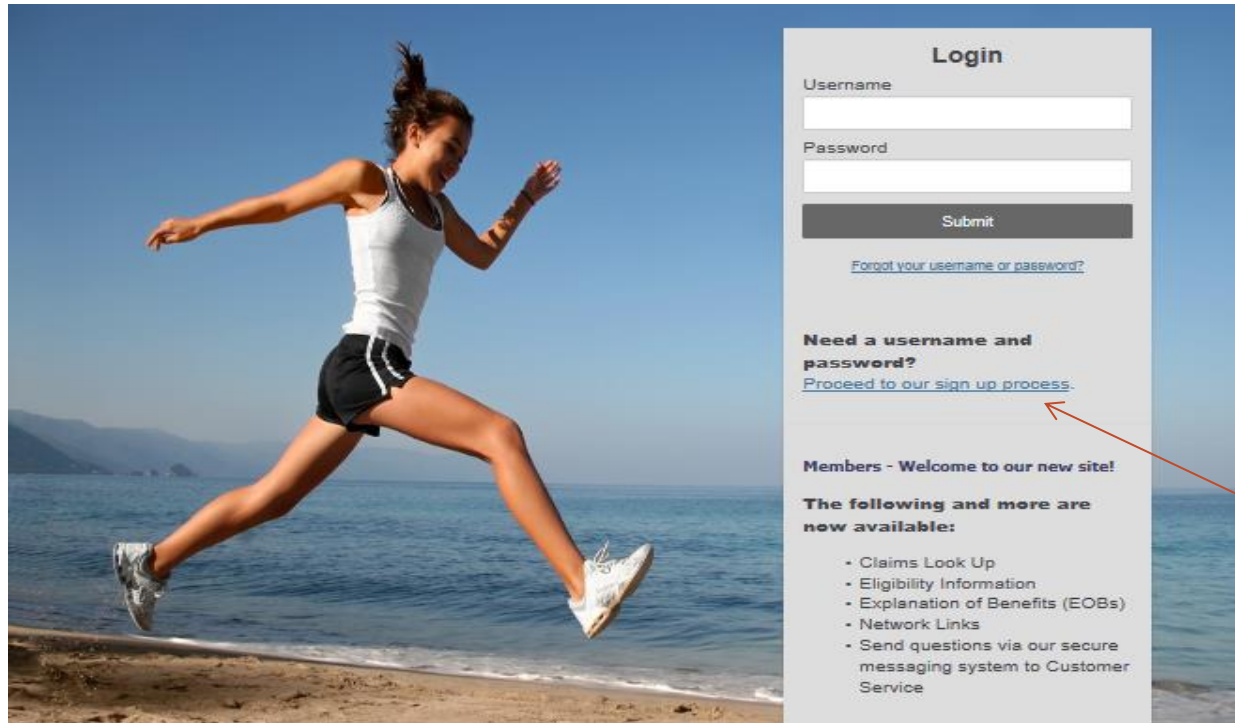
- ➔ Go to www.kclgroupbenefits.com to get started!
- ➔ Click on **Employees** on the menu bar at the top of the website and select **View Dental EOB and Claims**



Questions? Please call 800-874-5254

Getting Started:

Click on “Proceed to our sign up process” if you are a new user.



Sign Up for your membership in 4 easy steps:

Step 1: “Agree” to the license agreement

Step 1 of 4

Please read the License Agreement. Click 'Agree' to continue or 'Disagree' to go back to the login page.

License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

Restrictions. This website is protected by United States copyright law, international treaty provisions, and trade secret, trade dress and other intellectual property laws. Unauthorized copying of or access to this website is expressly forbidden. You may not copy, disclose, loan, rent, sell, lease, give away, give your password to or otherwise allow access to this website by any other person, except that you may allow your spouse or immediate family to use the website for the purpose of processing your own data. You agree to only use this website to process your own data. You agree not to misuse, abuse, or overuse beyond reasonable amounts, this website. You agree not to attempt to view, disclose, copy, reverse engineer, disassemble, decompile or otherwise examine the source program code behind this website. You may be held legally responsible for any copyright infringement or other unlawful act that is caused or incurred by your failure to abide by the terms of this Agreement.

Term and Termination. This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the termination of this Agreement shall survive termination of this Agreement, including but not limited to the sections relating to Restrictions, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and Governing Law.

Agree

Disagree

Questions? Please call 800-874-5254

Step 2: “Validate” your Account

If you are an **employee** – enter your date of birth, zip code, and your Member ID or social security number.

If you are a **dependent** – enter your date of birth, first name, the employee’s date of birth, zip code, and Member ID or employee’s social security number.

Step 2 of 4

Enter your **Date of Birth**, **Zip Code** and **Member ID** exactly as it appears on your ID card.

If you are a Dependent, please select *Are you a Dependent?* and enter in your **First Name** and **Date of Birth**.

If you do not have your Member ID number, you may use your Social Security Number without dashes.

Click **'Next'** at the bottom of the page when complete.

I understand that I am entering a site that contains protected health information. By accessing this site, I certify that I will be viewing either my own information, information for my dependent children under age 18, or information for dependents who have given me express permission to do so.

Are you a dependent?

*Subscriber Date of Birth:

Format mm/dd/yyyy

*Zip:

*Subscriber Member ID or SSN (no dashes or spaces):

Group Number

Previous

Next

Cancel

Step 3: Create your username and password

Refer to the box below for username and password requirements.

You must also select 3 security questions and fill in the appropriate answers in case you ever need to reset your password.

Step 3 of 4

- Enter a valid e-mail address
- Username must be at least 3 in length, beginning with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash) and @
- Password must be at least 8 characters in length; and can use alpha numeric and the following special characters: _ !@%&*~^&^!/?
- Select 3 security questions (for password reset or forgot password service)
- Click on "Next" at the bottom of the page

Username

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1
-- Select Question --

Security Question 2
-- Select Question --

Security Question 3
-- Select Question --

Step 4: Verify your information

Review your information and click “Finish” to complete your registration.

Step 4 of 4

Registration Complete

Your registration is complete. Please confirm the information below is correct and press the “Finish” button to finalize the process

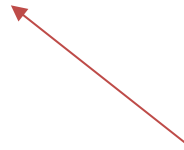
Member Information

Your Name:
Address:
City:
State:
Zip:

Account Information

Username:
E-mail Address:

Previous Finish Cancel



Registration is complete!

You are now on your home page where you can access a wealth of information and tools.

You are currently logged in as:

[Home](#) [Benefits and Coverages](#) [Claims](#) [Find a Provider](#)

Welcome !

My Eligibility

Member:

Group Number: Group Name:

Effective Date: 7/1/2015 Termination Date:

[View all Coverage & Benefits](#)

Balance Summary

Type	Current	Maximum	Percent Met
INDIVIDUAL DEDUCTIBLE DENTAL IN-NETWORK	\$38.00	\$50.00	<div style="width: 76%;"></div>
INDIVIDUAL DEDUCTIBLE DENTAL OUT-OF-NETWORK	\$38.00	\$50.00	<div style="width: 76%;"></div>
FAMILY DEDUCTIBLE DENTAL IN-NETWORK	\$38.00	\$150.00	<div style="width: 25%;"></div>
FAMILY DEDUCTIBLE DENTAL OUT-OF-NETWORK	\$38.00	\$150.00	<div style="width: 25%;"></div>

Recent Claims


Claim Number	Claim Status	Service Date	Provider	Total Charges	My Responsibility
	PAID	4/16/2018		\$109.00	\$109.00
	PAID	3/7/2018		\$159.00	\$81.00
	PAID	1/9/2018		\$172.00	\$84.00
	PAID	1/9/2018		\$172.00	\$84.00

[View More Claims](#)

[Home](#) [Benefits and Coverages](#) [Claims](#) [Find a Provider](#)

Quick Links

- [Ask a Question](#)
- [Grant Access to my Account](#)
- [Frequently Asked Questions](#)
- [Contact Us](#)
- [Print Dental ID Card](#)



KANSAS CITY LIFE
GROUP BENEFITS

View your eligibility, amounts applied towards deductible and coverage information.

View your claim history

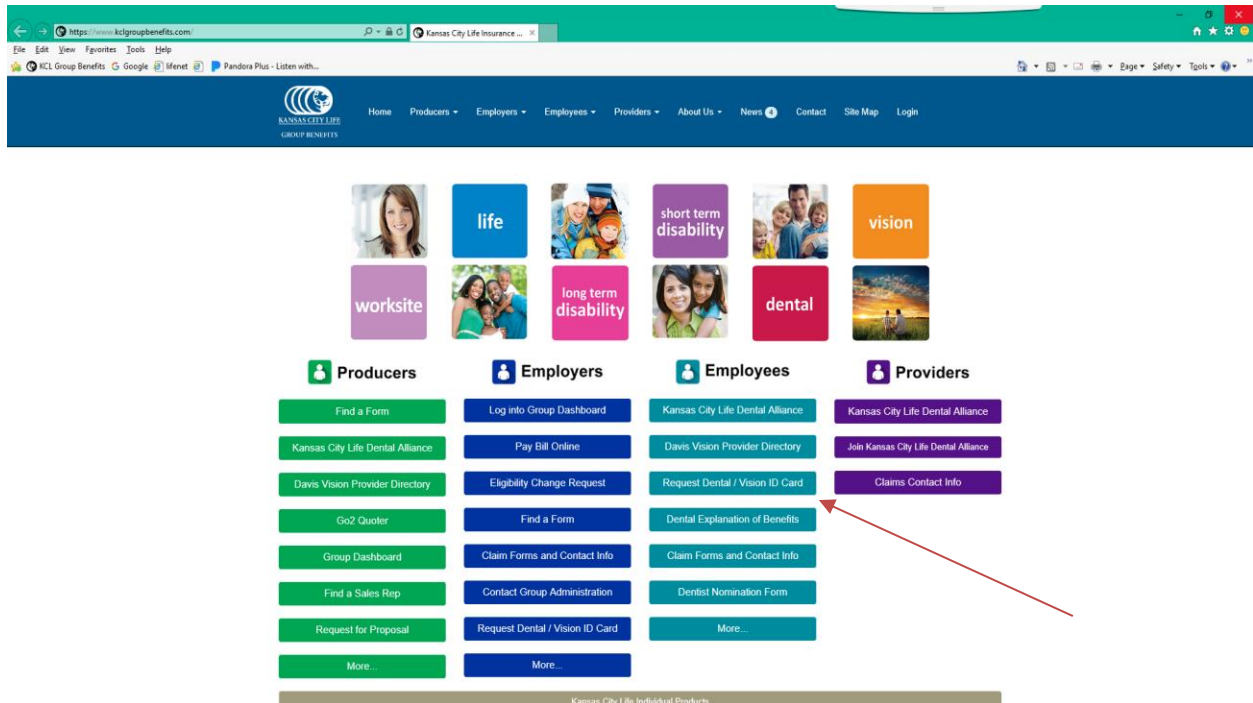
Find a provider in your network.

Quick Links: to submit general questions to customer service. Grant or deny authorization to family members to access your claims information. FAQ's. Obtain contact information. Print an electronic dental ID card (instructions to print your dental ID card follow on next page)

Questions? Please call 800-874-5254

Kansas City Life utilizes electronic dental ID cards.

You may also print your ID card from the website www.kclgroupbenefits.com. Just have your group number and social security number handy.



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