

## Exclusions and Other 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. charges relating to dental care directly or indirectly caused by: (a). war, insurrection or hostile action of the armed forces of any country; or (b). any cause for which indemnity or compensation is provided under any Workers' Compensation Law or similar legislation;
- 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: (a). committing or attempting to commit a felony; (b). engaging in an illegal occupation; or (c). participating in a riot, rebellion or insurrection;
- 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 Benefits Page and by a Rider attached to the Policy, is not covered by the plan.*

For more information,  
contact:

### 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](http://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(0198) issued to each employer.

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



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Claims Only: (800) 653-4427  
All Other Inquiries: (800) 798-1125

Form No. ADV-GDEP-A(0199)SEL.1  
January 2006

We have  
a PLAN  
for you...



VOLUNTARY

Arizona  
Idaho  
Plan A

BROKERS NATIONAL  
LIFE ASSURANCE COMPANY

EDGE PLUS DENTAL Plan A

# 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.

- Guaranteed Issue** – No Industry Limitations
- Completely Voluntary**
- 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.)

**Completely Voluntary  
Choose Any Dentist  
Enroll Now!**

### 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

* Standard Benefits	First Benefit Year	Second Benefit Year	Thereafter
<b>TYPE I</b> <b>Preventive Procedures:</b> Flouride Treatments (under age 19), X-Rays, Cleanings, Periodic Exams			
Deductible	0	0	0
Company Pays	100%	100%	100%
<b>TYPE II</b> <b>Restorative Procedures:</b> Simple Extractions, Fillings, Oral Surgery, Root Canals			
Deductible per Benefit Year	\$50	\$50	\$50
Company Pays	80%	80%	80%
<b>TYPE III</b> <b>Major Restorative Procedures:</b> Removal of Impacted Teeth, Bridges, Crowns, Dentures, Partials			
Deductible per Benefit Year	Not Covered	\$50	\$50
Company Pays		50%	50%
Maximum Benefit Year Type I, II and III	\$750	\$1,000	\$1,500
<b>TYPE IV</b> <b>Age 6-18</b> <b>Orthodontia Benefits</b>			
Lifetime Deductible	Not Covered	Not Covered	\$50
Company Pays			50%
Lifetime Benefits Orthodontia Only	Not Covered	Not Covered	\$1,000

\* See policy/certificate for complete coverage details.

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 \$200 per covered person. Coverage is limited to routine exams, prophylaxis, and x-rays for the first 6 months.

#### AREA CLASSIFICATIONS

State	Area
<b>Arizona</b>	
850, 852 .....	4
853, 856-857 .....	3
All Others .....	2
<b>Idaho</b> .....	4
	January 2003

#### MONTHLY RATES January 2000

Area	Employee Only	Employee & One	Employee & Family
2	\$22.90	\$44.60	\$65.60
3	24.30	47.40	69.70
4	25.60	49.80	73.30

#### WEEKLY RATES January 2000

Area	Employee Only	Employee & One	Employee & Family
2	\$5.28	\$10.29	\$15.14
3	5.61	10.94	16.08
4	5.91	11.49	16.92

A \$10 Billing Fee will be added to each Group Billing Statement.

**Can be sold with one other  
BNL Voluntary Dental Plan  
on a Group Basis**