

APPENDIX C: SERVICES AND/OR CHARGES NOT COVERED UNDER THE DENTAL PLAN

Certain services, supplies or charges are excluded under the Dental Plan. No benefits will be paid for excluded expenses under any circumstances.

Exclusions and Limitations

All of the following services, supplies or expenses are excluded from benefits under the **PPO** option and **DMO**:

- Work done while not **covered** under the Dental Plan (excluding orthodontic work in progress)
- Charges you have no legal obligation to pay
- Charges third parties are required to pay
- Work that is otherwise free of charge
- Charges for broken appointments
- Charges for completing or filing claim forms
- Educational training programs, dietary instructions, or plaque control programs
- Treatment resulting from or caused by the negligent or wrongful act of a third party
- Drugs or their administration
- Charges for a service or supply to the extent that it is:
 - Not reasonably necessary or customarily performed
 - More than the usual charge made when there is no insurance
 - Above the prevailing charge in the area for dental care of a comparable nature, as determined by **Aetna**
 - **Covered** under any other program paid for in full or in part, directly or indirectly, by a plan sponsored by Avaya Inc. or any **Participating Company**, including insured and uninsured programs
 - Above any limits shown in the applicable list of dental services

- Not listed in the dental care schedule, unless otherwise specified
- Provided by someone other than a dentist, except a licensed dental hygienist under the direction of a dentist
- Charges for:
 - Replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect
 - Appliances or services used to alter vertical dimension to restore occlusion, or for the purpose of splinting or correcting attrition, abrasion or erosion
 - Replacing or modifying a partial or full removable denture, bridge, or fixed bridgework, or for adding teeth to any of these, or for replacing or modifying a crown or gold restoration, within five years after that denture, bridge, bridgework, crown or gold restoration was installed
 - Extra sets of dentures or other appliances
 - Implantology
 - Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth
 - A partial or full removable denture, bridge or fixed bridgework if it includes the replacement of one or more natural teeth missing before coverage under the Dental Plan was effective (unless the appliance also includes replacement of a natural tooth that is removed while the person is **covered** by the Dental Plan, *and* which was not an abutment to a partial denture, removable bridge or fixed bridge installed during the prior five years)
 - An appliance or modification of one if an impression for it was made before the person became **covered**
 - A crown, bridge or cast or processed restoration if a tooth was prepared for it before the person became **covered**
 - Root canal therapy if the pulp chamber for it was opened before the person became **covered**
 - A crown, cast or processed restoration, unless required for the treatment of decay or an injury that makes it impossible to restore the tooth with a filling material; or unless the tooth is an abutment to a **covered** partial denture or fixed bridge

- Services for the treatment of problems of the jaw joint, including temporomandibular joint disorder (TMJ), craniomandibular disorders, or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to that joint
 - Pontics, crowns, cast or processed restorations made with high noble metals; except as specifically provided
 - Surgical removal of impacted wisdom teeth only for orthodontic reasons; except as specifically provided
 - Plastic surgery, reconstructive surgery, cosmetic surgery, or other services and supplies which improve, alter or enhance appearance, whether or not for psychological or emotional reasons; except to the extent needed to repair an injury. Surgery must be performed in the calendar year of the accident, which causes the injury, or in the next calendar year. Facings on molar crowns and pontics will always be considered cosmetic
 - General anesthesia and intravenous sedation; unless done in conjunction with another necessary **covered** service
 - Services done where there is no evidence of pathology, dysfunction or disease other than **covered** preventive services
 - Injury arising out of, or in the course of, any work for wages or profit (whether or not with the employer), or diseases covered with respect to such work, by any Workers' Compensation law, occupational disease law or similar law
 - In connection with services, procedures, drugs, or other supplies that are determined by **Aetna** to be experimental, or still under clinical investigation by health professionals
- A charge for a service to the extent that it is:
 - Furnished by or on behalf of the United States Government or any other government, unless payment of the charge is required by law
 - Provided by any law or governmental plan under which the person is or could be covered. This does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program

You may be eligible for reimbursement for expenses not **covered** by the Dental Plan through The Avaya Inc. Health Care Reimbursement Account Plan.