

2017
**DENTAL &
VISION
PLAN**



DENTAL BENEFITS

Options	DMO Plan Option 1	PPO Plan Option 2	
Coverage Type	You Pay Primary Care Dentist	You Pay In-Network	You Pay Out-of-Network
Preventive (A) Exams, X-rays, Teeth Cleanings	\$0	\$0	30%
Intermediate (B) Fillings, Root Canals, Tooth Extraction	\$0 after copay	25%	40%
Major (C) Implants, Crowns, Dentures, Inlays/Onlays	\$0 after copay No waiting period	50% 6-month waiting period	
Orthodontics (D)	\$0 after copay No waiting period	50% \$1,500 maximum per person 12-month waiting period	
Annual Deductible	\$0	\$50 per person, \$150 per family (applies to B&C services only)	
Annual Maximum	Unlimited	\$2,500 per person	
Vision	Included with both options		

Option 1 – DMO

For economical coverage

- Choose an Aetna DMO Dentist
- No deductible
- No waiting period
- Implants are covered
- Braces (orthodontia) – including adults
- No annual maximum

Offering the Aetna Dental Network

Visit [SambaPlans.com](https://www.sambaplans.com) to locate DMO and PPO dentists in your area.

Option 2 – PPO

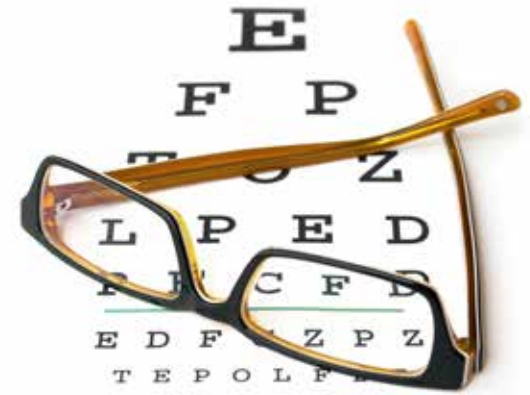
For more freedom

- Choose any dentist
- Save with an Aetna PPO dentist
- No referrals needed
- Implants are covered
- Braces (orthodontia) – including adults



VISION BENEFITS

Vision Benefits - included in both dental options		
Calendar Year Benefits	In-Network Provider	Out-of-Network Provider
Eye Exam for glasses (with dilation as necessary)	\$10 copay	\$30 reimbursement
Eyeglasses (frames and lenses)	100% - up to \$140	\$75 reimbursement
Contact Lenses (in lieu of eyeglasses)	100% - up to \$100	\$75 reimbursement



Visit [SambaPlans.com](https://www.sambaplans.com) to locate an **EyeMed** provider in your area.



EyeMed Vision Care® is a registered trademark of EyeMed Vision Care, LLC.

When you join the SAMBA Dental & Vision Plan —

YOU CAN ENROLL AT ANY TIME

Plus children are covered up to age 26!

YOU HAVE THE FREEDOM TO SWITCH

Dental Options if you change your mind!

YOU PAY ONE LOW PREMIUM

For dental and vision coverage together!

This is a summary of the SAMBA Dental and Vision Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Summary Plan Description. This is a non-FEDVIP plan.

SambaPlans.com

ENROLL TODAY It's Fast & Easy!

- Visit our website
- Complete the enrollment form
- Mail or fax forms to **SAMBA**

Questions?

Visit SambaPlans.com or call
1.800.638.6589



PREMIUM

Dental & Vision Plan		
	Biweekly	Monthly
Self	\$19.38	\$ 42.00
Self + One	\$38.76	\$ 84.00
Self & Family	\$58.15	\$126.00

This is a non-FEDVIP plan





SambaPlans.com
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