

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	Kansas		Ohio	*
853, 856-857	3	660-662	2	Oklahoma	*
All Others	2	All Others	1	Oregon	
Arkansas		Kentucky		970-975	6
719, 722, 727	2	410	3	All Others	5
All Others	1	All Others	2	Pennsylvania	
Colorado		Louisiana		164-165,	
800-805	5	700-701, 708,		189-194	5
806, 808-810	4	711	2	150-152, 156,	
807, 811-816	3	All Others	1	160-161,	
Delaware		Michigan		180-188,	
198	5	480-483	6	195-196	4
197	4	485	5	All Others	3
All Others	3	484, 489	4	South Carolina	1
Florida	*	All Others	3	Tennessee	2
Georgia		Minnesota		Texas	*
303, 311	5	551, 554	4	Utah	5
300	4	550, 553	3	Washington	
301-302	2	All Others	2	980-981,	
All Others	1	Mississippi	1	983-984	8
Idaho	4	Missouri		986	7
Illinois		630-631,		982, 985	5
600-603, 606	5	640-641	3	987	3
604-605	4	All Others	2	All Others	4
607	3	Montana	2	Wyoming	1
All Others	1	Nebraska			
		680-685	2		
		All Others	1		

* Special brochures required

January 2003

MONTHLY RATES

January 2000

Area	Employee Only	Employee & One	Employee & Family
1	\$20.80	\$40.50	\$59.60
2	22.90	44.60	65.60
3	24.30	47.40	69.70
4	25.60	49.80	73.30
5	27.00	52.70	77.50
6	29.70	57.90	85.20
7	32.40	63.20	93.00
8	35.20	68.40	100.70

WEEKLY RATES

Area	Employee Only	Employee & One	Employee & Family
1	\$4.80	\$9.35	\$13.75
2	5.28	10.29	15.14
3	5.61	10.94	16.08
4	5.91	11.49	16.92
5	6.23	12.16	17.88
6	6.85	13.36	19.66
7	7.48	14.58	21.46
8	8.12	15.78	23.24

A \$10 Billing Fee will be added to each Group Billing Statement.

Can be sold with one other BNL Voluntary Dental Plan on a Group Basis

For more information, contact:



PRODUCTS AVAILABLE FROM BROKERS NATIONAL

Group Dental
Individual Dental
Group Vision
Voluntary Group Vision
Group Term Life
Individual Term Life
Hospital Indemnity
Accidental Death & Dismemberment
Dental / Vision / AD&D Combo
Acci-Dental Combo
Cancer

This is a descriptive brochure, not a contract.

This brochure is designed to highlight features of this dental program. A more complete description of benefits and exclusions is found in the Certificate of Insurance issued to each insured employee. All benefits are subject to the provisions of the Group Policy Form GDP(0198) issued to each employer.

Not available as a dual option with any other company's dental plan.



PO Box 150129, Austin, Texas 78715

E-mail: BrokersChoice@BNLAC.COM

Web Site: WWW.BNLAC.COM

Claims Only: (800) 653-4427

Network Dentists: (800) 810-5287

All Other Inquiries: (800) 798-1125

Form No. ADV-GDEP-A(0199).8

February 2003

We have
a PLAN
for you...



VOLUNTARY

Plan A
EDGE PLUS DENTAL

BROKERS NATIONAL
LIFE ASSURANCE COMPANY

We have a PLAN for YOU...

Edge Plus Dental

Protect your smile with Edge Plus dental insurance. Good dental hygiene will help you maintain healthy teeth and reduce the possibility of expensive dental procedures.

Getting Coverage is as easy as 1, 2, 3.

1. **Guaranteed Issue** – No Industry Limitations
2. **Completely Voluntary**
3. **Minimum Enrollment of Only 3 full-time Employees** (No more than 50% of the insured group can be related by blood or marriage)

Edge Plus offers:

Choose Any Dentist.

Full Coverage for preventive procedures

Immediate Coverage – for preventive

Completely Voluntary
Choose Any Dentist
Enroll Now!

procedures, simple extractions, fillings, oral surgery, and root canals

Benefits up to \$1,500 Annually for every family member

\$1,000 Lifetime Orthodontia benefits for dependent children age 6-18 begin in third benefit year. ***

Other Benefits:

Rates are Guaranteed for 12 months from the Group's Original Effective Date.

Annual Open Enrollment Period

Can be used as part of a Section 125 Cafeteria Program

Family Coverage for spouse and dependent children

Maximum of 3 Deductibles per Family (\$150) per benefit year. Benefit year deductibles are combined for Types II & III procedures.

Takeover and Variations of the Plan Require a Quote from the Home Office.
Call 1-800-798-1125.

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 employee 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 employee 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 employee for support
- Minnesota & Tennessee* – Unmarried dependent children up to age 25, dependent on employee 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 employee for support
- Utah* – Unmarried dependent children up to age 26, dependent on employee for support

EDGE PLUS (PLAN A) BENEFITS

* Standard Benefits	First Benefit Year	Second Benefit Year	Thereafter
TYPE I <i>Preventive Procedures:</i> Fluoride Treatments (under age 19), X-Rays, Cleanings, Periodic Exams Deductible Company Pays	0 100%	0 100%	0 100%
TYPE II <i>Restorative Procedures:</i> Simple Extractions, Fillings, Oral Surgery, Root Canals Deductible per Benefit Year Company Pays	\$50 80%	\$50 80%	\$50 80%
TYPE III <i>Major Restorative Procedures:</i> Removal of Impacted Teeth, Bridges, Crowns, Dentures, Partials Deductible per Benefit Year Company Pays	Not Covered	\$50 50%	\$50 50%
Maximum Benefit Year Type I, II and III	\$750	\$1,000	\$1,500
TYPE IV ** <i>Age 6-18 ***</i> <i>Orthodontia Benefits</i> Lifetime Deductible Company Pays Lifetime Benefits Orthodontia Only	Not Covered Not Covered	Not Covered Not Covered	\$50 50% \$1,000

* See policy/certificate for complete coverage details.

** *Pennsylvania & Oregon* – Type IV – Orthodontia Benefits are covered in the 2nd year.

*** To age 21 in Louisiana

Benefits are based upon the usual and customary fees charged in the area where service is rendered.

Benefit Year maximums are calculated for each Certificate Year from Certificate Effective Date.

Late Entrant Penalty: Benefit year maximum during the first 12 months for late entrants is \$200 per covered person. Coverage is limited to routine exams, prophylaxis, and x-rays for the first 6 months.