



November 24, 2008

## Announcing 2009 Premium Changes

Dear Member:

Our records indicate that you have enrollment/coverage under the **SAMBA Dental and Vision Care Plan** and have a child(ren) enrolled in the **SAMBA Dependent Children Health Benefit Plan (DHBP)**. This notice is to inform you that overall Plan experience warrants changes in the premiums for these two Plans (see charts below).

Dental and Vision Care Plan Monthly Rates		
Type of Enrollment	2009 Premium	Premium Change
Self Only	\$37.00	(\$8.50)
Self + One	\$74.00	\$11.17
Self + Family	\$100.00	\$24.17

Dependent Children Health Benefit Plan Monthly Rates		
Type of Enrollment	2009 Premium	Premium Change
One Child	\$214.50	\$30.33
Each Additional Child	\$214.50	\$127.83

This notice updates the premiums listed in the DHBP Summary Plan Description previously issued.

The above premiums go into effect on January 1, 2009, and will automatically be reflected on your next invoice. No action is required on your part unless you would like to make a change in your enrollment status. Enrollment changes must be requested in writing and should be received in the SAMBA office by **December 12, 2008**. Submit written requests to SAMBA at the mailing address listed above, by fax to 301-816-0191, or email us at [Insurance@SambaPlans.com](mailto:Insurance@SambaPlans.com).

### **Additional Announcements:**

- Eligibility to enroll in SAMBA plans has been extended to all federal employees and annuitants.
- The SAMBA Terrorism Insurance Policy that has been provided "free of charge" to SAMBA members enrolled in the SAMBA Health Benefit Plan, Group Term Life Insurance, and Disability Income Protection Plan, will be discontinued as of January 1, 2009.
- Our online web services continue to expand. Visit [www.SambaPlans.com](http://www.SambaPlans.com) where you can download the Dental and Vision Care Plan and Dependent Children Health Benefit Plan

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brochures (Summary Plan Descriptions), dental, vision, or health claim forms, find plan participating providers, check your claim history, and much more.

If you have any questions, please contact us at 1-800-638-6589 or email us at [Insurance@SambaPlans.com](mailto:Insurance@SambaPlans.com).

Sincerely,

A handwritten signature in black ink that reads "Walter E. Wilson". The signature is written in a cursive style with a large, stylized 'W' and 'L'.

Walter E. Wilson  
Executive Director