SAMBA

Dental and Vision Plan

S A

M

CHILDREN COVERED TO AGE 26!

B

A

THE SAMBA DENTAL & VISION PLAN

ALL THE RIGHT BENEFITS FOR A PRICE THAT MAKES YOU SMILE.

The SAMBA Dental & Vision Plan is available to all Federal employees and annuitants. You can enroll at any time; no waiting for an Open Enrollment period.

The Plan offers a choice between two Dental Plan Options – the PPO Dental Plan Option or the DMO Dental Plan Option. PLUS, both options include Vision Benefits at no additional cost.

Coverage that meets your needs today might not later on. Both Dental Plan options allow you the freedom to switch options at any time throughout the plan year.

And, your eligible dependent children are covered up to age 26!

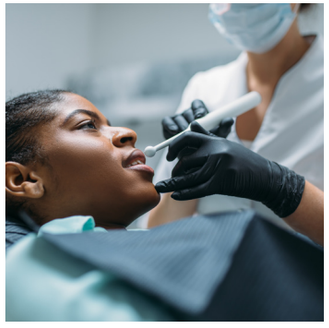
SAMBA offers the extensive Aetna Dental network for in-network PPO and DMO providers.

Note, this is not a FEDVIP plan

SAMBA'S DENTAL & VISION PLAN

CHOOSE FROM TWO DENTAL PLAN OPTIONS






PPO PLAN

For freedom of choice —

With the PPO (Preferred Provider Organization) plan, you can choose any licensed dentist for your dental care services.

- In-Network benefits available through the Aetna PPO network available nationwide
- No referrals are needed for specialty care
- No cost for In-Network preventive care
- No waiting period for Class A and B services
- Braces are covered for both children and adults

DMO PLAN

For economical coverage —

Under the DMO (Dental Maintenance Organization) plan, your services must be performed by an Aetna DMO Network provider.

- Family members can choose their own Aetna DMO primary care dentist
- No deductible or annual maximums
- Fixed copayment schedule
- No waiting period for benefits
- Braces are covered for both children and adults

CHANGE OPTIONS AT ANY TIME!

DENTAL

PPO PLAN

BENEFIT TYPE	In-Network You Pay	Out-of-Network You Pay
Preventive (Class A) Exams, X-rays, Teeth Cleanings	Nothing 3 cleanings per year	30% 2 cleanings per year
Intermediate (Class B) Fillings, Root Canals, Tooth Extraction	25%	40%
Major (Class C) Implants, Crowns, Dentures, Inlays/Onlays	50% 6-month waiting period	50% 6-month waiting period
Orthodontics (Class D) Adults and Children	50% $3,000 lifetime maximum 12-month waiting period	50% $1,500 lifetime maximum 12-month waiting period
Annual Deductible	No deductible	$50 per person/ $150 family (applies to B & C services only)
Annual Maximum Benefits for Class A, B & C Services	$30,000 per person	$2,500 per person

Choose any dentist – Save more with an Aetna PPO dentist

DMO PLAN

BENEFIT TYPE	You Pay
Preventive (Class A) Exams, X-rays, Teeth Cleanings	Nothing 2 cleanings per year
Intermediate (Class B) Fillings, Root Canals, Tooth Extraction	Copay only[1]
Major (Class C) Implants, Crowns, Dentures, Inlays/Onlays	Copay only[1] No waiting period
Orthodontics (Class D) Adults and Children	Copay only[1] No lifetime maximum No waiting period
Annual Deductible	No deductible
Annual Maximum Benefits for Class A, B & C Services	No maximum

Must choose an Aetna DMO dentist

[1] Visit SambaPlans.com to view the DMO Plan copay schedule

aetna® Offering Aetna Dental Networks

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

Visit SambaPlans.com to locate an Aetna DMO or PPO provider in your area.

VISION BENEFITS

REGARDLESS OF THE DENTAL PLAN OPTION YOU CHOOSE, YOU WILL AUTOMATICALLY RECEIVE VISION BENEFITS.

VISION

What's Included:

Comprehensive Eye Exam - including dilation, to help detect and prevent vision issues early

Eyeglasses - coverage for both frames and lenses, so you can choose the perfect pair

Contact Lenses - available in lieu of eyeglasses, for those who prefer a lens-based lifestyle

Flexible Access - use your benefits in-network or out-of-network, wherever it's most convenient

Bundled Convenience - included in both DMO and PPO Dental Options, so your smile and sight stay in sync

As a member, you have access to the EyeMed Select network of providers. The EyeMed Select network makes it easy to find a trusted neighborhood eye doctor.

In-network providers can also be found at Lenscrafters®, Target Optical®, Pearle Vision®, and many other favorite regional retailers. You can pick the location and hours that work for you.

VISION BENEFITS

BENEFIT TYPE	In-Network Provider	Out-of-Network Provider
Eye Exam for Glasses (with dilation)	$10 copay	$30 reimbursement
Retinal Imaging	Up to $39	N/A
Eyeglasses (frames and lenses)	100% up to $140*	$75 reimbursement
Additional pair	40% off a complete pair	N/A
Contact Lenses (in lieu of eyeglasses)		
Conventional	100% up to $100	$75 reimbursement
Disposable	100% up to $100	$75 reimbursement
Additional conventional contact lenses	15% off conventional contact lenses	N/A
Lasik or PRK (from US Laser Network)	15% off retail price or 5% off promotional price	N/A

*20% off of any balance over $140

ENROLL TODAY

IT'S FAST & EASY!

ENROLL ONLINE TODAY BY VISITING SAMBAPLANS.COM.

Create a SAMBA account to securely enroll in the SAMBA Dental & Vision Plan and to pay your premium.

Or, Complete our paper Enrollment Form and return it to SAMBA by:

Mail
11301 Old Georgetown Road
Rockville, MD 20852-2800

Secure email
www.sambaplans.com/contact-us/

Fax
301.816.0191

Dental & Vision Plan

RATES		
	Biweekly	**Monthly**
Self Only	$21.90	$47.45
Self + One	$43.80	$94.90
Self & Family	$65.70	$142.35

Not a FEDVIP plan

SAMBA
FEDERAL EMPLOYEE BENEFIT ASSOCIATION

Want more information?
Visit **SambaPlans.com**
or
call **1.800.638.6589**