

Vision Benefits VSP Voluntary Vision

Non-Participating Doctors Reimbursement Schedule

Professional Fees

Eye Examination, up to \$45.00

Materials

Single Vision Lens, up to..... \$45.00
Lined Bifocal Lens, up to \$65.00
Lined Trifocal Lens, up to..... \$85.00
Lenticular Lens, up to \$125.00
Frames, up to \$47.00

Contact Lenses

(Materials, Evaluation Fee, and Fitting Costs)

Necessary*, up to..... \$210.00
Elective, up to \$105.00
(includes disposable contacts)

* Determination of "necessary" versus "elective" contact lenses under the non-participating doctor reimbursement schedule will be consistent with participating doctor services.

Services obtained through non-participating doctors are subject to the same co-pay and limitations as services obtained through VSP doctors.

The lens allowances are for two lenses; if only one lens is needed, the allowances will be one-half the pair allowance.

Underwritten by
Vision Service Plan (VSP)

*Not available as a dual option
with any other company's dental
or vision plan.
All enrollees receive all benefits.*

Area Classification Chart

State	Area	State	Area	State	Area
Alabama		Illinois		New Mexico	
352, 361	2	600-603, 606	5	870-872, 875	3
All others	1	604-605	4	873-874,	
Alaska	8	607	3	877-884	2
Arizona	*	All others	1	North Dakota	1
Arkansas		Indiana		Ohio	*
719, 722, 727	2	460-466	2	Oklahoma	*
All others	1	All others	1	Oregon	
California		Iowa	*	970-975	6
931, 940-941,		Kansas	*	All others	5
943-944,		Kentucky		Pennsylvania	
950-951	8	410	3	164-165,	
900-916, 919-921,		All others	2	189-194	5
926-928, 930,		Louisiana		150-152, 156,	
932-935, 942,		700-701, 708,		160-161,	
945-949,		711	2	180-188,	
954-958	7	All others	1	195-196	4
All others	6	Michigan		All others	3
Colorado		480-483	6	South Carolina	1
800-805	5	485	5	South Dakota	1
806, 808-810	4	484, 489	4	Tennessee	2
807, 811-816	3	All others	3	Texas	*
Delaware		Mississippi	1	Utah	5
198	5	Missouri		Washington	
197	4	630-631,		980-981,	
All others	3	640-641	3	983-984	8
Florida	*	All others	2	986	7
Georgia		Montana	2	982, 985	5
303, 311	5	Nebraska		987	3
300	4	680-685	2	All others	4
301-302	2	All others	1	West Virginia	1
All others	1	Nevada		Wyoming	1
Idaho	*	891, 894-897	4		
		889-890, 893,			
		898	3		

* Special brochures required

7-06

Combo Plan A Monthly Rates

Area	Employee Only	Employee & One	Employee & Family
1	\$ 33.70	\$ 60.20	\$ 92.50
2	35.80	64.30	98.50
3	37.20	67.10	102.60
4	38.50	69.50	106.20
5	39.90	72.40	110.40
6	42.60	77.60	118.10
7	45.30	82.90	125.90
8	48.10	88.10	133.60

Enroll Now!

FOR MORE INFORMATION CONTACT:

Brochure Code: COB02

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

This is a descriptive brochure, not a contract.

This brochure is designed to highlight features of the dental, vision, and AD&D policies. A more complete description of benefits and exclusions is found in the Policy or Certificates of Insurance. All dental benefits are subject to the provisions of the Group Policy Form GDP(0198) issued to each employer. All vision benefits are subject to the provisions of the Group Policy Form issued by VSP. All AD&D benefits are subject to the provisions of Policy Form FAP-ADD(09/97).



BROKERS NATIONAL
LIFE ASSURANCE COMPANY

P.O. Box 92529, Austin, Texas 78709-2529

Email: BrokersChoice@bn lac.com

Dental Claims Only: (800) 653-4427

VSP Vision: (800) 877-7195

AD&D Claims: (800) 798-1125

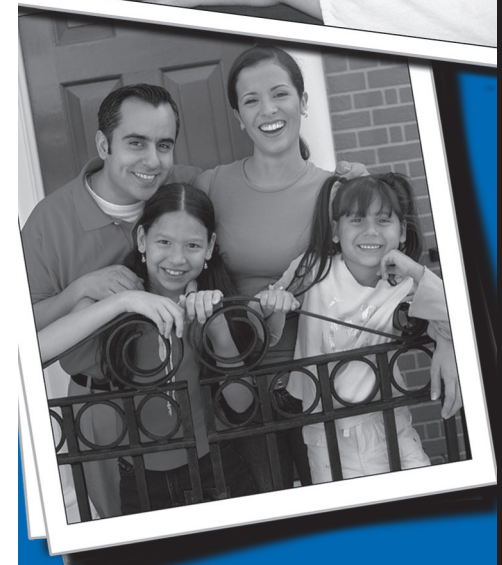
All Other Inquiries: (800) 798-1125

Form #: ADV-DVADD-A(2006)

November 2006

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Voluntary Combo Insurance Plan A



BROKERS NATIONAL
LIFE ASSURANCE COMPANY
"A Life Insurance Company"

DENTAL/ VISION/AD&D

Especially for you...

Group Dental, Vision and AD&D insurance combined in one convenient package.

Now you can get the coverage that you need to protect your smile, your sight and your family's security for one low price.

Plan Highlights

- ♦ Voluntary
- ♦ Billing fee waived
- ♦ Qualifies for Section 125
- ♦ Rates guaranteed for 12 months
- ♦ Guaranteed issue
- ♦ Only 3 enrollees required *

Dental Plan

Choose any dentist!

Immediate coverage for preventive procedures, simple extractions, fillings, simple oral surgery and root canals.

Full coverage for preventive procedures.

Annual benefits up to \$1,500 for every covered family member. Maximum 3 deductibles per family per benefit year. Benefit year deductibles are combined for Type II and III procedures.

\$1,000 Lifetime Orthodontia benefits for dependent children ages 6-18 beginning in the third benefit year.

Vision Plan

No waiting periods.

Nationwide network of over 22,000 providers.

Laser vision surgery benefit.

Accidental Death & Dismemberment

Issue ages 18-65

\$10,000 benefit for primary insured and all covered dependents

Waiver of premium on primary insured

Dental Benefits - Edge Plus Plan A

Standard Benefits	First Benefit Year	Second Benefit Year	Thereafter
TYPE I Preventive Procedures: Fluoride Treatments (under age 19), X-Rays, Cleanings, Periodic Exams			
Deductible	0	0	0
Company Pays	100%	100%	100%
TYPE II Restorative Procedures: Simple Extractions, Fillings, Root Canals, Simple Oral Surgery			
Deductible per Benefit Year	\$50	\$50	\$50
Company Pays	80%	80%	80%
TYPE III Major Restorative Procedures: 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
TYPE IV ** Age 6-18 *** Orthodontia Benefits			
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.

* Only 2 enrollees required in Tennessee.

** Pennsylvania & Oregon-Type IV-Orthodontia Benefits are covered in the 2nd year.

*** To age 21 in Louisiana.

Benefits are based on 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.

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.

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 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.

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.

Minnesota – 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.

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.

Vision Benefits

VSP Voluntary Vision

Benefits

\$15 co-pay on examinations

Once every 12 months

\$25 co-pay on materials

Lenses every 12 months; Frames every 24 months

Contact Lenses (no co-pay)

Once every 12 months

Participating Doctors

To locate a VSP participating doctor, call Vision Service Plan at (800) 877-7195 or visit BNL's web site at www.bnlac.com. VSP will pay the cost of a comprehensive eye examination and prescribed materials purchased (one set of frames, lenses, or contacts), up to the plan allowance, less any co-pay.

Benefit

Benefit	VSP Doctor
Exam	Covered in full
Single Vision Lenses	Covered in full
Lined Bifocal Lenses	Covered in full
Lined Trifocal Lenses	Covered in full
Frames Covered	Up to \$100

(Up to 20% savings on lens extras such as scratch resistant / anti-reflective coatings, tints, blended / progressive lenses. 20% discount on amounts over \$100 frame allowance. 20% discount for additional complete pairs of prescription glasses, sunglasses. Polycarbonate lenses included for dependent children up to age 25.)

Contact Lenses, Evaluation and Fitting

Medically Necessary Elective instead of glasses Covered in full Up to \$105

(No co-pay required for contact lenses. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.)

Laser Vision Surgery

Discounts vary by location, but average 15% off the contracted laser center's usual and customary charges. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5% off the promotional price.

How to Access the Benefits

Contact the doctor nearest you for an appointment and identify yourself as a VSP member. The participating doctor will need the covered member's ID number. The group name is Brokers National Life. The participating doctor will contact VSP to verify your eligibility and plan coverage, and will also obtain authorization for services and materials.