



November 24, 2008

SAMBA Dental and Vision Care Plan 2009 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 premiums effective January 4, 2009 (see chart below). Plan benefits are unchanged.

Type of Enrollment	Dental and Vision Care Plan Biweekly Rates	
	2009 Premium	Premium Change
Self Only	\$17.08	(\$3.92)
Self + One	\$34.16	\$5.16
Self + Family	\$46.16	\$11.16

Enclosed you will find a personalized **SAMBA Payroll Allotment Form 299**. This form lists your current coverage(s) and also includes the 2009 dental and vision care premium adjustment. **Sign and date** this form and return it to SAMBA by **December 12, 2008**. Please return your signed Allotment form in the enclosed pre-addressed envelope or fax it to 301-816-0191. Should you want to make a change in your enrollment type or

cancel coverage, note your change request in "Section 6" of the enclosed form and return it to SAMBA as indicated above.

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 to download the Dental and Vision Care Plan brochure (Summary Plan Description), dental or vision claim forms, find PPO and DMO dental providers, check your claims history, and much more.

If you have any questions, please contact us at 1-800-638-6589 or email us at Insurance@SambaPlans.com.

Sincerely,

Walter E. Wilson
Executive Director

Enclosures