

A copy of the company's quarterly state WAGE AND TAX report is required on All groups.

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.

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

AREA CLASSIFICATIONS

State	Area	State	Area
Alabama		Louisiana	
352, 361		700, 701, 708, 711	2
All Others	1	All Others	1
Arkansas		Michigan	
719, 722, 727	2	480-483	6
All Others	1	485	5
Colorado		Minnesota	
800-805	5	484, 489	4
806, 808-810	4	All Others	3
807, 811-816	3	551, 554	4
Delaware		550, 553	3
198	5	All Others	2
197	4	Mississippi	
All Others	3	Missouri	1
Florida	*	630, 631, 640, 641	3
Georgia		All Others	2
303, 311	4	Montana	
300	3	Nebraska	2
301, 302	2	680-685	2
All Others	1	All Others	1
Idaho	3	North Dakota	
Illinois		Ohio	*
600-603, 606	5	Oklahoma	*
604, 605	4	Oregon	
607	3	970-975	5
All Others	1	All Others	4
Indiana		Pennsylvania	
460-466	2	164-165, 189-194	5
All Others	1	150-152, 156, 160-161,	
Iowa	*	180-188, 195-196	4
Kentucky		All Others	3
410	3	Tennessee	
All Others	2	Utah	4

* Special brochures required

MONTHLY RATES – PLAN B

Area		3 – 24 Employees	25 – 49 Employees	50 + Employees
1	Emp Only	\$15.80	\$14.90	\$13.90
	Emp & One	34.70	32.70	30.40
	Emp & Family	56.60	53.50	49.60
2	Emp Only	17.40	16.40	15.30
	Emp & One	38.20	36.00	33.40
	Emp & Family	62.30	58.90	54.60
3	Emp Only	18.50	17.40	16.30
	Emp & One	40.60	38.30	35.60
	Emp & Family	66.20	62.60	58.00
4	Emp Only	19.40	18.30	17.10
	Emp & One	42.70	40.20	37.40
	Emp & Family	69.60	65.80	61.00
5	Emp Only	20.50	19.40	18.10
	Emp & One	45.10	42.50	39.50
	Emp & Family	73.60	69.60	64.50
6	Emp Only	22.60	21.30	19.90
	Emp & One	49.60	46.80	43.50
	Emp & Family	80.90	76.50	70.90

MONTHLY RATES – PLAN A (NO ORTHO)

Area		3 – 24 Employees	25 – 49 Employees	50 + Employees
1	Emp Only	\$19.70	\$18.60	\$17.60
	Emp & One	41.90	39.60	37.20
	Emp & Family	68.30	64.60	60.80
2	Emp Only	21.70	20.50	19.40
	Emp & One	46.10	43.60	40.90
	Emp & Family	75.10	71.10	66.90
3	Emp Only	23.00	21.80	20.60
	Emp & One	49.00	46.30	43.50
	Emp & Family	79.90	75.60	71.10
4	Emp Only	24.20	22.90	21.60
	Emp & One	51.50	48.70	45.80
	Emp & Family	84.00	79.50	74.80
5	Emp Only	25.60	24.20	22.90
	Emp & One	54.50	51.50	48.40
	Emp & Family	88.80	84.00	79.00
6	Emp Only	28.20	26.60	25.20
	Emp & One	59.90	56.60	53.20
	Emp & Family	97.70	92.40	86.90

MONTHLY RATES – PLAN A

Area		3 – 24 Employees	25 – 49 Employees	50 + Employees
1	Emp Only	\$19.70	\$18.60	\$17.60
	Emp & One	43.20	40.80	38.40
	Emp & Family	70.40	66.60	62.80
2	Emp Only	21.70	20.50	19.40
	Emp & One	47.50	44.90	42.20
	Emp & Family	77.40	73.30	69.10
3	Emp Only	23.00	21.80	20.60
	Emp & One	50.50	47.70	44.90
	Emp & Family	82.40	77.90	73.50
4	Emp Only	24.20	22.90	21.60
	Emp & One	53.10	50.20	47.20
	Emp & Family	86.60	81.90	77.20
5	Emp Only	25.60	24.20	22.90
	Emp & One	56.20	53.00	49.90
	Emp & Family	91.50	86.60	81.60
6	Emp Only	28.20	26.60	25.20
	Emp & One	61.80	58.30	54.90
	Emp & Family	100.70	95.20	89.80

MONTHLY RATES – PLAN B (NO ORTHO)

Area		3 – 24 Employees	25 – 49 Employees	50 + Employees
1	Emp Only	\$15.80	\$14.90	\$13.90
	Emp & One	33.70	31.70	29.50
	Emp & Family	54.80	51.90	48.10
2	Emp Only	17.40	16.40	15.30
	Emp & One	37.10	34.90	32.50
	Emp & Family	60.30	57.10	52.90
3	Emp Only	18.50	17.40	16.30
	Emp & One	39.40	37.10	34.50
	Emp & Family	64.10	60.70	56.30
4	Emp Only	19.40	18.30	17.10
	Emp & One	41.50	39.00	36.30
	Emp & Family	67.40	63.80	59.20
5	Emp Only	20.50	19.40	18.10
	Emp & One	43.80	41.20	38.40
	Emp & Family	71.20	67.50	62.50
6	Emp Only	22.60	21.30	19.90
	Emp & One	48.20	45.30	42.20
	Emp & Family	78.40	74.20	68.80

For more information, contact:

We have a PLAN for you...



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.



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-GDUE(0100).2

March 2001

BROKERS NATIONAL
LIFE ASSURANCE COMPANY

UNIQUE EDGEDENTIAL

We have a PLAN for YOU...

Unique Edge Dental

Protect your smile with Unique Edge dental insurance. Good dental hygiene will help you maintain healthy teeth and reduce the possibility of expensive dental procedures. Unique Edge offers these advantages:

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

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

Unique Edge offers:

Choose Any Dentist.

Plan A offers **Full Coverage** for preventive procedures

Plans A & B offer **Immediate Coverage** – for preventive procedures, simple extractions, fillings, oral surgery, and root canals

Takeover Benefits* are available, see takeover requirements

Up to \$1,000 (Plan A) or up to \$750 (Plan B) Benefits Annually for every family member

\$1,000 (Plan A) or \$750 (Plan B) Lifetime Orthodontia benefits for dependent children age 6-18 ***

Only 1 Year Waiting Period for Type III & Orthodontia coverage.

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.

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

UNIQUE EDGE (PLAN A) BENEFITS

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

MINIMUM PARTICIPATION AND EMPLOYER CONTRIBUTION DEPENDS ON COMPANY'S SIZE

Number of Employees	% Employee Participation Requirements	% Dependent Participation Requirements	Minimum Employer Contribution
3 thru 24	100%	75%	75%
25 thru 49	75%	75%	75%
50 +	75%	75%	50%

UNIQUE EDGE (PLAN B) BENEFITS

** Standard Benefits	1st Benefit Year	Thereafter
TYPE I Preventive Procedures Deductible per Benefit Year Company Pays	\$50 80%	\$50 80%
TYPE II Restorative Procedures Deductible per Benefit Year Company Pays	\$50 80%	\$50 80%
TYPE III Major Restorative Procedures Deductible per Benefit Year Company Pays	Not Covered	\$50 50%
Maximum Benefit Year Type I, II and III	\$750	\$750
TYPE IV Age 6-18 *** Orthodontia Benefits Lifetime Deductible Company Pays Lifetime Benefits Orthodontia Only	Not Covered	\$50 50% Not Covered \$750

** See policy/certificate for complete coverage details.
*** To age 21 in Louisiana

* Takeover Requirements

Takeover of existing dental coverage requires the following documentation with the initial enrollment:

1. Minimum of 25 or more enrollees
2. A copy of the last billing statement from the current carrier
3. A copy of the current plan of benefits
4. Each insured's original effective date with the current carrier
5. A copy of the company's quarterly state WAGE AND TAX report

The group's enrollment cannot be processed until the above requirements are received.

Takeover and variations of the plan for groups under 25 enrollees require a quote from the Home Office. Call 1-800-798-1125.

Takeover is built into this plan for groups with 25 enrollees or more. Takeover only credits time covered under that employer's dental plan that immediately preceded BNL's effective date. The waiting periods for Type III & IV procedures, if covered by the prior carrier, will be reduced by the number of months the employee was covered by that carrier.

Replacement of a tooth extracted prior to the effective date of the BNL coverage is not covered.