



# 2020 DENTAL & VISION

**Children Covered  
to Age 26!**

# DENTAL PLAN

	DMO PLAN	PPO PLAN	
Benefit Type	You Pay	In-Network You Pay	Out-of-Network You Pay
<b>Preventive (Class A)</b> Exams, X-rays, Teeth Cleanings	Nothing 2 cleanings per year	Nothing 3 cleanings per year	30% 2 cleanings per year
<b>Intermediate (Class B)</b> Fillings, Root Canals, Tooth Extraction	Copay only <sup>1</sup>	25%	40%
<b>Major (Class C)</b> Implants, Crowns, Dentures, Inlays/Onlays	Copay only <sup>1</sup> No waiting period	50% 6-month waiting period	50% 6-month waiting period
<b>Orthodontics (Class D)</b> Adults and Children	Copay only <sup>1</sup> No lifetime maximum No waiting period	50% \$3,000 lifetime maximum 12-month waiting period	50% \$1,500 lifetime maximum 12-month waiting period
<b>Annual Deductible</b>	No deductible	No deductible	\$50 per person/ \$150 family (applies to B & C services only)
<b>Annual Maximum Benefits</b> for Class, A, B and C Services	No maximum	\$30,000 per person	\$2,500 per person
	Must choose an Aetna DMO dentist	Choose any dentist Save more with an Aetna PPO dentist	

<sup>1</sup> Visit [SambaPlans.com](https://www.SambaPlans.com) to view the DMO Plan copay schedule

# INCLUDES VISION BENEFITS

Vision Benefits are included in both dental options

CALENDAR YEAR BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Eye Exam for Glasses</b> (with dilation as necessary)	\$10 copay	\$30 reimbursement
<b>Eyeglasses</b> (frames and lenses)	100% - up to \$140	\$75 reimbursement
<b>Contact Lenses</b> (in lieu of eyeglasses)	100% - up to \$100	\$75 reimbursement

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

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## AVAILABLE TO ALL FEDERAL EMPLOYEES & ANNUITANTS

- **ENROLL AT ANY TIME AT [SAMBAPLANS.COM](https://SambaPlans.com)**
- **CHILDREN ARE COVERED UP TO AGE 26!**
- **FREEDOM TO CHANGE DENTAL OPTIONS AT ANY TIME**
- **JUST ONE LOW PREMIUM**



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. Not a FEDVIP plan.

# SambaPlans.com

## ENROLL TODAY

It's Fast & Easy!



**Questions?**

Visit [SambaPlans.com](http://SambaPlans.com)  
or call **1.800.638.6589**

# PREMIUM

## Dental & Vision Plan

	Biweekly	Monthly
Self	<b>\$19.38</b>	<b>\$ 42.00</b>
Self + One	<b>\$38.76</b>	<b>\$ 84.00</b>
Self & Family	<b>\$58.15</b>	<b>\$126.00</b>

Not a FEDVIP plan



# HOW ELSE CAN WE SERVE 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.



#### **By Mail:**

SAMBA Health Benefit Plan  
11301 Old Georgetown Road  
Rockville, MD 20852-2800

#### **By Secure Email:**

[www.SambaPlans.com/contact-us](http://www.SambaPlans.com/contact-us)

#### **By Phone:**

Customer Service  
8 a.m. to 5 p.m. ET  
1.800.638.6589