



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

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Your 2007 Dental Coverage Just Got Better!

Now with Orthodontic Coverage and Enhanced PPO Benefits

Dear Member,

You are currently enrolled in SAMBA's Dental & Vision Care Plan. We are pleased to inform you that for the fifth straight year, **there will be no increase in your 2007 premium**. What's more, we have enhanced our Dental and Vision Care Plan benefits beginning next year. Both the DMO and Alternate Plan options will include Orthodontic coverage for Adults and Children. Plus, under the Alternate Plan, increased benefit levels will apply when you visit a dentist participating in the Aetna PPO network.

Both DMO and Alternate Plan Options

Orthodontic Benefits – In 2007, both plan options will include orthodontic benefits, with no deductible, for Adults and Children. The DMO plan option has no lifetime maximum. The Alternate Plan option has a \$1,500 per person/per lifetime maximum. Both options have a 12 month waiting period from the date of your enrollment in the Plan.

Alternate Plan Option – Increased PPO Benefits

In-Network Benefits – In 2007, the Alternate Plan option will include increased benefits when you visit a dentist participating in Aetna's PPO network. In-network benefit levels will be **increased to 100%** for preventative services, such as office visits, teeth cleaning, and X-rays. PPO benefits will be **increased to 75%** for Basic Services, such as amalgam restorations, root canal therapy, and periodontal treatments.

Enclosed is a brief summary of the 2007 SAMBA Dental and Vision Care Plan. More detailed information will be mailed to you. We are certain you will agree that the SAMBA plan remains the best dental and vision care choice for you and your family.

Sincerely,

Walter E. Wilson
Executive Director

Enclosure

SAMBA's 2007 Dental and Vision Care Plan

SAMBA Offers You Freedom of Choice!
 We Have Two Plan Options to Choose From
 Select the Plan Option that is Right for You

Choose the Dental Maintenance Organization (DMO®) plan and you'll generally pay less out of pocket for your dental services. Or choose the Alternate plan option that permits you to visit any licensed dentist for covered services. **You can even switch between plan options – the choice is always yours!**

2007 SAMBA Dental and Vision Care Plan Plan Summary

	DMO Option	Alternate Option	
	Primary Care Dentist	In-Network	Out-of-Network
Coverage Type:	Plan Pays	Plan Pays	Plan Pays
Preventative (A) Exams, X-rays, and teeth cleaning	100%	100%	70%
Intermediate/Basic (B) Fillings, Root Canal, Periodontal Scaling, Tooth Extraction	100%	75%*	60%*
Major (C) Crowns, Dentures, Bridge pontics, Inlay, and Crown Abutments	60%	50%*	50%*
Annual Maximum (per person)	No limit	\$2,000	\$2,000
Orthodontic (D) Adult and Child Coverage	50%	50%	50%
Maximum (per person)	No limit	\$1,500**	\$1,500**
Waiting Period	12 Months	12 Months	12 Months
Vision Care Benefits			
Routine Eye Examination	\$30	\$30	\$30
Eye Dilation	\$8	\$8	\$8
Frames, Lenses or Contacts	\$100	\$100	\$100
Vision One® discount program	Yes	Yes	Yes

* The Alternate Plan Option has a \$50 per person (\$150 per family) Annual Deductible that applies to coverage type B&C services.
 ** The Alternate Plan Option's orthodontic benefit maximum is per lifetime.

Visit SambaPlans.com for complete SAMBA Dental and Vision Care Program details.

The SAMBA Dental and Vision Care Plan is a non-FEDVIP plan.
 This is a summary of plan benefits and not a complete description. The Plan's Summary Plan Description governs.