FEDERAL EMPLOYEES & ANNUITANTS

AFFORDABLE DENTAL PLAN
WITH VISION BENEFITS INCLUDED!

SAMBA FEDERAL EMPLOYEE BENEFIT ASSOCIATION
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

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

Visit SambaPlans.com to locate DMO and PPO dentists in your area.

Offering the EyeMed dental network.

*See SambaPlans.com for DMO Plan Option 1 copay schedule.

SambaPlans.com

VISION BENEFITS

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Benefits</th>
<th>In-Network Provider</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eye Exam for glasses (with dilation as necessary)</td>
<td>$10 copay</td>
<td>$30 reimbursement</td>
</tr>
<tr>
<td></td>
<td>Eyeglasses (frames and lenses)</td>
<td>100% – up to $140</td>
<td>$75 reimbursement</td>
</tr>
<tr>
<td></td>
<td>Contact Lenses (in lieu of eyeglasses)</td>
<td>100% – up to $100</td>
<td>$75 reimbursement</td>
</tr>
</tbody>
</table>

Visit SambaPlans.com to locate an EyeMed provider in your area.

DENTAL BENEFITS

ENROLL TODAY

Easy online enrollment  
Visit SambaPlans.com

This is a non-FEDVIP plan

EyeMed Vision Care/registered.alt is a registered trademark of EyeMed Vision Care, LLC.
<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Preventive (A)</th>
<th>Intermediate (B)</th>
<th>Major (C)</th>
<th>Orthodontics (D)</th>
<th>Annual Deductible</th>
<th>Annual Maximum</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exams, X-rays, Teeth Cleanings</td>
<td>Filling, Root Canals, Tooth Extraction</td>
<td>Implants, Crowns, Dentures, Inlays/Onlays</td>
<td>Orthodontics (including adults)</td>
<td>$0 after copay* No waiting period</td>
<td>Unlimited</td>
<td>Included with both options</td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$0 after copay*</td>
<td>$0 after copay*</td>
<td>$0 after copay*</td>
<td>$0</td>
<td>$2,500 per person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$30%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
<td>$1,500 maximum per person</td>
<td>$50 per person, $150 per family (applies to B&amp;C services only)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>In-Network You Pay</th>
<th>Out-of-Network You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive (A)</td>
<td>$0</td>
<td>30%</td>
</tr>
<tr>
<td>Intermediate (B)</td>
<td>$0 after copay*</td>
<td>25%</td>
</tr>
<tr>
<td>Major (C)</td>
<td>$0 after copay*</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics (D)</td>
<td>$0 after copay*</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Vision Benefits – included in both dental options**

- **Eye Exam for glasses** (with dilation as necessary):
  - In-Network: $10 copay
  - Out-of-Network: $30 reimbursement

- **Eyeglasses (frames and lenses)**:
  - In-Network: 100% – up to $140
  - Out-of-Network: $75 reimbursement

- **Contact Lenses (in lieu of eyeglasses)**:
  - In-Network: 100% – up to $100
  - Out-of-Network: $75 reimbursement

*See SambaPlans.com for DMO Plan Option 1 copay schedule.

**Calendar Year Benefits**

- **Vision Benefits**
  - **In-Network Provider**
  - **Out-of-Network Provider**

**Dental Benefits**

<table>
<thead>
<tr>
<th>Options</th>
<th>DMO Plan Option 1</th>
<th>PPO Plan Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Type</td>
<td>Primary Care Dentist You Pay</td>
<td>In-Network You Pay</td>
</tr>
<tr>
<td>Preventive (A)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Intermediate (B)</td>
<td>$0 after copay*</td>
<td>25%</td>
</tr>
<tr>
<td>Major (C)</td>
<td>$0 after copay*</td>
<td>50%</td>
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<tr>
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</tr>
<tr>
<td>Annual Deductible</td>
<td>$0</td>
<td>$1,500 maximum per person</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>Unlimited</td>
<td>$2,500 per person</td>
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**Options**

- **DMO Plan Option 1**
  - For economical coverage
  - Choose an Aetna DMO Dentist
  - No deductible
  - No waiting period
  - Implants are covered
  - Braces (orthodontia) – including adults
  - No annual maximum

- **PPO Plan Option 2**
  - For more freedom
  - Choose any dentist
  - Save with an Aetna PPO dentist
  - No referrals needed
  - Implants are covered
  - Braces (orthodontia) – including adults

Visit SambaPlans.com to locate DMO and PPO dentists in your area.
Offering the Aetna dental network.
Options

DMO Plan
Option 1
PPO Plan
Option 2

Coverage Type
Primary Care
Dentist

You Pay
In-Network
Out-of-Network

Preventive (A)
Exams, X-rays, Teeth Cleanings
$0
30%

Intermediate (B)
Fillings, Root Canals, Tooth Extraction
$0 after copay
25%
40%

Major (C)
Implants, Crowns, Dentures, Inlays/Onlays
$0 after copay
50%

No waiting period
6-month waiting period

Orthodontics (D)
$0 after copay
No waiting period
1,500 maximum per person

Vision
Included with both options

Annual Deductible
$0
$50 per person, $150 per family (applies to B&C services only)

Annual Maximum
Unlimited
$2,500 per person

Visit SambaPlans.com to locate DMO and PPO dentists in your area.

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Vision Benefits – included in both dental options

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Dental & Vision Plan

<table>
<thead>
<tr>
<th>Premium</th>
<th>SambaPlans.com</th>
<th>SambaPlans.com</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biweekly</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>$19.38</td>
<td>$42.00</td>
</tr>
<tr>
<td>Self + One</td>
<td>$38.76</td>
<td>$84.00</td>
</tr>
<tr>
<td>Self &amp; Family</td>
<td>$58.15</td>
<td>$126.00</td>
</tr>
</tbody>
</table>

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IT’S FAST & EASY!

When you join the SAMBA Dental & Vision Plan —

■ YOU CAN ENROLL AT ANY TIME
■ CHILDREN ARE COVERED UP TO AGE 26!
■ FREEDOM TO SWITCH PLAN OPTIONS
■ PAY ONE LOW PREMIUM

Use your favorite scanning app to view SambaPlans.com on your smartphone.

Questions?
Visit SambaPlans.com or call 1.800.638.6589

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.

FEDERAL EMPLOYEES & ANNUITANTS

HOW ELSE CAN WE HELP YOU?

SAMBA offers these additional plans.

■ Term Life Insurance
  Coverage up to $600,000 for members and spouses, plus $20,000 for children up to age 26.
  Accidental Death and Dismemberment (AD&D) included at no additional cost.

■ Personal Accident Insurance
  Valuable protection for your entire family.
  Coverage up to $500,000 for just pennies a day. And, you cannot be denied coverage due to age or health.

■ Long Term Disability
  Will help provide income if you are unable to work due to a disabling illness or injury on or off the job.
ENROLL TODAY
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AFFORDABLE DENTAL PLAN WITH VISION BENEFITS INCLUDED!

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