

HOW BENEFITS ARE PAID

The **Traditional option** covers 100% of **reasonable and customary charges** for Type A **covered** diagnostic and preventative services (see Appendix A for a list of the more common **covered** services). Benefits for Type B other **covered** services (see Appendix A) are paid according to geographic schedules and are subject to an annual maximum after the \$50 individual lifetime deductible is met under any Avaya Inc. dental plan.

The **DMO** covers 100% of certain basic and specialty services provided by participating personal and specialty dentists with no deductible, and covers a percentage of other **covered** services including orthodontic treatment (see **DMO** Benefits in Appendix B). Under the **DMO**, there is no annual or lifetime benefit maximum except for services by a non-participating dentist. See Appendix B for benefit limits on services provided by non-participating dentists. When you use a **DMO** participating personal or specialty dentist, depending on the treatment or service you need, you may receive a higher level of benefits than under the **Traditional option**.

Non-participating benefits are not available in all states (see Appendix B for this specific limitation).

Maximum Benefits

The following chart highlights the annual and lifetime maximum benefits for each coverage option.

Dental Plan Option	Annual Maximum Benefit	Lifetime Maximum for Orthodontia Services
Traditional option	\$1,500 per person (Type A and Type B services)	\$1,500 per person
DMO	No annual benefit maximum	Generally, no lifetime benefit maximum for a participating dentist