

2025 DENTAL & VISION

CHILDREN COVERED

SAMBA'S DENTAL & VISION PLAN...

CHOOSE FROM TWO DENTAL PLAN OPTIONS – DMO OR PPO

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

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

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)
This is not a FEDVIP Plan



DENTAL BENEFITS SUMMARY

BENEFIT TYPE	YOU PAY
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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 and C Services	No maximum	

Must choose an Aetna DMO dentist

	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		
PPO P		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 and C Services	\$30,000 per person	\$2,500 per person		
	Choose any dentist • Save more with an Aetna PPO dentist				

DMO PLAN

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

^{*20%} off balance over \$140





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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 TodayIt's Fast & Easy!



ENROLL ONLINE

at SambaPlans.com



AVAILABLE TO ALL FEDERAL EMPLOYEES & ANNUITANTS

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







Freedom to change dental options at any time

