



ESTABLISHED 1948

Health Benefit Plans
and Supplemental
Dental & Vision
Care Plan

***Want to know about our
other Plans?***

Term Life Insurance

Coverage up to \$600,000 for member
and spouse, plus \$20,000 for children

Personal Accident Insurance

Added protection for your entire family

Disability Income Protection

Guard against loss of income due to a
disabling condition on or off the job

Visit SAMBA on the web at
www.SambaPlans.com

or call

1-800-638-6589



ESTABLISHED 1948

**Federal Employee
Benefit Association**

11301 Old Georgetown Road • Rockville, MD 20852-2800

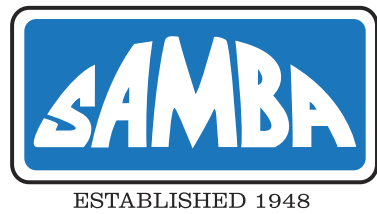


The Wise Choice



Available to all federal employees and annuitants

SAMBA is a not for profit employee benefit association. Our low operating costs allow us to offer insurance plans at the best available rates. With “service to our members” as our guiding principle, we strive to provide prompt, efficient and courteous attention to all aspects of our members’ insurance needs.



Established in 1948 – SAMBA is a unique employee benefit association that was formed by FBI Special Agents to obtain the benefit of group insurance plans for its members. SAMBA was one of the original plans in the Federal Employees Health Benefits Program when it began in 1960. Previously limited to FBI, Secret Service and other federal law enforcement agencies, **today SAMBA Plans are available to all federal employees and annuitants.**

In addition to the federal health plan, SAMBA offers an array of other insurance plans designed to meet the needs of our membership. Our plans help members prepare for times of illness, ease the economic consequences of disability, aging and loss of life, and prevent financial catastrophe.

it's time to feel better

SAMBA: The Wise Choice



“Choose Wisely”

Content In This Booklet:

Standard Option Plan

Essential benefits at a cost that’s easy on your budget

High Option Plan

Extensive coverage for a wide range of medical services

Dental and Vision Care Plan (non-FEDVIP)

Supplemental dental and vision care all under one plan

Dependent Children Health Benefit Plan (non-FEHP)

For your dependent children ages 22 to 27

2010 Standard Option Benefits

Covered Services	What you pay with PPO Benefits	What you pay with Non-PPO Benefits
PREVENTIVE CARE		
Well-child Office Visits	Nothing for covered charges	30%* of the Plan allowance
Adult/Child Immunizations	Nothing for covered charges	Nothing for covered charges
Cancer Screening	Nothing for covered charges	30%* of the Plan allowance
Annual Physicals	\$20 copay per office visit	30%* of the Plan allowance
PHYSICIAN CARE		
Doctor's Office Visits	\$20 copay per office visit	30%* of the Plan allowance
Maternity Care	15%* of covered charges	30%* of the Plan allowance
HOSPITAL CARE		
Inpatient	Nothing for room & board, 15% after \$200 copay per admission	30%* after \$300 copay per admission
Outpatient	15% of covered charges	30%* of the Plan allowance
Surgery	15%* of covered charges	30%* of the Plan allowance
EMERGENCY CARE		
Accidental Injury	Nothing within 72 hours	Nothing within 72 hours
Medical Emergency	Regular benefits apply	Regular benefits apply
PRESCRIPTION DRUGS		
Retail ¹ (up to a 30-day supply) ²	\$10 generic 25% (\$35 minimum/\$60 maximum) preferred name brand 35% (\$50 minimum/\$90 maximum) non-preferred name brand	
Mail Order ¹ (up to a 90-day supply)	\$20 generic 25% (\$55 minimum/\$100 maximum) preferred name brand copayment 35% (\$70 minimum/\$120 maximum) non-preferred name brand copayment	
OTHER BENEFITS		
Lab and X-rays	15% of covered charges Nothing for Quest Lab services	30%* of the Plan allowance
Routine Dental Care	Nothing for covered charges	Nothing for covered charges
Catastrophic Benefits	Nothing after \$4,000 for you and your family members	Nothing after \$6,000 for you and your family members

* Calendar Year Deductible is \$300 per person (\$600 per family)

¹ Catastrophic (out-of-pocket) maximum is \$5,000 per person, per calendar year for combined retail and mail prescriptions

² Limited to the initial fill and one refill per prescription

This is a summary of the SAMBA Health Benefit Plan. Before making a final decision, please read the Plan's 2010 OPM authorized brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.

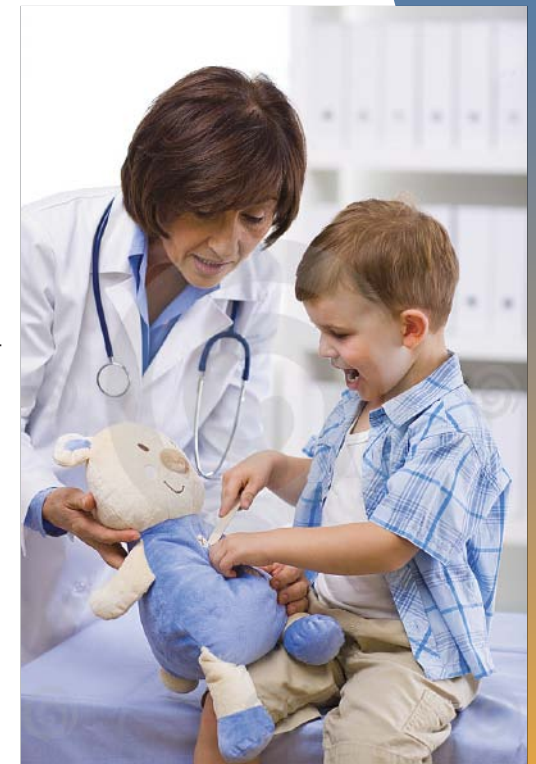
Standard Option Health Benefit Plan

2010 Standard Option [‡]	Federal Employee Biweekly	Postal Employee Biweekly	Annuitant Monthly
Self Only (code 444)	\$50.12	\$29.07	\$108.60
Self & Family (code 445)	\$114.48	\$66.40	\$248.04

[‡] These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to your special FEHB Guide or contact the agency which maintains your health benefits enrollment.

The SAMBA Standard Option includes:

- \$20 office visit copay (including specialists)
- \$300 calendar year deductible
- Freedom to choose your provider; no referrals needed
- The CIGNA PPO Network – Nationwide Visit SambaPlans.com to locate a provider
- Dental coverage up to 100% for routine dental care (limited to \$400 annually)
- 100% coverage for well-child care
- Coverage for annual physicals
- Prescription drug benefits for both retail and mail-order service



To Enroll

Federal Employees

- Use your agency's self-service system (Employee Express, MyPay, etc.)
- Or fill out a Health Benefits Election Form (SF 2809) available from your HR office or at www.opm.gov

Postal Employees

- Go to PostalEASE on the Intranet, or visit an Employee Self-Service Kiosk
- Or call PostaEASE at 1-877-477-3273

Annuitants

- Go to www.opm.gov to enroll using Open Season Online
- Call 1-800-332-9798 to enroll using Open Season Express



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2010 High Option Benefits

Covered Services	What you pay with PPO Benefits	What you pay with Non-PPO Benefits
PREVENTIVE CARE		
Well-child Office Visits	Nothing for covered charges	30%* of the Plan allowance
Adult/Child Immunizations	Nothing for covered charges	Nothing for covered charges
Cancer Screening	Nothing for covered charges	30%* of the Plan allowance
Annual Physicals	\$20 copay per office visit	30%* of the Plan allowance
PHYSICIAN CARE		
Doctor's Office Visits	\$20 copay per office visit	30%* of the Plan allowance
Maternity Care	10%* of covered charges	30%* of the Plan allowance
HOSPITAL CARE		
Inpatient	Nothing for room and board, 10% after \$200 copay per admission	30%* after \$300 copay per admission
Outpatient	10% of covered charges, \$100 copay	30%* of the Plan allowance, \$150 copay
Surgery	10%* of covered charges	30%* of the Plan allowance
EMERGENCY CARE		
Accidental Injury	Nothing within 72 hours	Nothing within 72 hours
Medical Emergency	Regular benefits apply	Regular benefits apply
PRESCRIPTION DRUGS		
Retail¹ (up to a 30-day supply)	\$10 generic 15% (\$35 minimum/\$50 maximum) preferred name brand 30% (\$50 minimum/\$80 maximum) non-preferred name brand	
Mail Order¹ (up to a 90-day supply)	\$10 generic 15% (\$50 minimum/\$80 maximum) preferred name brand 30% (\$65 minimum/\$95 maximum) non-preferred name brand	Medicare Part B: \$10 generic Medicare Part B: 15% (\$30 minimum/\$65 maximum) preferred name brand Medicare Part B: 30% (\$50 minimum/\$80 maximum) non-preferred name brand
OTHER BENEFITS		
Lab and X-rays	10% of covered charges Nothing for Quest Lab services	30%* of the Plan allowance
Hearing Services	10%* of covered charges	30%* of the Plan allowance
Catastrophic Benefits	Nothing after \$3,500 for you and your family members	Nothing after \$5,000 for you and your family members

* Calendar Year Deductible is \$250 per person (\$500 per family)

¹ Catastrophic (out-of-pocket) maximum is \$4,000 per person, per calendar year for combined retail and mail order prescriptions.

This is a summary of the SAMBA Health Benefit Plan. Before making a final decision, please read the Plan's 2010 OPM authorized brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.

High Option Health Benefit Plan

2010 High Option [‡]	Federal Employee Biweekly	Postal Employee Biweekly	Annuitant Monthly
Self Only (code 441)	\$108.76	\$85.48	\$235.64
Self & Family (code 442)	\$274.81	\$222.58	\$595.43

[‡] These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to your special FEHB Guide or contact the agency which maintains your health benefits enrollment.

The SAMBA High Option includes:

- \$20 office visit copay (including specialists)
- \$250 calendar year deductible
- Freedom to choose your provider; no referrals needed
- The CIGNA PPO Network – Nationwide Visit SambaPlans.com to locate a provider
- Benefits for adult hearing services
- Low out-of-pocket costs
- Coverage for annual physicals
- Lower Rx copays for Medicare enrollees



To Enroll

Federal Employees

- Use your agency's self-service system (Employee Express, MyPay, etc.)
- Or fill out a Health Benefits Election Form (SF 2809) available from your HR office or at www.opm.gov

Postal Employees

- Go to PostalEASE on the Intranet, or visit an Employee Self-Service Kiosk
- Or call PostalEASE at 1-877-477-3273

Annuitants

- Go to www.opm.gov to enroll using Open Season Online
- Call 1-800-332-9798 to enroll using Open Season Express



CIGNA

Offering the CIGNA PPO Network Nationwide

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Option 1 Dental Maintenance Organization (DMO)

For economical coverage —

The DMO plan from Aetna lets you choose a primary care dentist (PCD). There are no deductibles and no claim forms. And out-of-pocket expenses are generally low, too.

- Your PCD is your key to maximum coverage — managing your overall dental care. Visit www.SambaPlans.com to locate an Aetna DMO dentist in your area.
- Plan includes coverage for braces (orthodontia) with no waiting period.
- Includes vision care benefits.

DMO participating providers are independent contractors in private practice and are neither employees nor agents of Aetna.

Option 2 Alternate Dental Plan (PPO)

For more freedom —

If you like the freedom to visit any dentist, without referrals, this plan design is right for you.

- Choose any licensed dentist. Keep in mind, you'll generally pay less if you choose an Aetna PPO dentist. Visit www.SambaPlans.com to locate a PPO dentist in your area.
- You may also visit dentists outside of the network, but your share of the cost may be higher.
- Includes vision care benefits.

PPO participating providers are independent contractors in private practice and are neither employees nor agents of Aetna.

This is a summary of the SAMBA Dental and Vision Care Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Summary Plan Description.

Dental and Vision Care Plan

You may enroll at any time –

Enrollment in the SAMBA Health Benefit Plan is not required



"You'll smile when you see our low rates..."

Same low rates for either option

Rates	Biweekly Premium	Monthly Premium
Self	\$18.00	\$39.00
Self + One	\$36.00	\$78.00
Self + Family	\$54.00	\$117.00

SAMBA Dental and Vision Program is a non-FEDVIP

Dental and Vision Plan Summary

Options	DMO Plan Option 1	Alternate Plan Option 2	
	Primary Care Dentist Plan Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Preventive (A) • Exams, X-rays, Teeth Cleanings	100%	100%	70%
Intermediate (B) • Fillings, Root Canals, Tooth Extraction	100%	75%	60%
Major (C) • Crowns, Dentures, Inlays	60%	50%	50%
Orthodontics (D)	50% No lifetime maximum No waiting period	50% \$1,500 lifetime maximum per person 12 month waiting period	50%
Annual Deductible	None	\$50 per person, \$150 per family (applies to B&C services only)	
Annual Maximum	None	\$2,000 per person, per year	
Vision	Included with both options		

Enroll Today – It's Fast & Easy!

- ✓ Complete our Dental and Vision Care Plan Enrollment Form
- ✓ Select your payment method
- ✓ All forms may be downloaded from the SAMBA website at www.SambaPlans.com
- ✓ Mail or fax completed forms to SAMBA

Vision Care

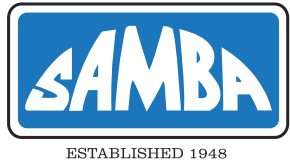
SAMBA Vision Care Benefits:



Regardless of the dental plan option you choose, you'll also receive Vision Care Benefits. Coverage is automatic and it does not require an additional enrollment form.

Under the SAMBA Vision Care benefit you may select a vision care provider of your choice.

Service or Supply	The Plan will pay up to...
Eye Examination	\$30.00
Eye Dilation	\$8.00
Combination of: Ophthalmic Lenses, Frames or Contact Lenses	\$100.00



They still depend on you... and you can still depend on SAMBA



This dependent children health coverage is only available to those parents enrolled in the federal SAMBA Health Benefit Plan.

What happens when your child becomes 22 and is no longer covered by your Federal Health Benefit Plan?

Fortunately, there's an affordable solution: the SAMBA Dependent Children Health Benefit Plan. This plan provides health benefits for your unmarried, dependent child ages 22 to 27.

Plan Benefits are the same as offered under the federal SAMBA Standard Option Plan.

"While they are preparing for a career, you can give them the quality of SAMBA at an unbeatable rate"



This is a summary of the SAMBA Dependent Children Health Benefit Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Summary Plan Description.



Dependent Children Health Benefit Plan

For your dependent children ages 22 to 27

Is my child eligible?

Yes, provided you are enrolled in the federal SAMBA Health Benefit Plan. Coverage is available for unmarried dependent children ages 22 to 27. Your child does not have to be a student to be eligible.

Rates	Biweekly Premium	Monthly Premium
Each Child	\$120.00	\$260.00

SAMBA reserves the right to modify or terminate the Program at any time.

What does the plan cover?

Your child will have the same health benefits available under the federal SAMBA Standard Option Health Benefit Plan – including choice of doctors, emergency care, routine dental care, prescription drugs and more.

Can I also enroll my child in the SAMBA Dental and Vision Care Plan?

Yes, provided you are enrolled in the SAMBA Dental and Vision Care Plan. Visit our website or contact SAMBA for more details.

When can I enroll my child?

- Following the child's loss of coverage under an FEHB plan due to attainment of age 22*
- Upon your enrollment in the SAMBA Health Benefit Plan*
- Following a child's loss of other health insurance coverage*
- During the regularly held FEHBP Open Season period

*The enrollment request must be received within 60 days of the qualifying event.

If you have questions, call
1-800-638-6589
or visit
www.SambaPlans.com



The SAMBA Dependent Children Health Benefit Plan is a non-FEHB plan.



Enroll Today – It's Fast & Easy!

- ✓ Complete the SAMBA Dependent Children Health Benefit Plan and/or the Dental and Vision Care Plan Enrollment Form
- ✓ Select your payment method
- ✓ All forms may be downloaded from the SAMBA website at www.SambaPlans.com
- ✓ Mail or fax completed forms to SAMBA