

HIGHLIGHTS

Here is a summary of some features of the Dental Plan.

Plan Feature	Summary
Eligibility	<p>If you are an eligible employee (a regular, active, full-time or part-time, salaried employee who works for a Participating Company), you are eligible for coverage. You may also enroll your eligible dependents under the same coverage option you choose for yourself.</p>
Enrollment	<p>If there is an assigned Dental Plan option for your job classification, you are automatically enrolled for <i>individual</i> Dental Plan coverage. See “Assigned Option.” Coverage starts on your first day of work as an eligible employee.</p> <p>You must enroll by the date specified in your enrollment letter:</p> <ul style="list-style-type: none"> • To select an option other than your assigned option, including declining coverage, • To add any eligible dependents, or • To elect Dental Plan coverage for yourself or your dependents if you have no assigned option. <p>In addition, you may decline Avaya Inc.’s coverage to be a dependent of another eligible employee. If you are a full-time employee and are not covered under any Avaya Inc. dental plan, you may be eligible to receive cash back in your paycheck.</p>
Coverage Options and Coverage Amounts	<p>The PPO option offers dental services through a network of participating dentists and specialists. Dental PPO providers charge negotiated fees for services that will generally be less than those charged by non-participating providers.</p> <p>If you use a PPO dentist, the provider’s charge is guaranteed to be within the reasonable and customary charges, so you are protected from paying charges above the allowable amount.</p> <p>A DMO is a type of dental plan that offers dental treatment through participating DMO providers. The DMO option covers 100% of certain basic and specialty services such as routine oral exams and selected periodontal procedures. All other eligible services under the DMO are covered at 75%. The DMO covers 50% of eligible charges for orthodontic treatment.</p>

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When Coverage Begins	<p>You are automatically enrolled for individual coverage under the PPO if you are a full-time employee, and may elect to participate in the DMO option or decline coverage within 31 days of your hire date. Part-time employees must enroll in coverage for themselves and any eligible dependents. Coverage starts on your first day of work as an eligible employee. You must enroll your eligible dependents if you would like them to be covered under the Dental Plan. Provided you make any changes by the date specified in your enrollment letter, coverage for you and your enrolled dependents is retroactive to your first day of work.</p>
Changing Your Coverage	<p>After you enroll for coverage, you can only make changes during the annual enrollment period, except for certain qualified status changes, such as marriage.</p> <p>If you elect No Coverage, you will <u>not</u> have dental coverage for two Plan Years. If you have a qualified status change during the Plan Year, you can elect dental coverage within 31 days after the date of the qualified status change.</p>
Information About the Dental Plan	<p>Use this document as a reference and call the Claims Administrator (see “Important Contacts”) for specific benefit coverage information. For questions about eligibility, your benefit options or to enroll, call the Avaya Health and Benefits Decision Center (see “Important Contacts”).</p>
Cost	<p>The cost of coverage varies by option and level of coverage. Your contributions are generally deducted on a pre-tax basis.</p>