

# 2016 RATES

## Dental & Vision

Same low rates for either option

	Biweekly Premium	Monthly Premium
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>



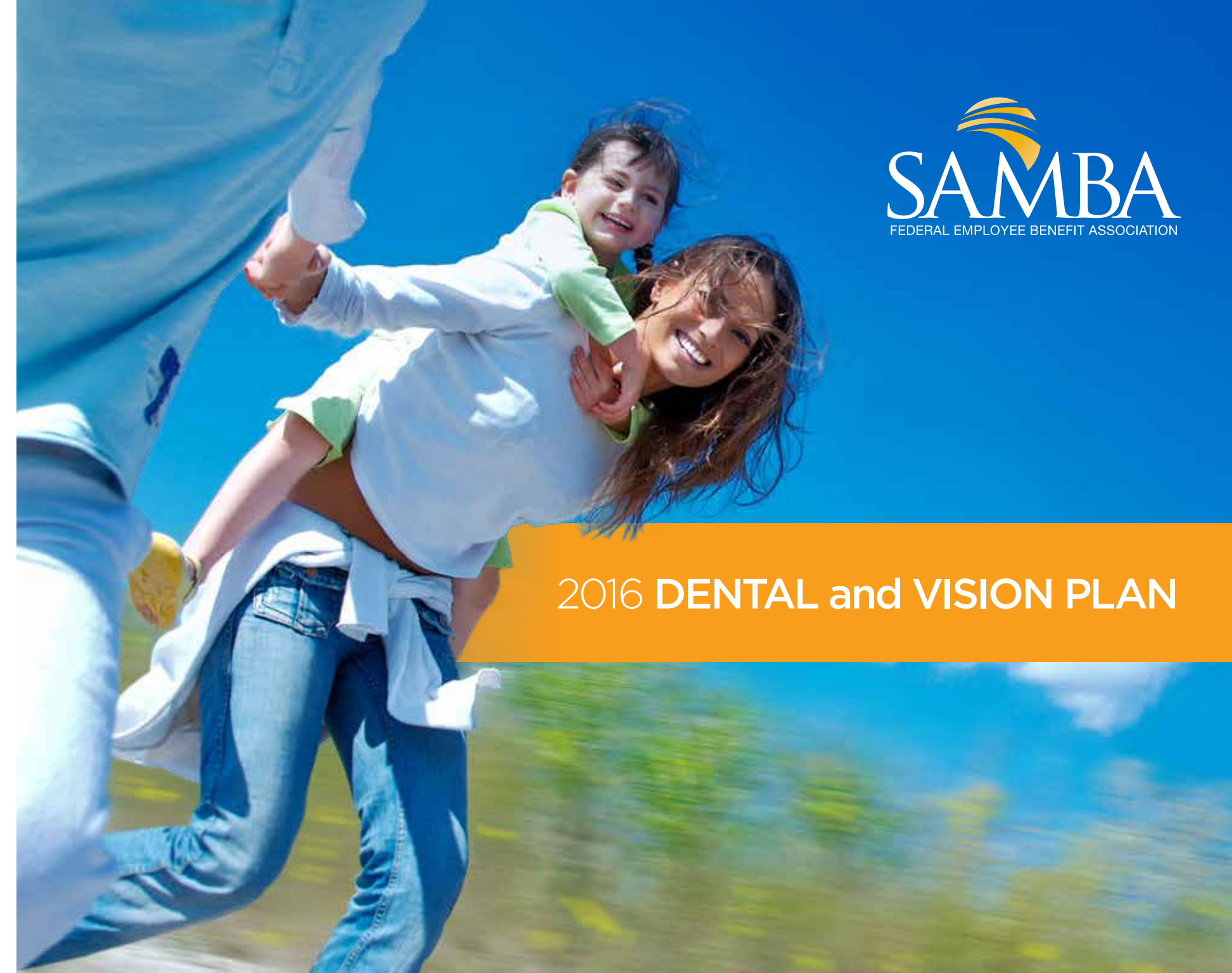
[www.SambaPlans.com](http://www.SambaPlans.com)  
1.800.638.6589

11301 Old Georgetown Road  
Rockville, MD 20852-2800

Use your favorite scanning app to view [www.SambaPlans.com](http://www.SambaPlans.com) on your smartphone.



## 2016 DENTAL and VISION PLAN



## Vision Benefits

Regardless of the dental option you choose, vision benefits are included.

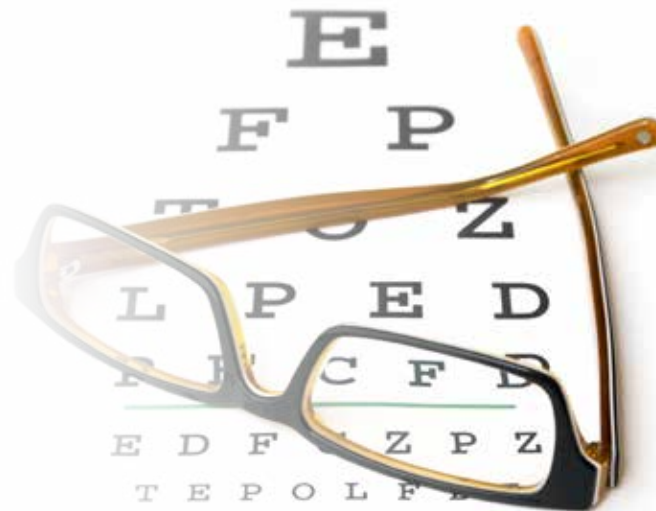
Vision Benefits - included in both dental options		
Calendar Year Benefits	EyeMed In-Network Provider*	Out-of-Network Provider
Eye Exam for glasses (with dilation as necessary)	Covered in full - after \$10 copay	Up to \$30 reimbursement
Eyeglasses (frames and lenses)	Covered in full - up to \$140 (20% off balance over \$140)	Up to \$75 reimbursement
Contact Lenses (in lieu of eyeglasses)	Covered in full - up to \$100	Up to \$75 reimbursement

\* To locate an EyeMed provider in your area, go to [www.SambaPlans.com](http://www.SambaPlans.com) and choose the "Select" network from the list in the **Provider Locator** box.



**ENROLL AT ANY TIME** -  
plus children are covered up to age 26!

**FREEDOM TO SWITCH**  
Dental Options if you change your mind!



## ENROLL TODAY (It's Fast & Easy!)

- Complete our online Dental and Vision Plan Enrollment Form
- Select your payment method
- Mail or fax completed forms to **SAMBA**

Need enrollment forms or have questions? Visit [www.SambaPlans.com](http://www.SambaPlans.com) or contact SAMBA at 800.638.6589.

