

AREA CLASSIFICATIONS

State	Area	State	Area	State	Area
Alabama		Louisiana		Pennsylvania	
352, 361	2	700-701, 708,		164-165,	
All Others	1	711	2	189-194	5
Alaska	8	All Others	1	150-152, 156,	
Arizona	*	Maine	4	160-161,	
Arkansas		Maryland	5	180-188,	
719, 722, 727	2	Massachusetts	5	195-196	4
All Others	1	Michigan		All Others	3
California	*	480-483	6	Rhode Island	
Colorado		485	5	028, 029	6
800-805	5	484, 489	4	027	5
806, 808-810	4	All Others	3	South Carolina	1
807, 811-816	3	Minnesota		South Dakota	1
Connecticut		551, 554	4	Tennessee	2
063-067	7	550, 553	3	Texas	*
060-062,		All Others	2	Utah	5
068, 069	6	Mississippi	1	Vermont	2
Delaware		Missouri		Virginia	
198	5	630-631,		220-223	6
197	4	640-641	3	201	5
All Others	3	All Others	2	233-237	4
District of		Montana	2	224-225,	
Columbia	6	Nebraska		230-232, 238	3
Florida	*	680-685	2	226-229,	
Georgia		All Others	1	239-246	1
303, 311	5	Nevada		Washington	
300	4	891, 894-897	4	980-981,	
301-302	2	889-890, 893,		983-984	8
All Others	1	898	3	986	7
Hawaii	6	New Hampshire	4	982, 985	5
Idaho	*	New Jersey		987	3
Illinois		070-079, 085		All Others	4
600-603, 606	5	088, 089	6	West Virginia	1
604-605	4	080, 082-084		Wisconsin	
607	3	086, 087	5	537	5
All Others	1	New Mexico	*	543	4
Indiana		North Carolina	*	530-532, 534,	
460-466	2	North Dakota	1	539, 544,	
All Others	1	Ohio	*	547, 549	3
Iowa	1	Oklahoma	*	535, 538,	
Kansas	*	Oregon		540-542, 546	2
Kentucky		970-975	6	545, 548	1
410	3	All Others	5	Wyoming	1
All Others	2				

* Special brochures required

6-08

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.

For more information,
contact:



Visit us on the web at www.bn lac.com

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(2008) (In Missouri, Policy Form GDP(2008)A) issued to each employer.

Can be sold with one other BNL Voluntary Dental Plan on a Group Basis (except Immediate Edge A)

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



PO Box 92529, Austin, Texas 78709-2529

Email: BrokersChoice@bn lac.com

Claims Only: (800) 653-4427

All Other Inquiries: (800) 798-1125

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We have
a PLAN
for you...



VOLUNTARY

Plan A

BROKERS NATIONAL
LIFE ASSURANCE COMPANY

EDGE PLUS DENTAL Plan A

Please check with our Administrative Office for state approval.

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** (In Louisiana and Tennessee, minimum of 2 employees) (No more than 50% of the insured group can be direct relatives, unless we are provided with a quarterly Wage and Tax Report that proves the relatives work for the Policyholder.)

Edge Plus offers:

Choose Any Dentist.

Full Coverage for preventive procedures

Immediate Coverage – for preventive 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 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 the employee for support.

Indiana – Dependent children up to age 24.

Iowa – Unmarried children up to age 25, or older if the child is a full-time student.

Louisiana – Unmarried dependent children up to age 21, or up to age 24 if the child is a full time student, dependent on the employee for support.

Maine & Virginia – Unmarried dependent children up to age 19, or up to age 25 if the child is a full time student.

Minnesota, Missouri & Montana – Unmarried dependent children up to age 25.

North Dakota – Unmarried dependent children up to age 22, or up to age 26 if the child is a full time student, dependent on the employee for support.

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

Utah – Unmarried dependent children up to age 26, dependent on the employee for support.

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 \$250 per covered person. Coverage is limited to routine exams, prophylaxis, and x-rays for the first 6 months.

EDGE PLUS (PLAN A) BENEFITS

Standard Benefits ¹	First Benefit Year	Second Benefit Year	Thereafter
TYPE I <i>Preventive Procedures:</i> Fluoride Treatments (under age 19), X-Rays, Cleanings, Periodic Exams Benefit Year Deductible Company Pays	0 100%	0 100%	0 100%
TYPE II <i>Basic Restorative Procedures:</i> Simple Extractions, Simple Oral Surgery, Fillings, Root Canals Benefit Year Deductible Company Pays	\$50 80%	\$50 80%	\$50 80%
TYPE III <i>Major Restorative Procedures:</i> Removal of Impacted Teeth, Bridges, Crowns or Implants ² , Dentures, Partials Benefit Year Deductible 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 Orthodontia Benefits</i> Lifetime Deductible Company Pays Lifetime Benefits Orthodontia Only	Not Covered	Not Covered	\$50 50%

¹ See policy/certificate for complete coverage details.

² Eligible charges for Implants reimbursed same as crowns (alternate benefit).