



Special Agents  
Mutual Benefit  
Association

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11301 Old Georgetown Road • Rockville, Maryland 20852-2800 • (301) 984-1440 • (800) 638-6589

December 15, 2003

## The 2004 SAMBA Dental and Vision Care Program

Dear Member:

The cost of dental and vision care has continued to increase during the two years since our last rate increase. In spite of this trend, the good news is that **your SAMBA Dental and Vision Care premium is not increasing**. We have opted instead to make some relatively minor benefit changes to avoid a premium increase. These changes, which become effective January 1, 2004, are briefly described below and in more detail in the enclosed *Dental and Vision Care Program Booklet*. Remember, you may change your dental plan option from the DMO® Dental Plan to the Alternate Dental Plan (or vice-versa) at any time during the year simply by calling a SAMBA representative at 1-(800) 638-6589.

### **The Aetna Dental Maintenance Organization (DMO®) Plan**

The DMO® option is a managed care program offering a network of area dentists. If currently enrolled in the DMO option, you previously selected a dentist from the Aetna DMO network for all of your dental care. The DMO option continues to offer 100% coverage for all preventive care and most other dental services. A few dental procedures, however, can no longer be covered under Aetna's licensed DMO product (crown lengthening, rubber dam isolation, and local or general anesthesia not performed in conjunction with a surgical procedure). There is no annual deductible and no annual maximum on benefits payable.

### **The Alternate Dental Plan**

If enrolled in this fee-for-service plan option, you may choose any licensed dentist for treatment and seek reimbursement for covered dental care expenses. You can reduce your out-of-pocket expenses by using one of the more than 60,000 dentists nationwide who participate in Aetna's Dental PPO program. An annual deductible of \$50 per person (maximum of \$150 per family) will be applied to all non-preventative dental care procedures. Please note that the deductible will not be applied to routine dental exams, x-rays, and teeth cleanings. The annual maximum amount on benefits payable is \$2,000 per person.

### **The Vision Care Benefit**

The Program's Vision Care benefits are included under both the DMO Plan option and Alternate Dental Plan option. Effective January 1, 2004, Cole Managed

December 15, 2003  
Page 2

Vision Care in-network benefits will be eliminated and replaced with Aetna's "Vision One" discount program. Enclosed is an information sheet on the "Vision One" discount program and your "Vision One" membership card. Simply present your "Vision One" membership card at participating Cole Vision locations for immediate savings at time of purchase on vision examinations and eyewear products.

Beginning in 2004, SAMBA will pay all vision care benefits on a fee schedule basis. SAMBA will now pay up to \$30 for a vision examination, \$8 for eye dilation, and \$100 for frames and lenses or contact lenses, per covered person. We also have eliminated the 12-month waiting period between eye examinations and will now pay benefits on a per calendar year basis.

For vision claims incurred on or after January 1, 2004, SAMBA will take over the responsibility of processing your vision care claims. **You should not mail your 2004 vision claims to Cole Vision. All 2004 vision claims must be sent directly to SAMBA for payment.** Regardless of whether you use the new "Vision One" discount program or another eye care provider, you should use the enclosed SAMBA Vision Claim Form to submit your vision care claims to SAMBA. Additional Vision Claim Forms may be downloaded from our web site or you can call SAMBA for an additional supply. Either mail or fax your vision claim form and associated receipts directly to SAMBA.

Sincerely yours,



Walter E. Wilson  
Executive Director

Enclosures