

## **THE TRADITIONAL OPTION**

### ***Getting the Most From Your Coverage***

To ensure you receive the maximum benefit under the **Traditional option**, it is important to keep the following in mind when arranging dental care.

### **Alternate Procedures**

Often, there are several ways to treat a particular dental problem. For example, suppose that in repairing your tooth, the dentist has the option of using a filling or crown, and that either treatment meets the professionally accepted dental standards. In such instances, the **Traditional option** will cover only the less expensive treatment – in this case, the filling. So it is important to discuss the choices for treating your problem with your dentist before work begins. If your dentist used a crown instead, you would be responsible for the charges above what the **Traditional option** would pay for the less expensive treatment – namely, the filling.

You can avoid such unnecessary charges by discussing treatment choices with your dentist prior to beginning work or by having your dentist file a predetermination of benefits, as described below.

### **Predetermination of Benefits**

If you need dental work costing over \$200, you should determine before treatment begins what is **covered** and how much the **Traditional option** will pay. This procedure is called “predetermination of benefits.” Here is how predetermination works:

- If you do not have a claim form, get one from the **Claims Administrator** (see “Important Contacts”) or through the “Reference Materials & Forms” section of the Avaya Healthy Decisions Web site ([www.AvayaHealthyDecisions.com](http://www.AvayaHealthyDecisions.com)) and give it to your dentist.
- Your dentist outlines the treatment plan and fees on the claim form, and sends it to the **Claims Administrator**.
- The **Claims Administrator** determines the amount the **Traditional option** will pay, and informs you and your dentist.

If, after reviewing the predetermination, you and your dentist decide to change the treatment plan, the **Claims Administrator** will adjust its payment accordingly. If there is any change in the treatment plan, your dentist should submit a revised plan.

If you do not request predetermination of benefits for claims over \$200, the **Claims Administrator** will pay the claim based on the information it has about your case. If it is determined a less expensive treatment was possible, you may receive a lower benefit than you expected. Predetermination of benefits could help you avoid expensive surprises.

If you have a treatment plan approved and then your coverage ends before the start of treatment or services being rendered, subsequent benefits are generally not payable.

### ***Traditional Option Coverage for Orthodontia***

The **Traditional option** covers approved orthodontia according to the schedule shown in Appendix A. Orthodontic treatment under the **Traditional option** has a \$1,500 lifetime maximum.

Coverage is limited to one complete course of treatment in a lifetime for procedures that are required to correct:

- Faulty position of teeth (malposition), or
- Abnormal bite (malocclusion).

### ***Services Covered Under the Traditional Option***

See Appendix A for a list of Type A and Type B eligible expenses **covered** under the **Traditional option**.

### ***Services Not Covered Under the Plan***

See Appendix C for a list of expenses not **covered** under the Dental Plan.