

AREA CLASSIFICATIONS

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

* Special brochures required January 2003

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:

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.bnlac.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

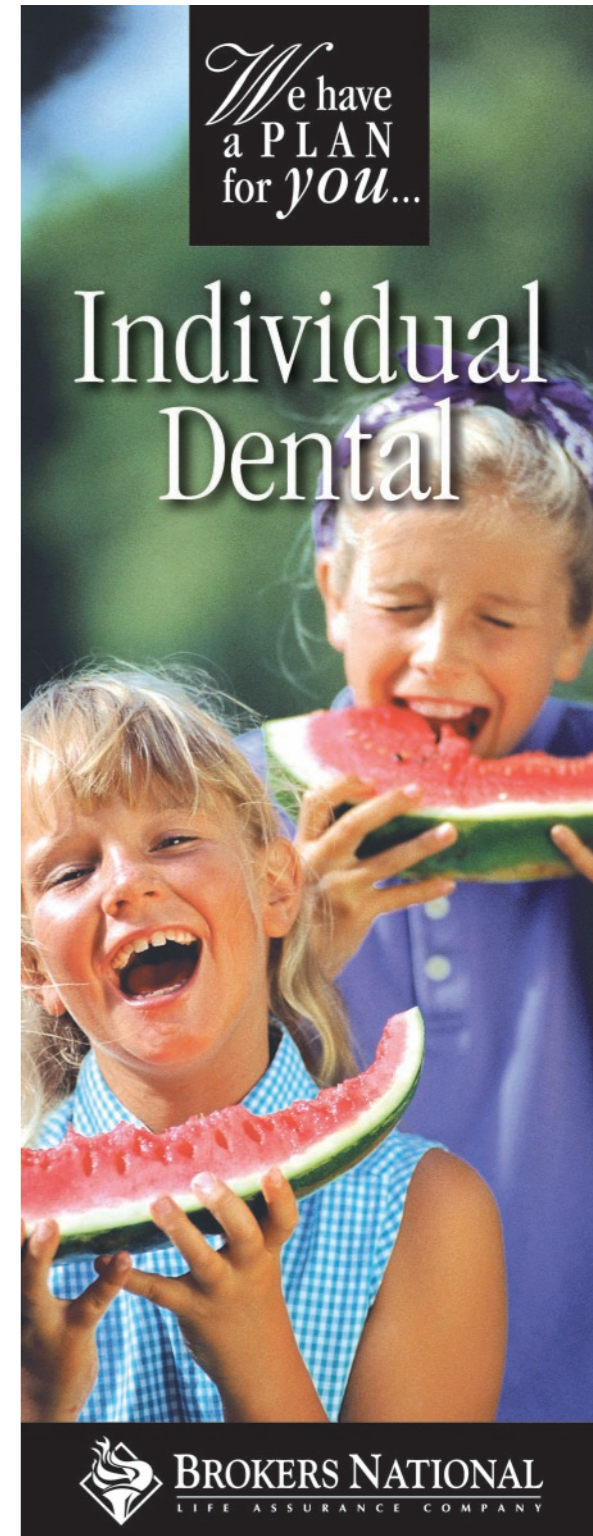
Email: BrokersChoice@bnlac.com

Phone: (800) 798-1125

Claims Only: (800) 653-4427

Form #: ADV-ID(2004).2

December 2005



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 following 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 – 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

* 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
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 – 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 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 insured 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 insured 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 insured for support

Minnesota & Tennessee – Unmarried dependent children up to age 25, dependent on insured for support

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 insured for support

Utah – Unmarried dependent children up to age 26, if dependent on the insured for support, except where dependency is established by court decree with no mention of support and maintenance.

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.