

## AREA CLASSIFICATIONS

State	Area	State	Area	State	Area
Alabama		Iowa	*	Nevada	
352, 361	2	Kansas		891, 894-897	4
All Others	1	660-662	2	889-890, 893,	
Arkansas		All Others	1	898	3
719, 722, 727	2	Kentucky		North Dakota	1
All Others	1	410	3	Ohio	*
Colorado		All Others	2	Oklahoma	*
800-805	5	Louisiana		Oregon	
806, 808-810	4	700-701, 708,		970-975	6
807, 811-816	3	711	2	All Others	5
Delaware		All Others	1	Pennsylvania	
198	5	Michigan		164-165,	
197	4	480-483	6	189-194	5
All Others	3	485	5	150-152, 156,	
Florida	*	484, 489	4	160-161,	
Georgia		All Others	3	180-188,	
303, 311	5	Minnesota		195-196	4
300	4	551, 554	4	All Others	3
301-302	2	550, 553	3	South Carolina	1
All Others	1	All Others	2	South Dakota	1
Idaho	4	Mississippi	1	Tennessee	2
Illinois		Missouri		Texas	*
600-603, 606	5	630-631,		Utah	5
604-605	4	640-641	3	Washington	
607	3	All Others	2	980-981,	
All Others	1	Montana	2	983-984	8
Indiana		Nebraska		986	7
460-466	2	680-685	2	982, 985	5
All Others	1	All Others	1	987	3
				All Others	4
				Wyoming	1

\* Special brochures required January 2003

## MONTHLY RATES January 2000

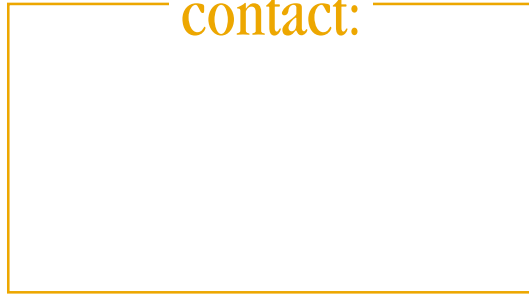
Area	Employee Only	Employee & One	Employee & Family
1	\$10.70	\$21.70	\$40.00
2	11.80	23.90	44.00
3	12.50	25.40	46.80
4	13.20	26.70	49.20
5	13.90	28.20	52.00
6	15.30	31.00	57.20
7	16.70	33.90	62.40
8	18.10	36.70	67.60

## WEEKLY RATES

Area	Employee Only	Employee & One	Employee & Family
1	\$2.47	\$5.01	\$9.23
2	2.72	5.52	10.15
3	2.88	5.86	10.80
4	3.04	6.16	11.35
5	3.21	6.51	12.00
6	3.53	7.16	13.20
7	3.85	7.82	14.40
8	4.18	8.47	15.60

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

For more information,  
contact:



### OTHER PRODUCTS FROM BROKERS NATIONAL

Term Life Insurance  
Insured Vision Plan  
Cancer Plan  
Accidental Death & Dismemberment Ins.  
Hospital Indemnity Benefit Plan

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.



**BROKERS  
NATIONAL**  
LIFE ASSURANCE COMPANY

PO Box 150129, Austin, Texas 78715

E-mail: [BrokersChoice@BNLAC.COM](mailto:BrokersChoice@BNLAC.COM)

Web Site: [WWW.BNLAC.COM](http://WWW.BNLAC.COM)

Claims Only: (800) 653-4427

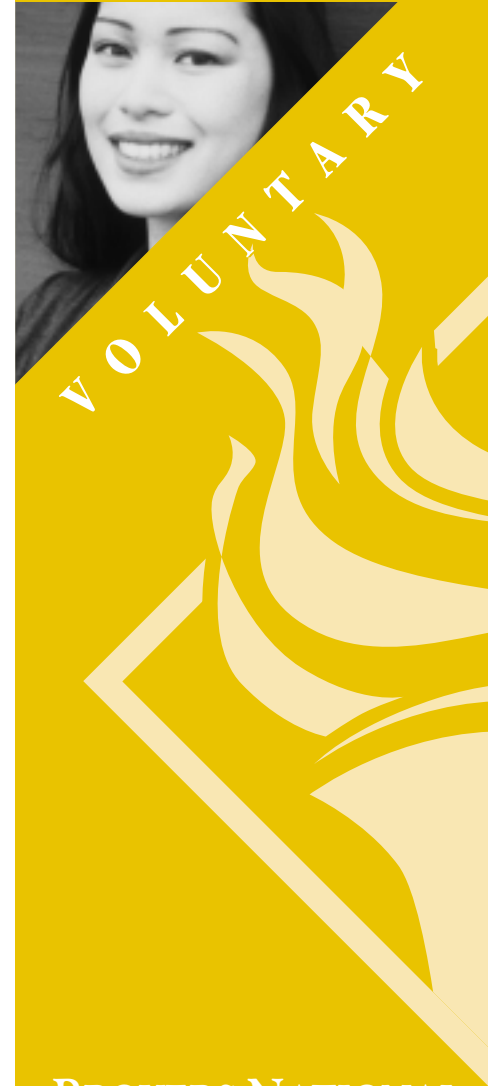
Network Dentists: (800) 810-5287

All Other Inquiries: (800) 798-1125

Form No. ADV-GDBP(0199).7

January 2003

We have  
a PLAN  
for you...



**BASIC PLUS DENTAL**

**BROKERS NATIONAL**  
LIFE ASSURANCE COMPANY

# We have a PLAN for YOU...

## Basic Plus Dental

Protect your smile and your pocketbook with Basic Plus dental insurance. Good dental hygiene will help you maintain healthy teeth and reduce the possibility of expensive dental procedures. Basic Plus lets you enjoy all the following advantages for very low rates.

### 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)

**Completely Voluntary  
Choose Any Dentist  
Enroll Now!**

### Basic Plus offers:

**Choose Any Dentist.**

**No waiting periods.**

**Low \$25 deductible** for preventive procedures.

**Immediate Coverage** – for preventive procedures, simple extractions, fillings, oral surgery, and root canals

**\$750 Annual Benefit** for every family member

### 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 \$150 Deductible per Family**, per benefit year. Benefit year deductibles are combined for Types I and II procedures.

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

### BASIC PLUS BENEFITS

* Standard Benefits	First Benefit Year and Thereafter
<b>TYPE I</b> <b>Preventive Procedures:</b> Fluoride Treatments (under age 19), X-Rays, Cleanings, Periodic Exams Deductible per Benefit Year Company Pays	\$25 80%
<b>TYPE II</b> <b>Restorative Procedures:</b> Simple Extractions, Fillings, Oral Surgery, Root Canals Deductible per Benefit Year Company Pays	\$50 70%
Maximum Benefit Year (Type I and II)	\$750
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.	

\* See policy/certificate for complete coverage details.

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

*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