



2023 DENTAL & VISION

*Children
covered to
age 26!*



SAMBA'S DENTAL & VISION PLAN . . .

CHOOSE FROM TWO DENTAL PLAN OPTIONS – DMO OR PPO

DMO Plan	PPO Plan
<p><i>For economical coverage —</i></p> <p>Under the DMO (Dental Maintenance Organization) plan, your services must be performed by an Aetna DMO Network provider.</p> <ul style="list-style-type: none">■ 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	<p><i>For freedom of choice —</i></p> <p>With the PPO (Preferred Provider Organization) plan, you can choose any licensed dentist for your dental care services.</p> <ul style="list-style-type: none">■ 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

CHANGE DENTAL OPTIONS AT ANY TIME!

Visit **SambaPlans.com** to locate an **Aetna** DMO or PPO provider in your area.
(Note: DMO is not available in all areas)

Offering Aetna Dental Networks 

DENTAL BENEFITS SUMMARY

	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	

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

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.

VISION BENEFITS

Both the DMO and PPO dental options include Vision Benefits — Coverage is automatic.

CALENDAR YEAR BENEFITS	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Eye Exam for Glasses (with dilation)	\$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



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

**YOU'LL SMILE
WHEN YOU SEE
OUR LOW RATES**

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

ENROLL TODAY
It's Fast & Easy!

**ENROLL
ONLINE**
at
SambaPlans.com

AVAILABLE TO ALL FEDERAL EMPLOYEES & ANNUITANTS

- ENROLL AT ANY TIME AT SAMBAPLANS.COM
- CHILDREN ARE COVERED UP TO AGE 26!
- FREEDOM TO CHANGE DENTAL OPTIONS AT ANY TIME
- JUST ONE LOW PREMIUM



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