

November 19, 2009

Member Name  
Member Address  
2<sup>nd</sup> address line if needed  
City, ST Zip

## SAMBA Dental and Vision Care Plan 2010 Premium Notice

Dear Member:

You are currently enrolled in the SAMBA Dental and Vision Care Plan. This notice is to inform you of the Plan's premium effective January 1, 2010. There will be no change in Plan benefits.

Type of Enrollment	Dental and Vision Care Plan			
	2010 Biweekly	Premium Change	2010 Monthly	Premium Change
Self	\$18.00	\$0.92	\$39.00	\$2.00
Self + One	\$36.00	\$1.84	\$78.00	\$4.00
Self + Family	\$54.00	\$7.84	\$117.00	\$17.00

No action is required on your part. SAMBA will automatically adjust your premium. — If you pay by:

- **Payroll Allotment:** SAMBA will notify your agency to make the premium change effective the first pay period in January (01/03/2010 – 01/16/2010).
- **Monthly EFT Bank Debit:** The January 2010 debit from your bank account will reflect the monthly premium increase.
- **Quarterly Invoice Billing:** The premium change will be reflected on your January invoice that you will receive in early December 2009.

Remember, you can visit [www.SambaPlans.com](http://www.SambaPlans.com) to download dental and vision claim forms, find an Aetna participating DMO or PPO provider in your area, review your claims history, and download the Dental and Vision Care Plan brochure (Summary Plan Description).

If you have any questions, please contact us at 301-984-1440 (D.C. Metro) or 1-800-638-6589. You may email us at [Insurance@SambaPlans.com](mailto:Insurance@SambaPlans.com).

Sincerely,  
SAMBA Group Plans