

**January 2003**



Special Agents  
Mutual Benefit  
Association

ESTABLISHED 1948

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# **Dental and Vision Care Plan**

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## GENERAL INFORMATION

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### Aetna® Dental Maintenance Organization (DMO®) Plan:

For assistance in locating a DMO® Primary Care Dentist, questions regarding the DMO® plan, and for specific information on emergency treatment please call Aetna's toll-free DMO® Member Hotline:

**1 (800) 843-3661**

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### Alternate Dental Plan:

For assistance or questions regarding the Alternate Dental Plan and the Aetna Dental PPO network feature, please call Aetna's toll-free number:

**1 (800) 445-2283**

Send claims to: Aetna Dental™  
PO Box 14094  
Lexington, KY 40512-4094

To locate a participating PPO dentist in your area, please call Aetna's toll-free number:

**1 (800) 678-7361**

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### Vision Care Plan (In-Network and Out-of-Network) Administered By Cole Managed Vision:

For assistance or questions regarding the Vision Care Plan, please call Cole Managed Vision's toll-free number:

**1 (800) 334-7591**

Send Out-of-Network claims to: Cole Vision Service, Inc.  
1925 Enterprise Parkway  
Twinsburg, OH 44087  
Attn: Vision Care Department

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### SAMBA (Dental and Vision):

For enrollment information, changing from one dental plan to another, claim forms, or general information call SAMBA's toll-free number:

**1 (800) 638-6589 (press 2) or  
(301) 984-1440 (press 2)**

Or visit our web site: [www.SambaPlans.com](http://www.SambaPlans.com)

Send Enrollment Forms to: SAMBA  
11301 Old Georgetown Rd.  
Rockville, MD 20852-2800

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## YOU SHOULD KNOW . . .

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The Special Agents Mutual Benefit Association (SAMBA) Dental and Vision Care Plan is designed to help pay the cost of dental and eye care for you and your eligible family members. This booklet describes the benefits, exclusions, limitations, and maximums of the Dental and Vision Care Plan as of January 1, 2003.

If not enrolled in the SAMBA Health Benefit Plan you may still enroll in the Dental and Vision Care Plan as an associate member. An associate membership fee will be charged per pay period for active members and quarterly for retirees.

**There are two dental plans to choose from:**

- **Aetna Dental Maintenance Organization (DMO®) Plan**
- **Alternate Dental Plan.**

- Where DMO® is available you may choose the DMO® Plan (each family member may select their own DMO® Primary Care Dentist). A listing of covered services under this Plan appears on [pages 5 - 8](#).

**OR**

- You may choose the Alternate Dental Plan, which is a fee-for-service dental plan. A listing of covered services under this Plan appears on [pages 9 - 13](#).

**NOTE:** You cannot be covered by both plans at the same time. If DMO® is not available in your area of the country, you are only eligible to enroll in the Alternate Dental Plan. You may contact the DMO® Member Hotline periodically to obtain the current status of the DMO® Plan in your area.

**The Vision Care Plan** provides benefits (for those enrolled in either dental plan) for covered eye examinations, eyeglass lenses or contact lenses, and eyeglass frames, up to scheduled limits.

The two dental plans, as well as the vision care benefits, are described in more detail in this booklet. The description has been divided into four parts:

- **Part I** contains rules for eligibility, enrollment and changing plans, cost, and coordinating benefits with other plans.
- **Part II** describes in detail the DMO® Plan and the Alternate Dental Plan.
- **Part III** describes the Vision Care benefits under this Plan.
- **Part IV** explains termination of coverage and temporary continuation of coverage.

**Note:** Certain DMO benefits and limitations described in your SAMBA “Dental and Vision Care” booklet may vary for different service areas. All benefits and limitations are subject to the Group contract. A DMO® booklet-certificate is available upon request.

The benefits and provisions described in this document may vary based upon your specific service area.

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## PART I

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### Who May Enroll in this Plan

Active employees of the Federal Bureau of Investigation (FBI), the Drug Enforcement Administration (DEA), the Bureau of Alcohol, Tobacco, and Firearms (BATF), the Naval Investigative Service (NIS), the United States Marshals Service (USMS), the Department of Justice Office of the Inspector General (IG), the Criminal Investigation Division and the National Treasury Inspector General for Tax Administration (IRS), Civilian Employees of the Office of Special Investigations of the Department of the Air Force (OSI), the Executive Office of the United States Attorneys (EOUSA), the Office, Boards and Divisions of the Department of Justice (OBD), the United States Customs Service (USCS), the Financial Crimes Enforcement Network (FinCEN), all presidentially-appointed offices of the Inspectors General (IGs), the United States Coast Guard's Investigative Service (CGIS), the Transportation Security Administration (TSA), the Odometer Fraud Unit of the National Highway Traffic Safety Administration (NHTSA), and employees of a SAMBA eligible employing agency as authorized by the SAMBA Board of Directors.

The only annuitants who may enroll in this Plan are persons who retired from the DEA on or after January 9, 1983, who retired from the BATF or the NIS on or after January 5, 1986, who retired from the USMS or the IG on or after January 14, 1990, who retired from the National Treasury IG on or after January 12, 1992, who retired from the OSI on or after January 10, 1993, who retired from the EOUSA or the OBD on or after January 8, 1995, who retired from the USCS or the FinCEN on or after January 4, 1998, who retired from the presidentially-appointed offices of the IG on or after January 14, 2001, who will retire from the CGIS, TSA and NHTSA on or after January 12, 2003, and all retired employees of the FBI.

### Eligibility

The SAMBA Dental and Vision Care Plan is an employee organization benefit plan which is available exclusively to active employees and retirees of the above agencies.

Eligible dependents (your dependents are eligible only if you are enrolled in this Plan) consist of the member's spouse and unmarried, dependent children under age 22 (or any age when considered an eligible dependent under a Federal Employees Health Benefits (FEHB) plan, including legally adopted and recognized natural children who are dependent upon the member. Unmarried, dependent stepchildren and foster children under age 22 are also eligible family members if they live with the member in a regular parent-child relationship.

Children are no longer eligible upon marriage or attainment of age 22. Dependent children age 22 through 26, however, if enrolled in SAMBA's Dependent Children Health Benefit Plan, are eligible for coverage. A member's spouse loses eligibility upon divorce or annulment of marriage. The member must notify SAMBA in writing upon divorce or annulment.

### Enrollment and Changing Plans

You may enroll in the SAMBA Dental and Vision Care Plan at any time. Active employees will receive a Request for Enrollment and a SAMBA Allotment Form 299 to authorize a payroll allotment. Retired employees will receive a Request for Enrollment and will be billed quarterly. (Follow the instructions on these forms.)

If you enroll in the DMO® Plan and you relocate, you must notify Aetna to change your DMO® Primary Care Dentist. Notify the SAMBA office in writing to request a change to the Alternate Dental Plan.

If the DMO® Plan and the Alternate Dental Plan are both available in your area, you may also request to change from one plan to the other. If you enroll your eligible dependents, they must be covered by the same dental plan for which you are enrolled. Any request you make to change to the other plan will also apply to your eligible dependents.

**Active** members requesting a change from one plan to another plan must submit their request in writing to the SAMBA office. Active members must follow the pay period schedule and should allow two pay periods after your request is received by SAMBA for the request to become effective when changing from the Alternate Plan to the DMO® Plan and one pay period after your request is received by SAMBA if they are changing from the DMO® Plan to the Alternate Dental Plan.

A confirmation letter is sent by SAMBA to all members acknowledging their request to change plans and also advise them of the effective date for starting the new plan.

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## PART I (continued)

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**Retired** members, once they have enrolled, may change from one dental plan to the other at the beginning of any month provided a written request to change their plan is received in the SAMBA office by the 15th day of the previous month.

A confirmation letter is sent by SAMBA to all members acknowledging their request to change plans and also advise them of the effective date for starting the new plan.

**Note:** Changes from one plan to another plan cannot be accepted telephonically by SAMBA or by Aetna.

If your enrollment is cancelled in the Plan for any reason, you may not enroll again for two years from the date the cancellation was effective.

### When Coverage Begins

You will receive a confirmation letter, **advising you of your effective date** in the Dental and Vision Care Plan and additional material will be sent after the application is processed. **Visits prior to your effective date will not be covered.**

If you are an active member enrolling in the Alternate Dental Plan, coverage will become effective the first pay period after your enrollment form is received in the SAMBA office. If you are enrolling in the DMO® Plan, coverage will become effective the second pay period after your enrollment form is received in the SAMBA office.

If you are a retired member enrolling in the Alternate or DMO® Plan your enrollment form must be received in the SAMBA office by the 15th day of the month for coverage to become effective the 1st day of the coming month. Enrollment forms received after the 15th day will be effective the 1st day of the subsequent month.

### Change in Family Status

If you have Self Only coverage and acquire one or more new eligible dependents, you may change to a Self Plus One or Self Plus Family enrollment.

If you have Self Plus One coverage and acquire additional eligible dependents, you must change to a Self Plus Family enrollment.

If you change your enrollment status as described above, active members will have to execute an enrollment form and a SAMBA Allotment Form 299. For retired members it is only necessary to execute the enrollment form.

If you have Self Plus Family coverage, a new eligible dependent of your family (such as a newborn child) is automatically covered. You need not change your payroll allotment. However, if you are enrolled in the DMO®, you should call the DMO® Member Hotline to request an I.D. card for your new eligible dependent.

A dentist from the DMO® Directory of Participating Dentists must be selected for each eligible dependent if you are enrolled in the DMO® Plan.

### Coordination of Benefits

The purpose of a group health care program is to help you pay for covered expenses, but not to result in total benefits greater than the covered expenses incurred. Therefore, the Dental or Vision Care benefits that, without these rules, would be payable for you or your covered dependents' healthcare expenses may be reduced so that the total benefits from this and any other Dental or Vision Care plans will not be more than the total Allowable Expenses. For the coverage described in this booklet, Allowable Expenses are the reasonable and customary charges for a service or supply that are covered, at least in part, by one or more Dental or Vision Care plans covering the patient receiving the treatment. When a plan provides benefits in the form of services, the cash value for each service rendered will be considered both an allowable expenses and a benefit paid.

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## PART I (continued)

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The following rules are used to determine which plan is primary (the plan that determines benefits first) and which is secondary:

**Employee or Spouse:**

The plan that covers the patient as an employee is primary.

**Dependent Children:**

(a) Parents not separated or divorced – If a child is covered as a dependent under both parent's coverage, the plan of the parent whose birthday falls earlier in the year is considered primary.

(b) Parents are separated or divorced – If two or more programs cover a dependent child of divorced or separated parents, benefits are determined in this order:

**First:** the plan of the parent with custody of the child

**Second:** the plan of the spouse, if applicable, of the parent with custody of the child

**Third:** the plan of the parent not having custody of the child

(c) One of the plans does not have a Coordination of Benefits provision – Whenever a plan does not have a Coordination of Benefits provision, that plan is always considered primary when coordinating with a plan that does have a Coordination of Benefits provision.

**Note:** DMO coverage plans in New Jersey and Texas do not have a Coordination of Benefits provision. Therefore, DMO coverage is always primary in New Jersey and Texas.

(d) If none of the above rules determine the order of benefits, the plan that covered the person the longest is considered primary.

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## PART II

### DENTAL CARE BENEFITS

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#### **Aetna's Dental Maintenance Organization (DMO®) Plan:**

Aetna DMO® covers many of the charges incurred for the preventive and corrective dental care you and your eligible dependents receive. The services covered and the percentage of eligible charges the DMO® Plan covers are shown on the [List of Dental Services \(see page 6\)](#). The list is divided into “Basic Services” and “Specialty Services.” Aetna has arranged for Primary Care Dentist and Specialty Dentists (see [Definitions pages 15 - 17](#)) to furnish the services under this Plan. When you enroll your Primary Care Dentist must be chosen from the DMO® Directory of Participating Dentists. Your choice of a Primary Care Dentist may be changed effective on the first day of any month by calling Aetna's toll-free DMO® Member Hotline at 1-800-843-3661 (three weeks advance notice must be given). **Except for emergency care, services must be furnished or prescribed by your DMO® Primary Care Dentist.** For certain dental care your Primary Care Dentist will prescribe care by a participating Specialty Dentist.

#### **Eligible Charges**

A charge is an eligible charge if all of these conditions are met:

- Services are performed by your participating DMO® Dentist.
- It is made for a dental service furnished to you or your eligible dependent.
- The dental service is described in the [“List of Dental Services — the DMO® Plan.”](#)
- The person is a covered person when the charge is incurred. A charge is considered incurred on the date the service is furnished.
- It is not excluded by the section [“Charges Not Covered Under the Dental Plans” \(see pages 14 -15\)](#).
- If, while enrolled in the DMO plan, you incur dental charges with a non-participating dentist for other than emergency dental care, a limited benefit may apply depending on the state in which you live. For specific information about non-participating benefits and whether they apply to you, call the toll-free DMO Member Hotline at 1 (800) 843-3661.

#### **Extension of Benefits**

The protection of a person receiving treatment under the DMO® Plan will be extended for certain charges incurred in the 30 days after the date the person ceases to be a covered person. These are charges to complete a dental service begun while the person was covered. They include but are not limited to:

- (a) an appliance, or modification of an appliance, for which an impression was taken while the person was covered;
- (b) a crown, bridge, or gold restoration for which the tooth was prepared while the person was covered.

If you are totally disabled when your DMO coverage ceases, benefits will be available while you continue to be totally disabled for up to 12 months. The benefits will be available only if expenses are for covered services and supplies, which have been rendered and received, including those delivered and installed, prior to the end of that 12-month period. Dental benefits will cease when the person becomes covered under any group plan with like benefits.

“Totally disabled” means that due to injury or disease:

- (a) You are not able to engage in your customary occupation and are not working for pay or profit.
- (b) Your dependent is not able to engage in most of the normal activities of a person of like age and gender in good health.

#### **Emergency Dental Care under DMO® Plan**

DMO® participating dentists will arrange for treatment for your dental emergencies at the DMO® level of benefits. But, if the emergency occurs more than 50 miles from home, you have limited coverage for certain treatment by a non-participating dentist.\* The services must be needed to relieve pain or prevent the worsening of a condition that would be caused by delay of treatment. Due to state variations, out-of-area emergency care reimbursement may vary. Covered persons should contact the DMO® toll-free hotline and speak with a Member Service Representative for specific information on emergency treatment.

\* Subject to state requirements. Out-of-area emergency dental care may be reviewed by Aetna.



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## List of Dental Services — the DMO® Plan

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### BASIC SERVICES PART A

The Plan covers 100% of the eligible charges for these services.

#### Visits and Exams

- Office visit for oral examination (limited to four visits per year)
- Emergency palliative treatment
- Prophylaxis, treatment to include scaling and polishing (limited to six treatments per year)
- Topical application of fluoride (limited to one course of treatment per year and to children under age 18)
- Study models
- Oral hygiene instruction
- Sealants (limited to once per tooth every three years, permanent molars only)

#### X-Rays

- Bitewing X-rays (limited to twice per year)
- Entire series (limited to once every three years)
- Periapical X-rays
- Intra-oral, occlusal view, maxillary or mandibular
- Extra-oral upper or lower jaw

#### Endodontics

- Pulpotomy
- Pulp vitality test
- Pulp capping
- Remineralization
- Rubber dam isolation
- Root canal therapy, including necessary X-rays and cultures but excluding complex molar cases approved as Specialty Services

#### Restorations and Repairs

- Amalgam restoration
- Composite restoration (other than for molars)
- Retention pins
- Stainless steel crowns
- Acrylic prefabricated crowns (excluding temporary crowns)
- Recementing inlays, crowns, bridges, space maintainers
- Tissue conditioning for dentures

#### Periodontics

- Emergency treatment (abscess, acute periodontitis, etc.)
- Scaling and root planing (limited to 4 separate quadrants per year)
- Subgingival curettage (limited to 4 separate quadrants per year)

#### Oral Surgery

- Includes local anesthetics and routine post-operative care.
- Extractions, uncomplicated
- Surgical removal of erupted tooth
- Incision and drainage of abscess
- Surgical removal of impacted tooth (soft tissue)
- Excision of hyperplastic tissue
- Excision of pericoronal gingiva
- Crown exposure to aid eruption
- Removal of foreign body from soft tissue
- Suture of soft tissue injury

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## List of Dental Services — the DMO® Plan (*continued*)

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### BASIC SERVICES PART B (Copayment required)

The Plan covers 60% of the eligible charges for these services.

#### Restorations

- Gold inlays
- Gold onlays
- Porcelain inlays
- Crowns (including build-ups when necessary)
- Posts
- Pontics
- Dentures and Partials—includes adjustments within six months after installation.
- Stress Breakers
- Stay plates
- Crown and bridge repairs
- Adding teeth to an existing partial denture
- Full and partial denture repairs
- Relining/rebasing dentures
- Habit appliances (bruxism, etc.)

#### Space Maintainers

- Includes all adjustments within six months after installation.
- Fixed, band type
- Removable acrylic with round wire clasp
- Removable appliance to correct habits
- Fixed or cemented appliance to correct habits

### SPECIALTY SERVICES PART A

The Plan covers 100% of the eligible charges for these services.

#### Endodontics

- Local anesthetics where necessary.
- Complex molar root canal therapy
- Apicoectomy
- Retrograde filling
- Apexification
- Root amputation
- Hemisection

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## List of Dental Services — the DMO® Plan (*continued*)

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### SPECIALTY SERVICES PART A (*continued*)

#### Oral Surgery

Local anesthetics where necessary and post-operative care.  
Frenectomy  
Sialolithotomy; removal of salivary calculus  
Alveolectomy in conjunction with extractions - per quadrant  
Alveolectomy not in conjunction with extractions - per quadrant  
Surgical removal of bony impacted teeth  
Removal of residual root  
Removal of odontogenic cyst  
Closure of oral fistula  
Removal of foreign body from bone  
Sequestrectomy  
Transplantation of tooth or tooth bud  
Closure of salivary fistula

#### Periodontics

Gingivectomy or gingivoplasty - per quadrant  
Gingivectomy or gingivoplasty - per tooth  
Gingival flap procedure - per quadrant  
Osseous surgery including flap entry and closure  
Occlusal adjustment (other than with an appliance or by restoration)  
Free soft tissue graft

### SPECIALTY SERVICES PART B (Copayment required)

**The Plan covers 50% of the eligible charges for intravenous sedation and general anesthesia.**

#### Exclusions

The services listed below are not covered under the DMO plan. However, SAMBA has provided DMO members with benefits for these services under the Alternate Dental Plan, subject to its level of benefits and plan provisions.

- Periodontal Maintenance (limited to 4 treatments every year)
- Crown lengthening
- Guided tissue regeneration
- Chemotherapy agent
- Local anesthesia, not in conjunction with a surgical procedure
- Analgesia (includes nitrous oxide)
- General anesthesia and intravenous sedation charges - These charges are eligible for DMO benefits with certain oral surgery procedures. If a dental service is provided for which general anesthesia or intravenous sedation is not generally eligible for DMO benefits, the general anesthesia charges will be eligible under the Alternate Dental Plan, subject to its level of benefits and plan provisions. Predetermination of benefits is recommended.

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## THE ALTERNATE DENTAL PLAN FEATURING THE DENTAL PPO

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The Alternate Dental Plan pays 70% of covered charges for “Preventive Services,” 60% for “Basic Services,” and 50% for “Major Services” included in, but not limited to, the “List of Dental Services—The Alternate Dental Plan” (see pages 10 - 13).

Under the Alternate Dental Plan you have your choice of dentists including providers participating in the Aetna Dental PPO Network. The Dental PPO is a network of licensed dentists who have agreed to provide dental care to covered individuals at discounted fees. For more information regarding the Dental PPO feature call 1 (800) 445-2283.

### Eligible Charges

An “eligible charge” is a charge made by the dentist for treatment furnished to you or your eligible family members, provided the service:

- Is in the “List of Dental services—The Alternate Dental Plan.”
- Is part of a “Treatment Plan,” which is described below.
- Is not excluded by the section “Charges Not Covered Under the Dental Plans” on pages 14 - 15.

### Annual Maximum

You and your eligible family members are each covered for up to \$3,000 of payable benefits per calendar year.

A charge will be considered to be incurred:

- For an appliance or modification of an appliance—on the date the impression is taken.
- For a crown, bridge or gold restoration—on the date the tooth is prepared.
- For root canal therapy—on the date the pulp chamber is opened.
- For all other services—on the date the service is received.

### Predetermination of Benefits (“Treatment Plan”)

You and your eligible family members may have benefits under the Alternate Dental Plan predetermined. “Predetermination of Benefits” is a system that allows a person and that person’s dentist to know, in advance, what estimated benefits would be payable under this coverage for a proposed course of treatment (“Treatment Plan”).

Under Predetermination of Benefits, the dentist completes an Aetna claim form and sends it to Aetna before any dental services are performed. The form will be reviewed by Aetna and returned to the dentist showing estimated benefits.

Aetna may request supporting preoperative X-rays or other diagnostic records in connection with predetermination of benefits.

In computing the estimated benefits, Aetna may consider alternate dental services that are suitable for care of a specific condition. This will be done only if those alternate services would produce a professionally acceptable result as determined by Aetna.

Predetermination of Benefits is recommended if a proposed Treatment Plan is expected to involve charges of \$300 or more.

### Extension of Benefits

The protection of a person receiving treatment under the Alternate Dental Plan will be extended for charges incurred in the 30 days after the date the person ceases to be a covered person, for Basic Services in the List of Dental Services, provided benefits would have been paid had the insurance remained in effect.

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## List of Dental Services—The Alternate Dental Plan

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### PREVENTIVE SERVICES

The Plan covers 70% of the eligible charges for these services.

#### Visits, Exams, X-Rays and Pathology

- Periodic exam (limited to two per year)
- Comprehensive oral exam (limited to two per year)
- Full mouth x-ray (limited to once every three years)
- Bitewings<sup>3</sup> - (limited to twice every year)
- Panoramic x-ray (considered an entire denture series)
- Adult prophylaxis - age fourteen and over (limited to two treatments every year)
- Child prophylaxis - to age fourteen (limited to two treatments every year)
- Topical application of fluoride (limited to one course of treatment per year and to children under age 18)
- Periodontal maintenance (limited to four treatments every year)

### BASIC SERVICES

The Plan covers 60% of the eligible charges for these services.

#### Visits, Exams, X-Rays and Pathology

- Intra-oral x-ray
- Occlusal x-ray
- Extra-oral x-ray - single film
- Extra-oral x-ray - each additional film
- Facial x-ray
- Diagnostic casts
- Microscopic exam
- Palliative (emergency) treatment of dental pain, minor procedures
- Consultation by a specialist
- House call
- Office visit, during regularly scheduled office hours (no operative services performed)
- Office visit, after regularly scheduled office hours

#### Space Maintainers

- (Includes all adjustments within six months after installation)
- Fixed - unilateral type
- Fixed - bilateral type
- Removable - unilateral type
- Removable - bilateral type
- Recementation of space maintainer
- Appliance for minor treatment to control harmful habits (fixed or removable)

#### Amalgam Restorations

*Excludes inlays, crowns (other than stainless steel) and bridges. Multiple restorations in one surface will be considered as a single restoration.*

- Amalgam one or more surfaces, deciduous
- Amalgam one or more surfaces, permanent
- Pin retention - (per tooth)

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## List of Dental Services—The Alternate Dental Plan (*continued*)

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### BASIC SERVICES (*continued*)

#### Synthetic Restorations

*Excludes inlays, crowns (other than stainless steel) and bridges. Multiple restorations in one surface will be considered as a single restoration.*

Silicate cement (per restoration)  
Composite resin one - three surfaces  
Pin retention - per tooth  
Composite resin involving incisal angle

#### Crown Restorations

Stainless steel (When teeth cannot be restored with a filling material)  
Recement inlays  
Recement crowns  
Fillings (sedative)

#### Endodontics

Root Canal Therapy (Devitalized teeth only, including x-rays and cultures but excluding final restoration)

- Single rooted
- Bi-rooted
- Tri-rooted

Apicoectomy  
Pulp cap - direct (excluding final restoration)  
Pulp cap - indirect (excluding final restoration)  
Retrograde filling  
Rubber dam isolation

#### Periodontics

Subgingival curettage or root planing and scaling, per quadrant (not prophylaxis), limited to four quadrants per year  
Gingivectomy (including post-surgical visits) per quadrant  
Gingivectomy (treatment per tooth - fewer than five teeth)  
Osseous surgery (including post-surgical visits)  
Occlusal adjustment (limited) - related to periodontal surgery  
Occlusal adjustment (complete) - related to periodontal surgery.  
Special period device - related to bruxism  
Crown lengthening  
Guided tissue regeneration  
Chemotherapy agent

#### Repairs to dentures

Repair broken complete or partial denture  
Adding tooth to partial denture to replace extracted tooth  
Replace additional teeth

#### Other Prosthetic Services

Recement bridge

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## List of Dental Services—The Alternate Dental Plan (*continued*)

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### BASIC SERVICES (*continued*)

#### Oral Surgery

- Simple extractions
- Surgical removal of erupted teeth
- Removal of impacted teeth
- Alveolectomy (edentulous) per quadrant
- Alveolectomy (in addition to removal of teeth) per quadrant
- Alveoplasty with ridge extension, per arch
- Removal of exostosis
- Excision of hyperplastic tissue, per arch
- Insision and drainage of abscesses
- Removal of odontogenic cyst or tumor
- Sialolithotomy: removal of salivary calculus
- Tooth transplantation
- Frenectomy

#### Anesthetics

- General anesthesia and intravenous sedation, only when provided in conjunction with a surgical procedure.
- Local anesthesia not in conjunction with a surgical procedure
- Analgesia (includes nitrous oxide)

### MAJOR SERVICES

**The Plan covers 50% of the eligible charges for these services.**

#### Inlay Restorations

- Inlay - one surface
- Inlay - two surfaces
- Inlay - three surfaces
- Onlay per tooth

#### Crown Restorations

- Plastic (acrylic)
- Plastic with gold
- Plastic with nonprecious metal
- Plastic with semi-precious metal
- Porcelain
- Porcelain with gold
- Porcelain with nonprecious metal
- Porcelain with semi-precious metal
- Gold (full cast)
- Nonprecious metal (full cast)
- Semi-precious metal (full cast)
- Gold (3/4 cast)
- Cast post and core in addition to crown
- Steel post and composite or amalgam in addition to crown
- Crown buildups - including pins
- Labial veneer

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## List of Dental Services—The Alternate Dental Plan (*continued*)

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### MAJOR SERVICES (*continued*)

#### Complete Dentures

(Allowance includes six months post delivery care - specialized techniques are not covered.)

Complete upper denture  
Complete lower denture  
Immediate upper denture  
Immediate lower denture

#### Partial Dentures

(Allowance includes up to and including ten units, teeth or clasps, and six months post delivery care)

Upper or lower - with bar and two clasps, acrylic or cast base  
Removable unilateral partial denture - one piece casting, gold or chrome, clasp attachments, per unit including pontics  
Each additional clasp with rest  
Each additional tooth  
Denture adjustment

#### Denture Rebasing and Relining

Rebasing of upper or lower denture, partial or complete  
Relining denture (office reline)  
Laboratory reline denture

#### Other Prosthetic Services

Stress breaker  
Denture - (partial) - (stayplate)  
Tissue conditioning

#### Bridge Pontics

Cast gold  
Cast nonprecious metal  
Cast semi-precious metal  
Porcelain fused to gold  
Porcelain fused to nonprecious metal  
Porcelain fused to semi-precious metal  
Plastic processed to gold  
Plastic processed to nonprecious metal  
Plastic processed to semi-precious metal

#### Abutment Inlays

Inlay - two surfaces  
Inlay - three or more surfaces  
Cast metal retainer

#### Abutment Crowns

Plastic processed to gold  
Plastic processed to nonprecious metal  
Plastic processed to semi-precious metal  
Porcelain fused to gold  
Porcelain fused to nonprecious metal  
Porcelain fused to semi-precious metal  
Gold (3/4 cast)  
Gold (full cast)  
Nonprecious metal (full cast)  
Semi-precious metal (full cast)



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## General Dental Plan Provisions

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### Substitute Procedures Under the Dental Plans

Many dental conditions can properly be treated in more than one way. The DMO® Plan and the Alternate Dental Plan are designed to help pay dental expenses, but not on the basis of treatment that is more expensive than necessary for good dental care. Thus, if a condition is being treated for which two or more services included in the applicable List of Dental Services are suitable under customary dental practices, the benefit payment will be based on the listed services that, according to a determination made by the DMO® or Aetna for the Alternate Dental Plan, would produce a professionally satisfactory result.

If a dental service is performed that is not on the list, but the list contains one or more other services that under customary dental practices are suitable for the condition being treated, then for the purpose of the Plan the listed service that Aetna determines would produce a professionally satisfactory result will be considered to have been performed.

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### Charges Not Covered Under the Dental Plans

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**The DMO® Dental Plan and the Alternate Dental Plan do not cover charges for the following:**

- Services which are not necessary or not customarily performed for dental care.
- Anything not furnished by a dentist, except X-rays ordered by a dentist and services by a licensed dental hygienist under the dentist's supervision.
- An appliance, or modification of an appliance, or service where an impression was made before the patient was covered; a crown, bridge or restoration for which the tooth was prepared before the patient was covered or root canal therapy if the pulp chamber was opened before the patient was covered.
- Services for the treatment of problems of the jaw joint, including (a) temporomandibular joint syndrome; (b) craniomandibular disorders; or (c) other conditions of the joint linking the jaw bone and skull, and of the complex of muscles, nerves and other tissues related to that joint.
- Dental implant services (*i.e.*, surgical placement of implant body, endosteal implant, etc.).
- A restoration or crown, unless (a) it is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or (b) the tooth is an abutment to a covered partial denture or fixed bridge.
- A crown, restoration, denture or fixed bridge (or addition of teeth to one) if the work involves a replacement or modification of a crown, restoration, denture or bridge installed less than five years before.
- A denture, removable or fixed bridge involving replacement of teeth missing before the individual was covered, unless it also replaces a tooth that is extracted while covered and such tooth was not an abutment for a denture, removable bridge or fixed bridge installed during the preceding five years.
- Under the DMO® Plan, a charge for a service to the extent that a benefit for that charge is provided under any other program paid for in full or in part, directly or indirectly, by the Employer. This includes insured and uninsured programs. If a program provides benefits in the form of services, the cash value of each service rendered is considered the benefit provided for that charge.
- Under the Alternate Plan, a charge limit applies if a benefit for a charge for a dental service would be provided under both of the following:
  - (1) this coverage; and
  - (2) any other program which is paid for in full or in part, directly or indirectly, by the Employer. This includes both insured and uninsured programs. When a program provides benefits in the form of services, the cash value of each service rendered is considered both a charge incurred and the benefit provided for that charge.In that case, the charge for the dental service will be eligible only to the extent needed to pay a benefit equal to the amount, if any by which (a) exceeds (b):
  - (a) the benefit that would be payable for that charge under this coverage if this limit did not apply.
  - (b) the total benefits for that charge under all other programs described above.
- Orthodontics.
- Services for cosmetic purposes except to the extent needed to repair an injury. Facings on molar crowns and pontics are always considered cosmetic.

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## Charges Not Covered Under the Dental Plans *(continued)*

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- Replacement of lost, missing or stolen appliances or replacement of appliances that have been damaged due to abuse, misuse or neglect.
- Appliances, restorations, and procedures to alter vertical dimensions or restore occlusion, or for the purpose of splinting or correcting attrition or abrasion.
- Services due to (a) injury arising out of, or in the course of, any employment for wage or profit, or (b) disease covered, with respect to such employment, by any workers' compensation law, occupational disease law, or similar legislation.
- Broken appointments.
- Completion of claim forms or filing of claims.
- Oral hygiene instruction under the Alternate Dental Plan.
- Charges for or in connection with services, procedures, drugs, or other supplies that are determined by Aetna to be experimental or still under investigation by health professionals.
- Space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
- Sealants under the Alternate Dental Plan.
- Any portion of a charge for a service in excess of the usual and prevailing charge (the charge usually made by the provider when there is no insurance, not to exceed the prevailing charge in the area for dental care of a comparable nature, by a person of similar training and experience).

*Plan exclusions will not apply to the extent that coverage of the charges is required under any law that applies to the coverage*

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## Definitions Under the Dental Plans

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<b>Abutment</b>	Tooth or root that retains or supports a bridge or a fixed or removable prosthesis.
<b>Anesthesia</b>	Local—The condition produced by the administration of specific agents to achieve the loss of conscious pain response in a specific location or area of the body. General—The condition produced by the administration of specific agents to render the patient completely unconscious and completely without conscious pain response.
<b>Anesthetic</b>	A drug that produces loss of feeling or sensation either generally or locally.
<b>Appliance</b>	A device used to provide function or therapeutic (healing) effect. Fixed—One that is cemented to the teeth or attached by adhesive materials. Prosthetic—Used to provide replacement for a missing tooth.
<b>Bitewing</b>	Dental x-ray showing approximately the coronal (crown) halves of the upper and lower teeth.
<b>Bridgework</b>	Fixed—Artificial teeth (pontics) retained with crowns or inlays cemented to the natural teeth, which are used as abutments. Removable—A partial denture retained by attachments which permit removal of the denture. Normally held by clasps.
<b>Crown</b>	The portion of a tooth covered by enamel.
<b>Dental Hygienist</b>	A person who has been trained and licensed by the state to perform dental cleanings under the direction of a licensed dentist to remove calcareous deposits and stains from the surfaces of the teeth, and in providing additional services and information on the prevention of oral disease.

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## Definitions Under the Dental Plans (*continued*)

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<b>Dentist</b>	A person who is either of these: (a) A licensed dentist acting within the scope of the license. (b) Any other doctor furnishing dental services that the doctor is licensed to perform.
<b>Denture</b>	A device replacing missing teeth (complete or partial).
<b>Doctor</b>	A licensed practitioner of the healing arts acting within the scope of the license.
<b>Emergency Care</b>	( <a href="#">Under the DMO® Plan</a> ) Dental services for palliative treatment furnished to a covered person by a dentist (other than your <a href="#">Primary Care Dentist</a> or a <a href="#">Specialty Dentist</a> ) more than 50 miles from the covered person's home address. *The services must be needed to relieve pain or to prevent worsening of a condition that would be caused by delay.
<b>Fluoride</b>	A solution of fluorine which is applied topically to the teeth for the purpose of preventing dental decay.
<b>Impression</b>	A negative reproduction of a given area. Example: in bridgework, an impression of a tooth (abutment) which has been prepared for an inlay or crown.
<b>Inlay</b>	A restoration made to fit a prepared tooth cavity and then cemented into place.
<b>Onlay</b>	An occlusal rest or restoration that is extended to cover the entire surface of the tooth.
<b>Partial Denture</b>	A prosthesis that replaces one or more, but less than, all of the natural teeth and associated structures and that is supported by the teeth and/or the gums; may be removable or fixed, one side or two sides.
<b>Periapical</b>	Enclosing or surrounding the tissues and bony sockets of the teeth.
<b>Primary Care Dentists</b>	( <a href="#">Under the DMO® Plan</a> ) A dentist who has agreed with Aetna to participate in the DMO® Network and to furnish dental services to covered persons. Also, a substitute dentist arranged for by a Primary Care Dentist. A Primary Care Dentist will furnish Basic Services and some Specialty Services shown in the List of Dental Services which applies to the DMO® Plan.
<b>Pontic</b>	The part of a fixed bridge which replaces a missing tooth or teeth.
<b>Prophylaxis</b>	The removal of tartar and stains from the teeth. The cleaning of the teeth by a dentist or dental hygienist.
<b>Prosthesis</b>	An artificial replacement of one or more natural teeth and/or associated structures.
<b>Restoration</b>	A broad term applied to any inlay, crown, bridge, partial denture, or complete denture that restores or replaces loss of tooth structure, teeth or oral tissue. The term applies to the end result of repairing and restoring or reforming the shape, form and function of part or all of a tooth or teeth.
<b>Reasonable &amp; Customary</b>	A charge for a service to the extent that it is above the prevailing charge in the area for dental care of a comparable nature. A charge is above the prevailing charge to the extent that it is above the range of charges generally made in the area for dental care of comparable nature. The area and that range are as determined by Aetna.

\* Subject to state requirements. Out-of-area emergency dental care may be reviewed by Aetna's dental consultants to verify appropriateness of treatment.

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## Definitions Under the Dental Plans *(continued)*

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<b>Root Canal Therapy</b>	(Endodontic Therapy) Treatment of a tooth having a damaged pulp. Usually performed by completely removing the pulp, sterilizing the pulp chamber and root canals, and filling these spaces with sealing material.
<b>Specialty Dentist</b>	( <a href="#">Under the DMO® Plan</a> ) A dentist with a special practice who has agreed to furnish to covered persons some of the dental services which are Specialty Services in the List of Dental Services which applies to the DMO® Plan, when prescribed by a Primary Care Dentist.
<b>Scale</b>	To remove calculus (tarter) and stains from teeth with special instruments.
<b>Topical</b>	Painting the surface of teeth as in fluoride treatment or application of a cream-like anesthetic formula to the surface of the gum.

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## When You Have a Claim

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Claims should be filed promptly. Use a claim form and follow the instructions on the form. Claims should be made within 90 days after obtaining the service or as soon thereafter as reasonably possible. Failure to file on a timely basis may invalidate your claim because the Plan will not pay benefits for claims submitted more than two years from the date the expense is incurred (except where the enrollee is legally incapable).

Under the [DMO® Plan](#), you will not have to submit a claim form. **In the event of an emergency**, please call the toll-free DMO® Member Hotline (1-800-843-3661) to obtain instructions for filing your claim.

Under the [Alternate Dental Plan](#), the claim procedure is so designed that if the estimated charge is more than \$300, you and the dentist will clearly understand what the Plan covers and what the estimated benefits are, before the dental work is started. Another aspect of the procedure is that you may authorize direct payment to the dentist.

1. Before you or a covered dependent goes to the dentist, obtain a claim form. Complete the section "To be completed by Insured" and take the form to the dentist on the first visit. (If emergency treatment is required and you cannot get a claim form in advance, obtain the form and give it to the dentist as soon as you can.)
2. If the estimated fee is more than \$300:
  - a. Your dentist will determine what treatment should be given and will show that on the claim form. The dentist will send the form to Aetna.
  - b. Aetna will return the form to the dentist showing a predetermination of the benefit and your portion of the fee. In addition, you will receive a notification from Aetna.
  - c. At this point you will have the opportunity to review the predetermination of benefits with the dentist and to decide whether any changes should be made in the treatment plan.
  - d. Your dentist will proceed with the agreed-upon treatment and will submit the claim to Aetna when the work is completed.
3. If the estimated fee is \$300 or less or is for emergency treatment:
  - a. The dentist will proceed with the treatment without first sending the form to Aetna.
  - b. When the work is completed, the dentist will send the form to Aetna.

To obtain a Dental Claim Form for the Alternate Dental Plan call SAMBA toll-free at:

**1 (800) 638-6589 (press 2)**  
or  
**(301) 984-1440 (press 2)**

Send Alternate Plan Dental Claims to:

Aetna Dental <sup>™</sup>  
Group Dental Claim Division  
P.O. Box 14094  
Lexington, KY 40512-4094

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## PART III VISION CARE BENEFITS

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Today, regularly scheduled vision care appointments are more important to you and your family's overall health than ever. Eye exams can identify critical indicators of such serious health concerns as high blood pressure, diabetes, arteriosclerosis, and glaucoma. That's why SAMBA and Cole Managed Vision offer quality vision care for all your family's eyecare needs, including exams, frames, lenses and contacts.

The Vision Care Plan will pay charges for covered eye examinations made by a doctor, eyeglass lenses or contact lenses prescribed by a doctor and eyeglass frames, up to the applicable limits shown below. Lenses and frames must be furnished by a doctor or an optician. "Doctor" includes an ophthalmologist, an optometrist, or any other doctor furnishing vision care services that the doctor is licensed to perform.

Benefits in accordance with the schedule listed below will be paid for:

- one eye exam per person during any 12 consecutive months;
- two separate lenses per person during any 12 consecutive months;
- one set of frames per person during any 12 consecutive months.

The term "12 consecutive months" refers to the amount of time from one date of service to another. For example, if you have an eye exam on March 15, 2003, the next eye exam eligible under the Plan cannot occur before March 15, 2004.

SAMBA offers both [in-network](#) and [out-of-network](#) benefits through Cole Managed Vision.

### **In-Network Vision Care Benefits Available Through Cole Managed Vision**

SAMBA is offering its members who enroll in the Dental and Vision Care Plan a vision benefit option that offers members and eligible dependents eye examinations, glasses, and contact lenses through a participating Cole Managed Vision optical outlet.

For over 40 years, Cole Managed Vision has provided quality eye care and eye wear to patients from coast to coast through optical departments in major retailers such as Sears Optical, JCPenney Optical, participating Pearle Vision Centers\*, Target Optical, and many others. With this vision benefit option under the SAMBA Dental and Vision Care Plan, you can make periodic eye examinations and fashionable eyewear a regular part of your personal wellness program at thousands of participating optical departments. Call the Cole Managed Vision Customer Service Center at **1 (800) 334-7591** to locate a Cole Managed Vision provider near you.

\* Some Pearle Vision Centers are franchises and do not participate. Please call 1 (800) 334-7591 to verify participation.

### **Eligibility**

If you are enrolled in the SAMBA Dental and Vision Care Plan, you and your covered eligible dependents have access to all Cole Managed Vision benefits.

### **How to Use the Cole Managed Vision (In-Network) Benefits**

Using your vision care benefit program is easy. There are no claim forms to fill out and no waiting for reimbursement when you use your Cole Managed Vision Comprehensive Care benefits. Simply visit or call one of the many participating optical providers for an appointment and identify yourself as a SAMBA member by PROVIDING YOUR COLE MANAGED VISION IDENTIFICATION CARD and your social security number.

The participating optical provider will verify your eligibility, your plan benefits, and any fees which may apply.

**Note:** Eye examinations are provided by licensed Doctors of Ophthalmology and Optometry located in or adjacent to most participating optical departments. *Keep in mind, it's always a good idea to call ahead to make an appointment and verify coverage and the doctor's participation in the program.*

## PART III VISION CARE BENEFITS

### Basic Benefits\*

Eligible members and their covered eligible dependents may receive one eye exam and either one complete pair of glasses or contact lenses **every 12 months**. Additional pairs of glasses and contacts are available at the special discounts listed in the “[Additional Benefits](#)” section.

	<b>YOUR COST</b>
<b>Eye Examination:</b> .....	\$ 10
A complete examination, refraction, and prescription for eyeglass lenses. Contact lens examinations require additional fees which are the responsibility of the member. Dilation is a covered procedure, if required.	
<b>Eyeglass Lenses:</b> .....	\$ 0
Benefit includes standard uncoated plastic lenses regardless of size or power. Lens options are available at additional costs.	
<b>Frames:**</b> .....	\$ 0
You may choose a frame up to a regular retail value of \$100. Frames that cost more than \$100 regular retail value are available at an additional cost.	
<b>Contact Lenses:**</b> .....	\$ 0
Benefit includes contact lenses up to a regular retail value of \$100. Contacts above \$100 regular retail value are available at an additional cost. Contacts can be obtained from a network provider or through the mail order Contacts Direct™ Program.	

\* Benefits can not be used in conjunction with other discounts, promotions or prior orders.

\*\* The applicable allowance amount may only be used once per benefit period either eyeglasses or contacts.

### Additional Benefits

Unlimited additional glasses and contact lenses are available to you, your spouse, and your eligible covered dependent children through a network location at the following costs:

	<b>Your Cost</b>
<b>Frames</b>	
Priced up to \$60 Retail .....	\$25
Priced from \$61 to \$80 Retail .....	\$35
Priced from \$81 to \$100 Retail .....	\$45
Priced from \$101 and over - 35% discount from regular retail prices .....	.65%
<b>Lenses</b>	
(Standard Uncoated Plastic)	
Single Vision .....	\$30
Bifocal .....	\$50
Trifocal .....	\$60
Lenticular .....	\$100

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**PART III**  
**VISION CARE BENEFITS (continued)**

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**Additional Benefits (continued)**

	<b>Your Cost</b>
<b>Lens Options</b>	
(Add to lens prices above)	
Standard Progressive (no-line bifocal) .....	\$50
Polycarbonate .....	\$30
Scratch Resistant Coating .....	\$12
Ultra-Violet Coating .....	\$12
Solid or Gradient Tint .....	\$8
Glass .....	\$15
Photochromic .....	\$30
Anti-Reflective Coating .....	\$35

**Contact Lenses**

(Two ways to save)

1. Visit a convenient nationwide location and save up to 20% discount from regular retail prices.
2. Use the Contacts Direct™ Program for additional convenience. Call **1 (800) 987-5367**.

**All Items Not Listed Above**

20% Discount from regular retail prices

Prices effective through December 31, 2003

**Mail Order Contact Lens Program**

The Contacts Direct™ Program offers you and your eligible family members a convenient way to purchase replacement contact lenses. With Contacts Direct™, you can buy the exact brand name contact lens your doctor prescribes via the telephone or mail.

Contacts Direct™ carries all types of contact lenses: soft and hard; daily wear and extended wear; clear lenses; fashion tints and opaques; gas permeables and disposables. Contacts Direct™ has all the leading brands: Bausch & Lomb, Ciba Vision, DuraSoft, Cooper Vision, Acuvue, Surevue, Barnes-Hind and more — all in manufacturer's original sealed vials and all at discount prices to you.

To use the Contacts Direct™ Program, simply obtain your prescription from your Cole Managed Vision licensed independent Doctors of Ophthalmology or Optometry or another eye doctor and call our toll-free number **1 (800) 987-5367**, to place an order. A Customer Service Representative will assist you in the ordering process.

**Do You Have Any Questions?**

One of the vision benefit options under the SAMBA Dental and Vision Care Plan is managed by Cole Managed Vision. If you have any questions about this vision benefit option, participating provider locations, or the service you have received call:

Cole Managed Vision  
**1 (800) 334-7591**

*or write:*

COLE MANAGED VISION  
Attn: Vision Care Claims Department  
1925 Enterprise Parkway  
Twinsburg, OH 44087



**PART III**  
**VISION CARE BENEFITS (continued)**

**Out-Of-Network Vision Care Benefits Administered by Cole Managed Vision**

If you do not live near, or choose not to use, a participating optical provider, you will be reimbursed in accordance with the following schedule. Mail your completed Cole Managed Vision claim form with a copy of your bill to:

COLE MANAGED VISION  
Attn: Vision Care Claims Department  
1925 Enterprise Parkway  
Twinsburg, OH 44087

<b>Service or Supply</b>	<b>Maximum Benefit</b>
<b>Eye Examination</b> .....	\$.25
<b>Ophthalmic Lenses (per pair)</b>	
Single Vision .....	\$.25
Bifocal .....	\$.50
Trifocal .....	\$.80
Lenticular .....	\$.100
Contact Lenses .....	\$.100
<b>Frames</b> .....	\$.25

**When You Have a Claim**

Claims should be filed promptly. Use a claim form and follow the instructions on the form. Claims should be made within 90 days after obtaining the service, or as soon thereafter as reasonably possible. Failure to file on a timely basis may invalidate your claim; the Plan will not pay benefits for claims submitted more than two years from the date the expense is incurred except where the enrollee is legally incapable.

**Exclusions**

- Services and supplies (a) in connection with special procedures such as orthoptics, vision training, subnormal vision aids and tonography; or (b) in connection with medical or surgical diagnosis or treatment of the eye.
- Photosensitive, anti-reflective or aniseikonic lenses to the extent charges exceed the charge for clear, white lenses.
- A service or supply to the extent covered under any other coverage or plans, insured or uninsured, for which SAMBA pays, directly or indirectly, all or part of the cost.
- A service or supply that is not needed for the vision care of a covered person.
- Charges for services and supplies for work-related sickness for injury.
- Charges that are above the provider's usual charge or above the prevailing charge for the service in the area.
- Charges for services furnished by governmental plans.



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## DEFINITIONS UNDER THE VISION CARE PLAN

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<b>Doctor</b>	A licensed practitioner of the healing arts acting within the scope of the license.
<b>Ophthalmologist</b>	A doctor who specializes in the diagnosis and medical and surgical treatment of diseases and defects of the eye and related structures.
<b>Optician</b>	A person whose services include the preparation or ordering of ophthalmic lenses based on prescription and the furnishing of eyeglass frames and who is legally qualified to perform such services in the jurisdiction in which the services are rendered.
<b>Optometrist</b>	A person trained and licensed to examine and test the eyes and treat visual defects by prescribing and adapting corrective lenses and other optical aids, and by establishing programs of visual training.

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## PART IV

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### Termination of Enrollment

You may voluntarily cancel your enrollment in the SAMBA Dental and Vision Care Plan at any time. Active members should submit a SAMBA Allotment Form 299 to cancel the allotment. For members paying quarterly, coverage terminates effective the 1st day of the coming month if received in the SAMBA office in writing by the 15th day of the month. Termination requests received after the 15th day of the month will be terminated the 1st day of the subsequent month upon receipt of the cancellation request. Send your request for cancellation directly to the SAMBA office.

Otherwise, your enrollment will terminate on the last day of the pay period in which:

- You are furloughed because of a reduction in force; or
- Your employment status changes so that you are excluded from coverage.

Your enrollment also will terminate:

- On the date you enter a leave without pay status unless you submit your premium for the Dental and Vision Care Plan to the SAMBA office.
- On the day you are separated, furloughed, or placed on leave of absence for the purpose of performing military service for a period not limited to 30 days or less.

**Remember: If your enrollment is cancelled in the Plan for any reason, you may not enroll again for two years from the date the cancellation was effective.**

### Temporary Continuation of Coverage

Your Dental and Vision Care coverage will continue temporarily for 31 days after your enrollment ends for any reason except if you voluntarily cancel.

Consult [Aetna's on-line provider directory](#) for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. The availability of any particular provider cannot be guaranteed for referred or in-network benefits, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna has identified providers who were not accepting patients as known to Aetna at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Member Services at the toll-free number on your ID card.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract or any part of one. For a complete description of the benefits available to you, including procedures, exclusions and limitations, please request a copy of your specific plan documents, which may include the Group Insurance Certificate or Booklet, Group Insurance Policy and any applicable riders to your plan. All the terms and conditions of your plan or program are subject to and governed by applicable contracts, laws, regulations and policies. The availability of a plan or program may vary by geographical service area, and not all plans or programs are available in all areas. All benefits are subject to coordination of benefits.

In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes.

The SAMBA Dental and Vision Care Plan is a non-FEHB Plan.



ESTABLISHED 1948

**11301 Old Georgetown Road  
Rockville, Maryland 20852-2800**

**(301) 984-1440**

**or**

**1(800) 638-6589**

Visit our Web Site at [www.SambaPlans.com](http://www.SambaPlans.com)