



2021
DENTAL
& VISION

CHILDREN COVERED TO AGE 26!

PREMIUM

Dental & Vision Plan

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

Not a FEDVIP plan



DENTAL PLAN

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

¹ 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
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

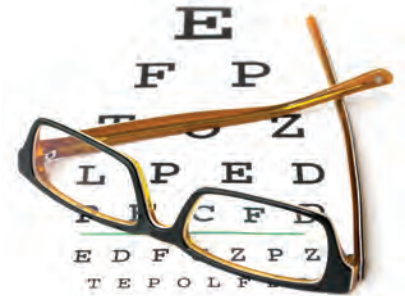
Visit SambaPlans.com to locate an **EyeMed** provider in your area.

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



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
or call **1.800.638.6589**

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:

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By Secure Email:

www.SambaPlans.com/contact-us

By Phone:

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