

AREA CLASSIFICATIONS

State	Area	State	Area	State	Area
Alabama		Indiana		Nevada	
352, 361	2	460-466	2	891, 894-897	4
All Others	1	All Others	1	889-890, 893, 898	3
Arizona		Iowa	*	North Dakota	1
850, 852	4	Kentucky		Ohio	*
853, 856-857	3	410	3	Oklahoma	*
All Others	2	All Others	2	Oregon	
Arkansas		Louisiana		970-975	6
719, 722, 727	2	700-701, 708,		All Others	5
All Others	1	711	2	Pennsylvania	
Colorado		All Others	1	164-165,	
800-805	5	Michigan		189-194	5
806, 808-810	4	480-483	6	150-152, 156,	
807, 811-816	3	485	5	160-161,	
Delaware		484, 489	4	180-188,	
198	5	All Others	3	195-196	4
197	4	Minnesota		All Others	3
All Others	3	551, 554	4	South Carolina	1
Florida	*	550, 553	3	South Dakota	1
Georgia		All Others	2	Tennessee	2
303, 311	5	Mississippi	1	Utah	5
300	4	Missouri		Washington	
301-302	2	630-631,		980-981,	
All Others	1	640-641	3	983-984	8
Idaho	4	All Others	2	986	7
Illinois		Montana	2	982, 985	5
600-603, 606	5	Nebraska		987	3
604-605	4	680-685	2	All Others	4
607	3	All Others	1	Wyoming	1
All Others	1				

* Special brochures required January 2003

MONTHLY RATES – PLAN A April 2001

Area	Individual Only	Individual & One	Individual & Family
1	\$24.50	\$47.70	\$72.90
2	27.00	52.50	80.20
3	28.70	55.80	85.30
4	30.10	58.70	89.70
5	31.90	62.00	94.80
6	35.00	68.20	104.20
7	38.20	74.40	113.70
8	41.40	80.80	123.20

MONTHLY RATES – PLAN B

Area	Individual Only	Individual & One	Individual & Family
1	\$14.50	\$27.70	\$42.90
2	16.00	30.50	47.20
3	17.00	32.40	50.20
4	17.80	34.10	52.80
5	18.90	36.00	55.80
6	20.70	39.60	61.30
7	22.60	43.20	66.90
8	24.50	46.80	72.50

Billing Fee: \$2.00 per collection
One Time Application Fee: \$18.50

Choice of premium payment modes:

Annual: (Requires full mode premium with the app)

Monthly Bank Draft: (Requires a check for 1 month premium with app)

Monthly Credit Card Payment

For more information,
 contact:

OTHER INDIVIDUAL PRODUCTS FROM BROKERS NATIONAL

Term Life Insurance
 Cancer Plan
 Accidental Death & Dismemberment Ins.
 Hospital Indemnity Benefit Plan
 Group Products Also Available

This is a descriptive brochure, not a contract.

This is only intended to be a brief summary of certain benefits available within the dental program. IT IS NOT INTENDED TO BE A POLICY, A CERTIFICATE OF INSURANCE, OR A SUMMARY PLAN DESCRIPTION. There are many provisions, limitations, and exclusions that will affect coverage. All benefits are subject to the provisions of the policy form number IDP(2000).



**BROKERS
 NATIONAL**
 LIFE ASSURANCE COMPANY

PO Box 150129, Austin, Texas 78715

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Web Site: WWW.BNLAC.COM

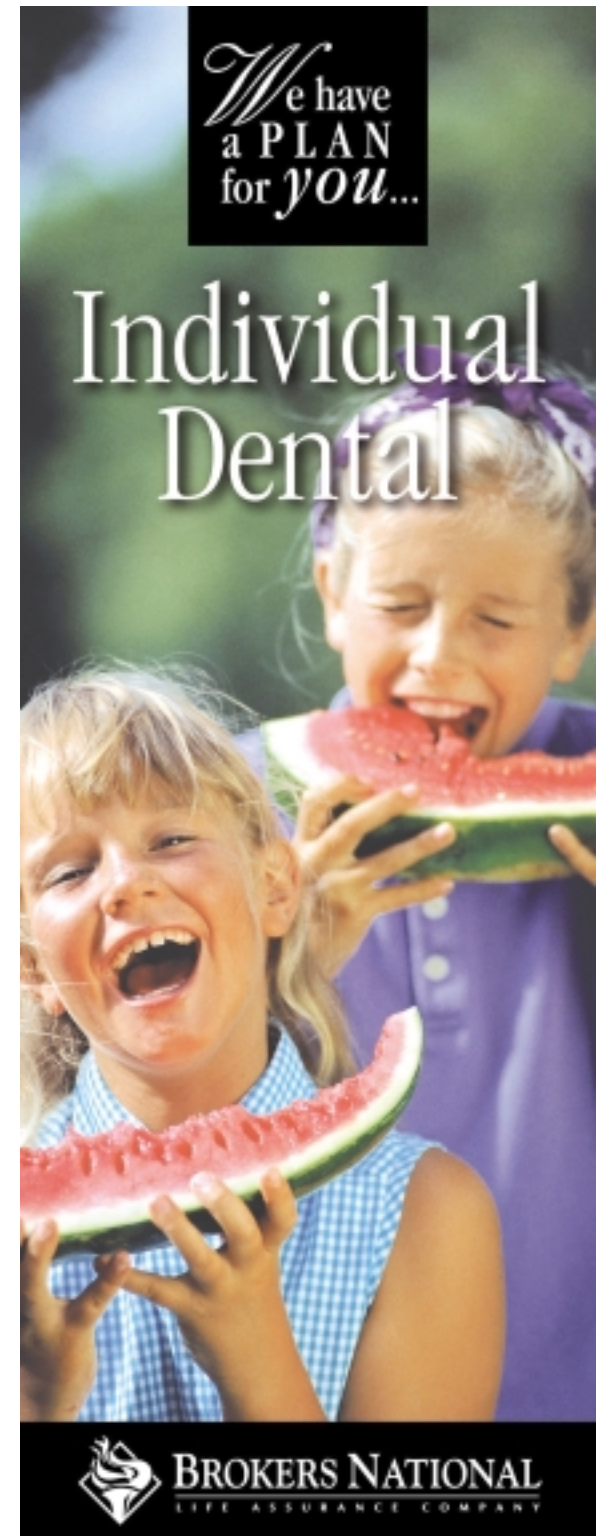
Claims Only: (800) 653-4427

Network Dentists: (800) 810-5287

All Other Inquiries: (800) 798-1125

Form No. ADV-ID(2000).5

February 2003



BROKERS NATIONAL
 LIFE ASSURANCE COMPANY

We have a PLAN for YOU...

Individual Dental Plan

A plan to make you smile.

Individual Dental offers:

Choose Any Dentist.

Primary Insured's Issue Ages: 18-65

Optional Dependent Spouse and
Child(ren) Coverage

Immediate Coverage – for preventive

Benefits up to \$1,000 Annually for every
covered family member

\$1,000 Lifetime Orthodontia benefits
for covered dependent children age 6-18
(to age 21 in Louisiana) begin in the third
benefit year. (Plan A only)

A Choice of Plans: Plan A or Plan B

Effective Date: First of the month follow-
ing receipt of complete application and
premium requirements. (Do not assume
coverage is in force until you receive
written confirmation.)

PLAN A BENEFITS

Type of Service	Benefit Year Deductibles by Type of Service – per insured	Percentage Paid by Type of Service	Policy Year Maximum Benefit	Waiting Period
TYPE I: Preventive Procedures Exams, X-rays, Cleanings, Fluoride (under age 19), Sealants, Space Maintainers	\$50	80%	\$1,000	None
TYPE II: Basic Restorative Procedures Fillings, Tissue Conditioning, Simple Extractions, Anesthesia	\$50	70%		6 Months
TYPE III: Major Restorative Procedures Crowns, Inlays, Onlays, Installation of Bridges & Crowns, Endodontics (Root Canals), Periodontics, Surgical Extractions, Dentures & Bridge Repair		50%		12 Months
TYPE IV: Orthodontia Benefits Braces	\$50	50%	\$1,000 Lifetime	24 Months*

* In Pennsylvania and Oregon, Orthodontia benefits are available after 12 months.

PLAN B BENEFITS

Type of Service (Type III and IV procedures are not covered under this plan.)	Benefit Year Deductibles by Type of Service – per insured	Percentage Paid by Type of Service	Policy Year Maximum Benefit	Waiting Period
TYPE I: Preventive Procedures Exams, X-rays, Cleanings, Fluoride (under age 19), Sealants, Space Maintainers	\$35	80%	\$750	None
TYPE II: Basic Restorative Procedures Fillings, Tissue Conditioning, Simple Extractions, Anesthesia	\$35	70%		6 Months

Dependent children is defined as unmarried dependent
children up to age 19 or up to age 23 if the child is a full
time student, dependent on the insured for support.
(Except as described below):

Georgia – Unmarried dependent children up to age 19 or
up to age 26 if the child is a full time student, dependent
on insured for support

Louisiana – Unmarried dependent children up to age 21 or
up to age 24 if the child is a full time student, dependent
on insured for support

Minnesota & Tennessee – Unmarried dependent children
up to age 25, dependent on insured for support

North Dakota – Unmarried dependent children up to age
22 or up to age 26 if the child is a full time student,
dependent on insured for support

Utah – Unmarried dependent children up to age 26,
if dependent on the insured for support

NOTES:

- Benefit Year maximums are calculated for each policy year from
the policy effective date.
- Benefit Year Deductibles apply to each covered person within a family
and are restored each benefit year. There is no deductible carryover
provision. There is no maximum number of deductibles per family.
- Deductibles are combined for Type II and Type III procedures.
- Orthodontia Benefits are available only after 24 months of continu-
ous coverage under Plan A and are only available to covered dependent
children ages 6-18 (to age 21 in Louisiana). In Pennsylvania and
Oregon, Orthodontia Benefits are available after 12 months.
- Some states have a Coordination of Benefits provision. Please check
your policy to see if this is included in your plan.
- Percentages pertain to the usual and customary charges of providers
in the area where the service is rendered.
- Pre-existing Condition Limitation: BNL will not cover replacement
of a tooth extracted prior to the effective date of the BNL coverage.
- Pre-certification is recommended for claims exceeding \$300.