

AREA CLASSIFICATIONS

State	Area	State	Area	State	Area
Alabama		Kentucky		Oregon	
352, 361	2	410	3	970-975	6
All Others	1	All Others	2	All Others	5
Alaska	8	Louisiana		Pennsylvania	
Arizona		700-701, 708,		164-165,	
850, 852	4	711	2	189-194	5
853, 856, 857	3	All Others	1	150-152, 156,	
All Others	2	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 Columbia	6	Montana	2	224-225,	
Florida	*	Nebraska		230-232, 238	3
Georgia		680-685	2	226-229,	
303, 311	5	All Others	1	239-246	1
300	4	Nevada		Washington	
301-302	2	891, 894-897	4	980-981,	
All Others	1	889-890, 893,		983-984	8
Hawaii	6	898	3	986	7
Idaho	*	New Hampshire	4	982, 985	5
Illinois		New Jersey		987	3
600-603, 606	5	070-079, 085		All Others	4
604-605	4	088, 089	6	West Virginia	1
607	3	080, 082-084		Wisconsin	
All Others	1	086, 087	5	537	5
Indiana		New Mexico		543	4
460-466	2	870-872, 875	3	530-532, 534,	
All Others	1	873-874,		539, 544,	
Iowa	1	877-884	2	547, 549	3
Kansas	*	North Carolina	*	535, 538,	
		North Dakota	1	540-542, 546	2
		Ohio	*	545, 548	1
		Oklahoma	*	Wyoming	1

* Special brochures required 6/08

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:



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

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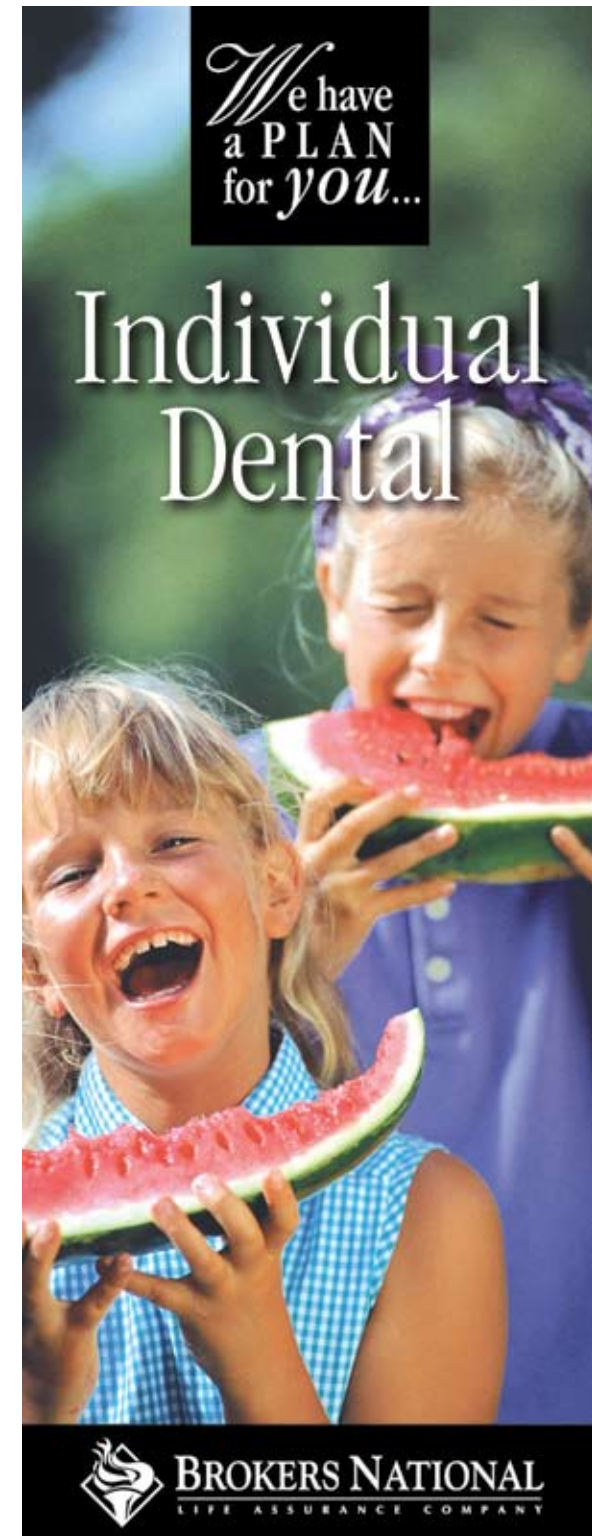
Claims Only: (800) 653-4427

Form No. ADV-ID(2004).7

Release Date: October 2004

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Please check with our Administrative Office for state approval.



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
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, 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 – Basic Restorative <i>Fillings, 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 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.

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 employee for support.

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

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.