

Exclusions and Limitations

Policy benefits will not be payable for any expense incurred for or in connection with:

- A. charges for taxes and discounts;
- B. dental care for which the Covered Person would not be required to pay if there were no insurance;
- C. dental care provided only for the purpose of improving appearance (cosmetic dentistry) when form and function of the teeth are satisfactory and no pathological condition exists, including but not limited to the following: (a) Composite restorations, veneers, facings or similar properties of crowns or pontics placed on or replacing teeth in back of the first bicuspid; or (b) Personalization or characterization of dentures;
- D. dental care below the standards accepted by the American Dental Association;
- E. charges in excess of the Usual and Customary Charge for the least expensive alternate service or materials consistent with adequate dental care (this applies when such alternative services or materials are customarily provided);
- F. charges for appointments not kept, office calls if no other service is performed and charges for completion of claim forms;
- G. appliances, restorations, treatment or procedures for: (a) Altering vertical dimension; (b) Restoring or maintaining occlusion; (c) Splinting; (d) Replacing tooth structure lost from attrition or abrasion; or (e) Temporomandibular Joint Syndrome (TMJ) disorders;
- H. charges for periodontal probing and charting;
- I. charges for services and supplies of the type normally intended for sport or home use;
- J. benefits will not be provided for services for injuries or diseases related to your job to the extent you are covered or are required to be covered by the Workers' Compensation law. If you enter into a settlement giving up your right to recover future medical benefits under the Workers' Compensation law, the policy will not pay those medical benefits that would have been payable in absence of that settlement;
- K. charges for replacing a lost, missing or stolen device or appliance;
- L. charges for services begun before or provided prior to the date the Covered Person became insured and charges for services provided after termination of insurance of the Covered Person under the Policy;
- M. dietary planning, oral hygiene training in preventive dental care and infection control;
- N. services rendered as a result of injuries suffered while patient is committing or attempting to commit a felony or engaging in an illegal occupation;
- O. analgesia, nitrous oxide and desensitization when not related to oral surgery;
- P. experimental procedures;
- Q. hospital costs and additional fees charged by the Dental Practitioner for hospital treatment;
- R. surgical procedures for correction of malalignment of teeth and/or jaws;
- S. charges for implantology including implants and appliances;
- T. charges incurred for defective parts or workmanship replaced within six (6) months;
- U. services provided or paid for by a government agency or under any government program or law except as to charges which the person is legally obligated to pay (the exception extends to any benefits provided under the U.S. Social Security Act of 1965 (Medicare) and its amendments or for dental care furnished while a person is confined in a hospital operated by the U.S. Government or its agency or a state supported institution) except Medicaid;
- V. dental care for a congenital or developmental malformation not limited to but including congenitally missing teeth;
- W. temporary restoration; however, if the temporary restoration is part of a course of treatment, the maximum benefit for a permanent restoration will include the fee for the temporary restoration;
- X. charges for any duplicate services, devices, or appliances, including prosthetics;
- Y. procedures which are medical in nature; or
- Z. any item which is not listed as a Covered Expense.

NOTE: *Orthodontic treatment, unless specifically provided for on the Schedule of Benefit Page and by a Rider attached to the Policy, is not covered by the plan.*

For more information,
contact:

Brochure Code: IDB01

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

This is a descriptive brochure and 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).



PO Box 92529, Austin, Texas 78709-2529

Email: BrokersChoice@bn lac.com

Phone: (800) 798-1125

Claims Only: (800) 653-4427

Form #: ADV-ID (2004)KS.1

Release Date: November 2004

Reprint Date: April 2007

An advertisement for Individual Dental insurance. At the top, a black box contains the text "We have an INSURANCE PLAN for you..." in a white, cursive font. Below this, the words "Individual Dental" are written in a large, white, serif font. The background of the advertisement shows two young girls in blue checkered dresses eating slices of watermelon. In the bottom right corner, the word "Kansas" is written in a white, cursive font. At the bottom, the Brokers National Life Assurance Company logo is displayed, consisting of a stylized flame icon and the text "BROKERS NATIONAL LIFE ASSURANCE COMPANY".

We have an INSURANCE PLAN for YOU...

Individual Dental Insurance Plan

An insurance 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
begin in the third benefit year.
(Insurance Plan A only)

A Choice of Insurance Plans: Insurance
Plan A or Insurance 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
TYPE I – Preventive / Diagnostic <i>Exams, X-Rays, Cleanings, Fluoride (under age 19), Sealants, Space Maintainers</i> Benefit Year Deductible Company Pays	\$50 80%	\$50 80%	\$50 80%
TYPE II – Basic Restorative <i>Fillings, Tissue Conditioning, Simple Extractions, Anesthesia</i> Benefit Year Deductible Company Pays	Not Covered	\$50 60%	\$50 60%
TYPE III – Major Restorative <i>Crowns, Inlays, Onlays, Installation of Bridges & Crowns, Endodontics (Root Canals), Periodontics, Surgical Extractions, Dentures & Bridge Repair</i> Benefit Year Deductible Company Pays	Not Covered	\$100 25%	\$100 50%
Maximum Benefit Year – Type I, II, and III	\$1,000	\$1,000	\$1,000
TYPE IV – Orthodontia (age 6-18) Lifetime Deductible Company Pays Lifetime Benefits	Not Covered		\$100 50% \$1,000

BENEFIT STRUCTURE	INDIVIDUAL DENTAL – PLAN B		
Benefits based on Usual & Customary	1st Year	2nd Year	Thereafter
TYPE I – Preventive / Diagnostic <i>Exams, X-Rays, Cleanings, Fluoride (under age 19), Sealants, Space Maintainers</i> Benefit Year Deductible Company Pays	\$40 80%	\$40 80%	\$40 80%
TYPE II – Basic Restorative <i>Fillings, Tissue Conditioning, Simple Extractions, Anesthesia</i> Benefit Year Deductible Company Pays	Not Covered	\$40 60%	\$40 60%
Maximum Benefit Year – Type I and II	\$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 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.
- Orthodontia Benefits are available only after 24 months of continuous coverage under Insurance Plan A and are only available to covered dependent children ages 6-18.
- 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.

AREA CLASSIFICATIONS

State	Area	
Kansas	660-662	2
	All Others	1
	January 2003	

MONTHLY RATES

INSURANCE PLAN A November 2004

Area	Employee Only	Employee & One	Employee & Family
1	\$28.40	\$54.60	\$98.90
2	31.30	59.90	108.80

MONTHLY RATES

INSURANCE PLAN B November 2004

Area	Employee Only	Employee & One	Employee & Family
1	\$21.90	\$41.90	\$76.90
2	24.20	46.20	84.70

One Time Application Fee: \$25.00

Choice of Premium Payments:

- Annual Direct Bill
- Monthly Bank Draft
- Monthly Credit Card Payment