

AREA CLASSIFICATIONS

State	Area
California	
931, 940-941, 943-944, 950-951.....	8
900-916, 919-921, 926-928, 930, 932-935, 942, 945-949, 954-958	7
All Others	6
	7-06

MONTHLY RATES May 2008

Area	Employee Only	Employee & One	Employee & Family
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
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.bnlac.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) 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.**



**BROKERS
NATIONAL**
LIFE ASSURANCE COMPANY

PO Box 92529, Austin, Texas 78709-2529

Email: BrokersChoice@bnlac.com

Claims Only: (800) 653-4427

All Other Inquiries: (800) 798-1125

Form No. ADV-GDEP-A(2008)CA.1

Release Date: July 2008

We have
a PLAN
for you...



California
Plan A

BROKERS NATIONAL
LIFE ASSURANCE COMPANY
"A Life Insurance Company"

Plan A
EDGE PLUS DENTAL

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** (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.

EDGE PLUS (PLAN A) BENEFITS

<i>Standard Benefits¹</i>	<i>First Benefit Year</i>	<i>Second Benefit Year</i>	<i>Thereafter</i>
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	Not Covered Not Covered	\$50 50% \$1,000

¹ See policy/certificate for complete coverage details.

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

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.