

**Summary of Material Modifications to the  
SAMBA Federal Employee Benefit Association (SAMBA)  
Dental and Vision Plan Summary Plan Description  
Effective January 1, 2020**

This is a Summary of Material Modifications (SMM) for SAMBA's Dental and Vision Plan which informs you about Program changes that take effect on January 1, 2020. Because the SMM provides information only about those changes, it must be read together with the January 1, 2019 Summary Plan Description (SPD). If you do not have a copy of the SPD, you may request a copy at no charge from us or download a copy from our web site ([www.sambaplans.com](http://www.sambaplans.com)).

**Modifications**

**Page 2: Changing Plans** – replaced paragraph with the following:

You may request an enrollment change from one dental plan option to another at any time. See “When Coverage Begins” (above) for when your new coverage option will take effect. *In the event you have the DMO® Plan and your provider opts out of this coverage, you must notify SAMBA in writing to request a change to the PPO Dental Plan. When SAMBA is notified by Aetna that DMO® Plan coverage is no longer available statewide, SAMBA will notify our members (at least 30 days prior to the event) and automatically transfer their coverage into the PPO Plan option.*

**Page 5: List of Dental Services - DMO® Plan** – Section has been re-named to **Summary of Dental Benefits - DMO® Plan** and the chart of covered services has been updated to reflect code changes made by the American Dental Current Dental Terminology (CDT) codes for 2020, as follows.

Current Dental Terminology (CDT) Codes			
DIAGNOSTIC			
CODE	PROCEDURE	PATIENT PAYS	Added/Deleted for 2020
D0460	Pulp Vitality Test	\$0	Deleted
PREVENTIVE			
CODE	PROCEDURE	PATIENT PAYS	Added/Deleted for 2020
D1515	Space Maintainer - Fixed Bilateral	\$0	Deleted
D1516-17	Space Maintainer - Fixed Bilateral	\$0	Added
D1525	Space Maintainer - Removable Bilateral	\$0	Deleted
D1526-27	Space Maintainer - Removable Bilateral	\$0	Added
D1550	Recement Space Maintainer	\$12	Deleted
D1551-52	Recement Space Maintainer	\$12	Added

D1553	Re-cement or Re-bond Unilateral Space Maintainer – Per Quadrant	\$6	Added
D1555	Removal of Space Maintainer	\$12	Deleted
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	\$6	Added
D1557-58	Removal of Space Maintainer	\$12	Added
CROWNS/BRIDGES			
CODE	PROCEDURE	PATIENT PAYS	Added/Deleted for 2020
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys	\$207	Added
D6082	Implant Sup Crown - porcelain/predominantly base alloys	\$207	Added
D6083	Implant Sup Crown - porcelain fused to noble alloys	\$207	Added
D6084	Implant Sup Crown - porcelain/titanium and titanium alloys	\$207	Added
D6086	Implant Sup Crown - predominantly base alloys	\$207	Added
D6087	Implant Sup Crown - noble alloys	\$207	Added
D6088	Implant Sup Crown - titanium and titanium alloys	\$207	Added
D6097	Abutment Sup Crown - porcelain/titanium	\$207	Added
D6098	Implant Sup retainer - porcelain/predominantly	\$207	Added
D6099	Implant Sup retainer for FPD - porcelain / noble	\$207	Added
D6120	Abutment Sup Retainer - porcelain/titanium	\$207	Added
D6121	Implant Sup Retainer for metal FPD-	\$207	Added
D6122	Implant Sup Retainer for metal FPD- noble alloys	\$207	Added
D6123	Abutment Sup Retainer for metal FPD- titanium	\$207	Added
D6195	Abutment Sup Retainer - porcelain /titanium	\$207	Added
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$207	Added
D6753	Crown - porcelain fused to titanium and titanium alloys	\$207	Added
D6784	Crown 3/4 - titanium and titanium alloys	\$207	Added

PROSTHODONTICS-REMOVABLE			
CODE	PROCEDURE	PATIENT PAYS	Added/Deleted for 2020
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth)	\$231	Deleted
D5282-83	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth)	\$231	Added
D5284	Removable Unilateral Partial Denture - One Piece Flex Base (including clasps and teeth) - per quad	\$132	Added
D5286	Removable Unilateral Partial Denture - One Piece Resin (including clasps and teeth) - per quad	\$116	Added
REPAIRS TO PROSTHETICS			
CODE	PROCEDURE	PATIENT PAYS	Added/Deleted for 2020
D5876	Add metal substructure to acrylic full denture (per arch)	\$35	Added
OTHER (ADJUNCTIVE) SERVICES			
CODE	PROCEDURE	PATIENT PAYS	Added/Deleted for 2020
D9440	Occlusal Guard, by Report	\$150	Deleted
D9944	Occlusal guard - hard appliance, full arch	\$173	Added
D9945	Occlusal guard - soft appliance, full arch	\$150	Added
D9946	Occlusal guard - hard appliance, partial arch	\$90	Added

**Page 17: Important Things to Know About the PPO Dental Plan Benefits** – replaced the fourth and fifth bullets with the following:

- [FOURTH BULLET] The annual benefit maximum is \$30,000 In-Network or \$2,500 Out-of-Network per covered person for Class A, Class B, and Class C services.
- [FIFTH BULLET] Note: In-Network and Out-of-Network annual maximums cross apply. Once \$2,500 has been paid for In-Network and Out-of-Network services, only In-Network claims are eligible for reimbursement up to the \$30,000 annual maximum.

**Page 24: Annual and Lifetime Maximum** – replaced first paragraph with the following:

Annual Maximum – Under the PPO Dental Plan, you and your eligible dependents are each covered for up to \$30,000 In-Network or \$2,500 Out-of-Network of payable benefits for incurred eligible charges listed under Preventive Services (Class A), Basic Services (Class B), and Major Services (Class C) combined per calendar year. Note: In-Network and Out-of-Network amounts crass apply. Once the \$2,500 maximum benefit has been paid for Out-of-Network services, only In-Network claims are eligible for reimbursement up to the \$30,000 maximum benefit limit.