

INTRODUCTION

The Avaya Inc. Dental Expense Plan (Dental Plan) is designed to promote good dental health through regular exams and preventative dentistry for you and your **eligible dependents**.

If you are an **eligible employee**, Avaya Inc. automatically covers you and your **eligible dependents** in the **Traditional option** starting on the first day of the month in which you complete six months of **net credited service**. You must enroll to cover eligible family members or to select the **Dental Maintenance Organization (DMO[®])**. If you wish, you may enroll for coverage earlier by paying the full coverage cost during the six-month waiting period. This cost is waived if you meet the eligibility requirements to be **covered** as a dependent of another Avaya Inc. employee or retiree.

The Dental Plan offers two types of coverage options:

- **Traditional option**
- **Dental Maintenance Organization (DMO)**

This summary can help you compare the options and choose which one best meets your needs. While the options cover many of the same services and supplies, you will see differences in how you obtain care and how you pay for that care.

Note: (1) **DMO[®]** is a service mark of Aetna, Inc., registered in the U.S. Patent and Trademark Office.
(2) The **Traditional option** is administered by Aetna Life Insurance Company. The **DMO** is underwritten by Aetna Life Insurance Company, Aetna Dental of California Inc. (California), Aetna Dental Inc. (Texas), Aetna Dental Inc. (New Jersey), Aetna Dental Inc. (North Carolina) and/or Aetna Health Inc. (Arizona) (collectively, "Aetna").