

ESTABLISHED 1948

2011

Health Benefit Plan
and
Supplemental
Dental & Vision
Care Plan



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 1948

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



"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

Online Web Tools

Health information and member services online

2011 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 (Nothing for Maternity admissions)	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		
Retail¹ (up to a 30-day supply) ²	\$10 generic 25% (\$40 minimum/\$70 maximum) preferred name brand 35% (\$60 minimum/\$100 maximum) non-preferred name brand	
Mail Order¹ (up to a 90-day supply)	\$20 generic 25% (\$80 minimum/\$150 maximum) preferred name brand copayment 35% (\$120 minimum/\$225 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
Catastrophic Benefits	Nothing after \$5,000 per person or \$7,000 per family	Nothing after \$7,000 per person or \$9,000 per family

* Calendar Year Deductible is \$350 per person (\$1,050 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 2011 OPM authorized brochure (RI 71-015). All benefits are subject to definitions, limitations, and exclusions set forth in the Federal brochure.

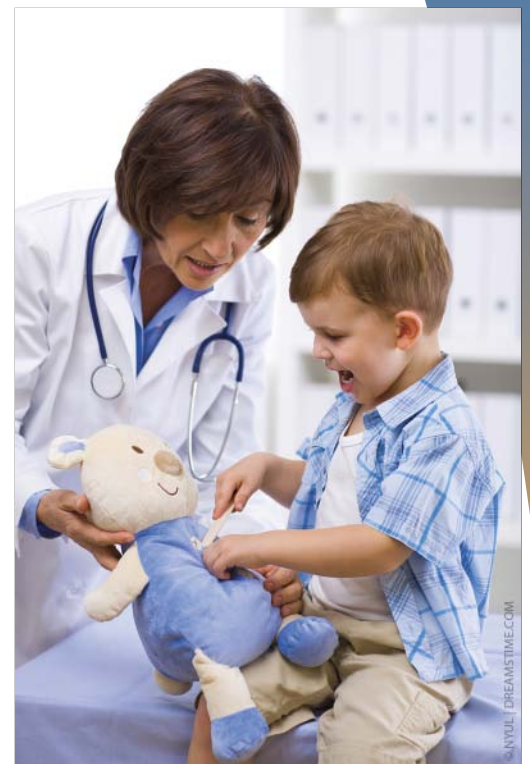
Standard Option Health Benefit Plan

2011 Standard Option [‡]	Federal Employee Biweekly	Postal Employee Biweekly	Annuitant Monthly
Self Only (code 444)	\$57.90	\$35.90	\$125.44
Self & Family (code 445)	\$132.22	\$81.98	\$286.49

[‡] 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)
- \$350 calendar year deductible
- Freedom to choose your provider; no referrals needed
- The CIGNA PPO Network – Nationwide Visit SambaPlans.com to locate a provider
- 100% coverage for lab services through Quest Labs
- 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



CIGNA

Offering the CIGNA PPO Network Nationwide

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2011 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 (Nothing for Maternity admissions)	30%* after \$300 copay per admission
Outpatient	10% of covered charges	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% (\$40 minimum/\$55 maximum) preferred name brand 30% (\$60 minimum/\$90 maximum) non-preferred name brand	
Mail Order¹ (up to a 90-day supply)	\$15 generic 15% (\$80 minimum/\$110 maximum) preferred name brand 30% (\$120 minimum/\$180 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 \$300 per person (\$600 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 2011 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

2011 High Option [‡]	Federal Employee Biweekly	Postal Employee Biweekly	Annuitant Monthly
Self Only (code 441)	\$124.73	\$102.15	\$270.25
Self & Family (code 442)	\$315.21	\$264.71	\$682.96

[‡] 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)
- \$300 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
- 100% coverage for lab services through Quest Labs



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
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Network Nationwide

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Option 1 *Dental Maintenance Organization (DMO)*

For economical coverage —

The DMO plan lets you choose an Aetna 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 Aetna PPO 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.

Dental and Vision Care Plan

You may enroll at any time – plus your child is covered up to age 26

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	\$18.46	\$40.00
Self + One	\$36.92	\$80.00
Self + Family	\$55.38	\$120.00

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	
Coverage Type				
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%	50%	\$1,500 lifetime maximum per person 12 month waiting period
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

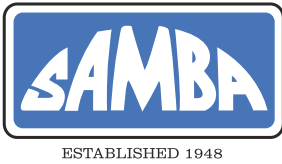
SAMBA Vision Care Benefits:



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 Dilatation	\$8.00
Combination of: Ophthalmic Lenses, Frames or Contact Lenses	\$100.00



Online Web Tools at SAMBA... visit www.SambaPlans.com



At SAMBA: Our Web Site Tools provide you with a wealth of information:

- Find participating providers
- Review your claim history
- Find out what your prescription is going to cost (and how you can save)
- Refill mail order prescriptions on-line
- Look at Hospital Quality statistics
- Take a personal health assessment
- Access to "Discount" programs
- Health information and tips...
Plus so much more



Visit www:SambaPlans.com
and get all the information
you need today!



Network Provider Look-Up:

Health Plan: Find a PPO doctor, hospital, and other providers that participate in our health plan's nationwide **CIGNA** PPO network. *(You can even nominate providers you would like to join.)*

Dental & Vision Plan: Find a dentist that participates in our dental plans: Aetna DMO or PPO nationwide network. Plus, find a discount vision care provider.

Prescription – Health Plan Services:

Price your Prescription Medication: Our website allows you to review plan-specific medication cost. You can also review "tips" on how you may be able to save on your prescription cost.

Refill your Prescription On-Line: Members can simply go on-line to order their mail-service prescription refills. You can even request that your retail prescription be transferred over to our mail-order pharmacy. *(Medco will take care of the rest.)*

Prescription History: Members have on-line access to review their prescription drug history.

Stay Healthy:

Health Assessment: Take a personal health assessment today – and obtain immediate feedback on your health status, along with important health information.

Discount Programs: SAMBA offers our members access to discount programs for: weight and nutrition, fitness, vision and hearing care, alternative medicine, tobacco cessation, and so much more.

Additional On Line Services:

Hospital Quality Tool: Before you seek services from a hospital, review our hospital quality tool to see how hospitals in your area rate.

Claim History: SAMBA provides all our members on-line access to their claim history and the ability to print their Explanation of Benefits (EOB's).

Secure email service: We comply with all privacy regulations – email us securely with any questions you may have and know that your information is being encrypted and kept safe.

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



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**Federal Employee
Benefit Association**

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