



Special Agents
Mutual Benefit
Association

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

November 1, 2004

IMPORTANT NOTICE

About Your Over Age 22 Child's Health Benefit Plan for 2005

Under separate cover, you (the parent) should have received your 2005 SAMBA Health Benefit Plan brochure in the mail. As shown in the brochure and accompanying literature, next year SAMBA will offer both a High Option and a Standard Option health plan selection.

You currently have an over age 22 child enrolled in SAMBA's Dependent Children Health Benefit Plan (DHBP). This notice is to inform you that the 2005 DHBP health plan benefits will be equivalent to the "Standard Option" benefits as described in the 2005 SAMBA Health Benefit Plan brochure. A brief summary of the Standard Option benefits is shown on the other side.

Please note that as a result of this change the first paragraph under the "Coverage" provision shown in the DHBP Summary Plan Description (revised January 1, 2003) has been replaced with the following paragraph:

Coverage:

The DHBP benefits, exclusions*, limitations, PPO networks, and maximums are described in the SAMBA Health Benefit Plan brochure (No. RI 72-006) authorized by OPM. The Brochure is published annually and its terms apply to charges incurred in that calendar year. DHBP coverage generally is equivalent to self-only coverage under the SAMBA Health Benefit Plan **Standard Option**. Accordingly, the current year SAMBA Health Benefit Plan brochure (No. RI 72-006) is incorporated as part of this Summary Plan Description with the exception of those references specifically addressed to Federal Health Benefits Program (FEHB) participants and "Section 8. The disputed claim process" and "Section 11. FEHB facts." (**Note:** *The two Sections cited reference the 2003 brochure. This language may move to another section of the brochure in future publications.*)

In mid-December, two new DHBP identification cards (ID's) will be mailed to you for your child's use. One card will carry the SAMBA and BlueCross BlueShield logos and is to be used to obtain health care services. The second card is to be used for pharmacy services. For security and peace of mind, we will no longer use Social Security numbers as the member ID.

Should you have any questions, please contact SAMBA at 1-800-638-6589.

Sincerely,

Walter E. Wilson
Executive Director

Over please

AT A GLANCE: A Summary of Standard Option Benefits

Covered Services	What you pay with PPO Benefits	What you pay with Non-PPO Benefits**
Hospital Care	Inpatient: \$200 copayment per confinement, nothing for room and board and other hospital services. Outpatient: 15%* of the Plan allowance.	Inpatient: \$300 copayment per confinement and 30% of the Plan allowance. Outpatient: 30%* of the Plan allowance.
Doctor's Office Visits	\$20 copayment per office visit.	30%* of the Plan allowance.
Surgery	15%* of covered surgical charges.	30%* of covered surgical charges.
Lab and X-rays	15% of covered charges, with no deductible.	30%* of the Plan allowance.
Diagnostic Cancer Tests	Nothing. (Plan pays 100%)	30%* of covered expenses.
Emergency Care	Accidental injury: Nothing within 72 hours. Medical Emergency: Regular benefits apply.	Accidental injury: Nothing within 72 hours. Medical Emergency: Regular benefits apply.
Catastrophic Benefits	Nothing after \$4,000.	Nothing after \$6,000.
Prescription Drugs	Retail: \$10 generic, \$30 formulary name brand copayment or \$45 non-formulary name brand copayment; limited to the initial fill and one refill per prescription. Mail Order: \$20 generic, 25% (\$45 minimum/\$80 maximum) formulary name brand copayment or 25% (\$60 minimum/\$100 maximum) non-formulary name brand copayment. (up to a 90-day supply)	

* Item is subject to the \$250 per person (\$500 per family) calendar year deductible.

** After we pay, you generally pay any difference between our allowance and the billed amount if you use a Non-PPO physician or other health-care professional.

This is a summary of the Special Agents Mutual Benefit Association Health Benefit Plan. Before making a final decision, please read the Plan's 2005 OPM authorized brochure (RI 72-006). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.



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