

AREA CLASSIFICATIONS

State	Area	State	Area
Alabama		Mississippi	1
352, 361	2	Missouri	
All Others	1	630-631,	
Alaska	8	640-641	3
Arizona		All Others	2
850, 852	4	Montana	*
853, 856-857	3	Nebraska	
All Others	2	680-685	2
Arkansas		All Others	1
719, 722, 727	2	Nevada	
All Others	1	891, 894-897	4
California	*	889-890, 893,	
Colorado		898	3
800-805	5	New Mexico	
806, 808-810	4	870-872, 875	3
807, 811-816	3	873-874,	
Delaware		877-884	2
198	5	North Dakota	1
197	4	Ohio	*
All Others	3	Oklahoma	*
Florida	*	Oregon	
Georgia		970-975	6
303, 311	5	All Others	5
300	4	Pennsylvania	
301-302	2	164-165,	
All Others	1	189-194	5
Idaho	*	150-152, 156,	
Illinois		160-161,	
600-603, 606	5	180-188,	
604-605	4	195-196	4
607	3	All Others	3
All Others	1	South Carolina	1
Indiana		South Dakota	1
460-466	2	Tennessee	2
All Others	1	Texas	*
Iowa	*	Utah	5
Kansas	*	Washington	
Kentucky		980-981,	
410	3	983-984	8
All Others	2	986	7
Louisiana		982, 985	5
700-701, 708,		987	3
711	2	All Others	4
All Others	1	West Virginia	1
Michigan		Wisconsin	
480-483	6	537	5
485	5	543	4
484, 489	4	530-532, 534,	
All Others	3	539, 544, 547,	
Minnesota		549	3
551, 554	4	535, 538,	
550, 553	3	540-542, 546	2
All Others	2	545, 548	1
		Wyoming	1

\* Special brochures required February 2007

MONTHLY RATES – PLAN A February 2004

Area	Individual Only	Individual & One	Individual & Family
1	\$28.40	\$54.60	\$98.90
2	31.30	59.90	108.80
3	33.30	63.80	115.70
4	34.90	67.10	121.70
5	36.90	70.90	128.60
6	40.60	77.90	141.40
7	44.30	85.10	154.20
8	47.90	92.40	167.10

MONTHLY RATES – PLAN B February 2004

Area	Individual Only	Individual & One	Individual & Family
1	\$21.90	\$41.90	\$76.90
2	24.20	46.20	84.70
3	25.70	49.10	90.10
4	26.90	51.70	94.70
5	28.60	54.60	100.10
6	31.30	59.90	109.90
7	34.20	65.50	119.90
8	36.90	70.90	130.10

**Collection Fee:** \$3.00 per collection  
**One Time Application Fee:** \$25.00

**Choice of Premium Payments:**  
 Annual Direct Bill  
 Monthly Bank Draft  
 Monthly Credit Card Payment

For more information,  
 contact:



**Products from Brokers National Life:**

- Dental
- Vision
- Short Term Disability
- Term Life
- Hospital Indemnity
- Accidental Death & Dismemberment
- Cancer

Visit us on the web at [www.bn lac.com](http://www.bn lac.com)

**This is a descriptive brochure, not a contract.**

This brochure is designed to highlight features of the policy. A more complete description of benefits and exclusions is found in the contract issued to each insured. All benefits are subject to the provisions of the Policy Form number IDP(2000) (In Oregon and Pennsylvania, Policy Form number IDP(2000)-04).



PO Box 92529, Austin, Texas 78709-2529

Email: [BrokersChoice@bn lac.com](mailto:BrokersChoice@bn lac.com)

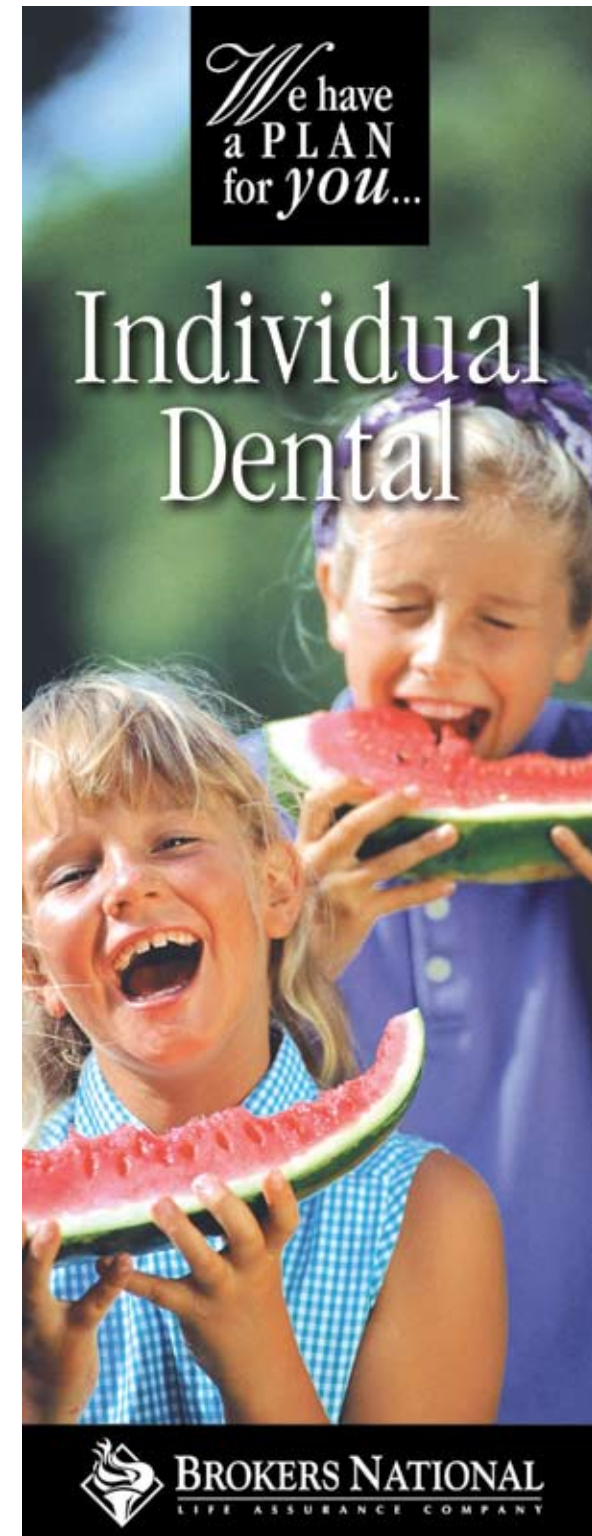
Phone: (800) 798-1125

Claims Only: (800) 653-4427

Form No. ADV-ID(2004).5

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# 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: 18-70

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  
the initial premium amount due. (Do not  
assume coverage is in force until you  
receive written confirmation.)

BENEFIT STRUCTURE	INDIVIDUAL DENTAL – PLAN A		
Benefits based on Usual & Customary	1st Year	2nd Year	Thereafter
<b>TYPE I – Preventive / Diagnostic</b> <i>Exams, X-Rays, Cleanings, Fluoride (under age 19), Sealants, Space Maintainers</i> Benefit Year Deductible Company Pays	\$50 80%	\$50 80%	\$50 80%
<b>TYPE II – Restorative</b> <i>Fillings, Tissue Conditioning, Simple Extractions, Anesthesia</i> Benefit Year Deductible Company Pays	Not Covered	\$50 60%	\$50 60%
<b>TYPE III – Major Restorative</b> <i>Crowns, Inlays, Onlays, Installation of Bridges &amp; Crowns, Endodontics (Root Canals), Periodontics, Surgical Extractions, Dentures &amp; Bridge Repair</i> Benefit Year Deductible Company Pays	Not Covered	\$100 25%	\$100 50%
<b>Maximum Benefit Year – Type I, II, and III</b>	\$1,000	\$1,000	\$1,000
<b>TYPE IV – Orthodontia (age 6-18*)</b> Lifetime Deductible Company Pays Lifetime Benefits	Not Covered **		\$100 50% \$1,000

\* To age 21 in Louisiana

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

BENEFIT STRUCTURE	INDIVIDUAL DENTAL – PLAN B		
Benefits based on Usual & Customary	1st Year	2nd Year	Thereafter
<b>TYPE I – Preventive / Diagnostic</b> <i>Exams, X-Rays, Cleanings, Fluoride (under age 19), Sealants, Space Maintainers</i> Benefit Year Deductible Company Pays	\$40 80%	\$40 80%	\$40 80%
<b>TYPE II – Restorative</b> <i>Fillings, Tissue Conditioning, Simple Extractions, Anesthesia</i> Benefit Year Deductible Company Pays	Not Covered	\$40 60%	\$40 60%
<b>Maximum Benefit Year – Type I and II</b>	\$750	\$750	\$750

Dependent children are 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):

**Colorado** – Unmarried dependent children up to age 25 and the child is a full-time student or has the same legal residence as the parent or is financially dependent upon the parent.

**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.

**Indiana** – Dependent children up to age 24.

**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 & Missouri** – Unmarried dependent children up to age 25.

**New Mexico** – Unmarried dependent children up to age 25, regardless of whether the dependent is enrolled in an educational institution.

**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.

**Tennessee** – Unmarried dependent children up to age 25, dependent on employee for support.

**Utah** – Unmarried dependent children up to age 26, dependent on employee 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.
- Orthodontia Benefits are available only after 24 months of continuous 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.