



## 2014 BENEFITS ENROLLMENT



## BENEFITS AT-A-GLANCE and Resource Contact Information 2014



For Participants in the Formerly Represented Retiree Plan Design  
Includes Long-Term Disability (LTD) and COBRA Participants and Survivors  
in the Family Security Program (FSP)





**To determine your coverage options during the annual open enrollment period...**

- Visit the Your Benefits Resources™ (YBR) website at <http://resources.hewitt.com/alcatel-lucent>; or
- Call the Alcatel-Lucent Benefits Center at 1-888-232-4111 (representatives are available Monday through Friday from 9:00 a.m. to 5:00 p.m., Eastern Time [ET]).

**NOTE: YOU MAY NOT BE ELIGIBLE FOR ALL OF THE PLANS SHOWN IN THE FOLLOWING CHARTS.**



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# BENEFITS AT-A-GLANCE

These charts summarize some features of the 2014 Alcatel-Lucent medical and dental plan options. Use them:

- **During the annual open enrollment period** – To compare plan options and coverage amounts before making your enrollment decisions.

- **All year** – Whenever you need information about your plan or to determine whether a particular service or supply is covered.

## Need Information on a Health Maintenance Organization (HMO)/Medicare HMO?

Due to the number of HMO/Medicare HMO options offered, HMO/Medicare HMO coverage information is not shown in these charts. Medical and prescription drug coverage levels and costs vary by individual HMO/Medicare HMO option.

To review and print specific plan details for the coverage options available to you, visit the YBR website at <http://resources.hewitt.com/alcatel-lucent>, or call the Alcatel-Lucent Benefits Center at 1-888-232-4111, during the annual open enrollment period.

You can also contact the HMO/Medicare HMO you are considering. Carrier contact information can be found on pages 11 and 12 of this booklet. Or, if you are currently enrolled in an HMO/Medicare HMO, check the back of your HMO/Medicare HMO ID card.

## HOW DO THESE CHARTS WORK?

Check and confirm:

### 1. If the charts apply to you

These charts apply to:

- Formerly represented retirees;
- Long-Term Disability (LTD) participants;
- COBRA beneficiaries of formerly represented retirees, including COBRA survivors; and
- Survivors of formerly represented retirees in the Family Security Program (FSP).

### 2. Which specific plans apply to you

You may not be eligible for all of the plans shown in these charts. To confirm the coverage for which you (and your dependent[s]) are eligible, you can:

- Visit the YBR website at <http://resources.hewitt.com/alcatel-lucent>; or
- Call the Alcatel-Lucent Benefits Center at 1-888-232-4111.

### 3. What's covered

For your quick reference, these charts show coverage amounts. Note that for a service or supply to be covered, it must be:

- Medically necessary for the treatment of an illness or injury, or for preventive care benefits that are specifically stated as covered;
- Provided under the order or direction of a physician;
- Provided by a licensed and accredited healthcare provider practicing within the scope of his or her license in the state where the license applies;
- Listed as a covered service and satisfy all the required conditions of services of the plans; and
- Not specifically listed as excluded.

In some cases, there may be additional required criteria and conditions. Services and supplies meeting these criteria will be covered up to the allowable amount or the negotiated rate, if applicable.

# MEDICAL

Feature	Point of Service (POS) (If you are not eligible for Medicare)		Traditional Indemnity (If you are or are not eligible for Medicare)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network		
<b>Choice of Doctors</b>	Select from within a network of medical providers	Select any medical provider	Select from within a network of Preferred Provider Organization (PPO) providers or any medical provider	Select from within a network of PPO providers or any qualified provider
<b>Annual Deductible</b>	Retirees, their dependents and COBRA beneficiaries (excluding survivors): <b>Individual:</b> 1% of annual pension <b>Two-person:</b> 1% of annual pension per individual <b>Family:</b> 1% of annual pension per individual, up to 3% max. Long-Term Disability (LTD), survivors and their dependents: <b>Individual:</b> \$300 <b>Two-person:</b> \$600 <b>Family:</b> \$900	Retirees, their dependents and COBRA beneficiaries (excluding survivors): <b>Individual:</b> 6% of annual pension (\$600 min.) <b>Two-person:</b> 6% of annual pension per individual (\$1,200 min.) <b>Family:</b> 6% of annual pension per individual, up to 18% max. (\$1,800 min.) Long-Term Disability (LTD), survivors and their dependents: <b>Individual:</b> \$600 <b>Two-person:</b> \$1,200 <b>Family:</b> \$1,800	Retirees, their dependents and COBRA beneficiaries (excluding survivors): <b>Per individual:</b> 2.5% of annual pension Long-Term Disability (LTD), survivors and their dependents: <b>Individual:</b> \$300 <b>Two-person:</b> \$600 <b>Family:</b> \$900	\$250/individual (combined with out-of-network)
<b>Annual Out-of-Pocket Maximum</b>	Individual: \$1,600 Two-person: \$3,200 Family: \$4,800 Excludes deductible	Individual: \$4,000 Two-person: \$8,000 Family: \$12,000 Excludes deductible	Individual: \$1,600 Two-person: \$3,200 Family: \$4,800 Excludes deductible	\$1,600/individual (includes deductible; combined with out-of-network)
<b>Lifetime Maximum Benefit</b>	Unlimited (some exclusions apply)	Unlimited (some exclusions apply)	Unlimited (some exclusions apply); Other Covered Charges are limited to \$50,000 (or buy-up amount)	Unlimited (some exclusions apply)
<b>COPAYMENT/COINSURANCE FOR COVERED SERVICES</b>				
<b>Acupuncture</b>	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
<b>Ambulance – Emergency Air Ambulance</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Ambulance – Emergency Use of Ambulance</b>	Plan pays 90% (deductible does not apply)	Plan pays 90% (deductible does not apply)	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Ambulance from Hospital to Hospital</b> (if admitted to first hospital)	Plan pays 90% (deductible does not apply)	Plan pays 90% (deductible does not apply)	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Anesthesia</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Birth Control</b> (prescription birth control or medication only)	See “Prescription Drug Program”			
<b>Birthing Center</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied



Feature	Point of Service (POS) (If you are not eligible for Medicare)		Traditional Indemnity (If you are or are not eligible for Medicare)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network		
<b>Blood and Blood Derivatives</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Cardiac Rehabilitation</b> (phase three maintenance not covered)	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Chemotherapy</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Chiropractic</b>	You pay \$30 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 70% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%, not subject to deductible (covered according to Medicare guidelines)
<b>Durable Medical Equipment</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Emergency Room – Emergency Use</b>	You pay \$75 copayment/visit (waived if admitted)	You pay \$75 copayment/visit (waived if admitted)	Plan pays 90% after deductible is satisfied	You pay \$50 copayment/visit, not subject to deductible (waived if admitted within 24 hours)
<b>Emergency Room – Nonemergency Use</b>	Plan pays 70% after you pay \$75 copayment/visit	Plan pays 70% after you pay \$75 copayment/visit	Plan pays 80% after deductible is satisfied	You pay \$50 copayment/visit, not subject to deductible (payment of emergency room services follows Medicare guidelines)
<b>Extended Care Facility</b> (or Skilled Nursing Facility)	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied; limited to 60 days/year	Plan pays 90% after deductible is satisfied; limited to 120 days/year	Plan pays 90% after deductible is satisfied; limited to 100 days/benefit period
<b>Home Healthcare</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied; limited to 100 visits/year	Plan pays 90% after deductible is satisfied; limited to 200 visits/year	\$0 copayment after deductible is satisfied
<b>Hospice Care</b>	Plan pays 90% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 70% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 90% after deductible is satisfied; limited to 210 days/lifetime	\$0 copayment, not subject to deductible
<b>Inpatient Hospitalization/ Surgery</b>	Plan pays 90% after you pay \$100 copayment/admission	Plan pays 70% after deductible is satisfied and you pay \$300 copayment/admission	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Maternity</b>	Plan pays 90% after you pay \$30 copayment for first doctor visit and 90% after you pay \$100 copayment/hospital admission	Plan pays 70% after deductible is satisfied and you pay \$300 copayment/hospital admission	After deductible is satisfied, plan pays 90% for most inpatient and outpatient services and 80% for physician office visits	After deductible is satisfied, plan pays 90% for most inpatient and outpatient services and 80% for physician office visits
<b>Mental Health and Chemical Dependency*</b> (for those not eligible for Medicare)	<b>Inpatient:</b> Plan pays 90% after you pay \$100 copayment/admission <b>Outpatient:</b> You pay \$30 copayment/visit	<b>Inpatient:</b> Plan pays 70% after deductible is satisfied and you pay \$300 copayment/admission <b>Outpatient:</b> Plan pays 70% after deductible is satisfied	<b>Inpatient:</b> Plan pays 90% after deductible is satisfied <b>Outpatient:</b> Plan pays 80% after deductible is satisfied	Not applicable
<b>Mental Health and Chemical Dependency*</b> (for those Medicare-eligible)	<b>Inpatient or Outpatient:</b> Not applicable		<b>Inpatient:</b> Plan pays 90% after deductible is satisfied <b>Outpatient:</b> Plan pays 80% after deductible is satisfied	<b>Inpatient:</b> Plan pays 90% after deductible is satisfied <b>Outpatient:</b> Plan pays 80% after deductible is satisfied

\* The POS and Traditional Indemnity deductibles and out-of-pocket maximums apply to Mental Health and Chemical Dependency coverage (they are not separate).

Feature	Point of Service (POS) (If you are not eligible for Medicare)		Traditional Indemnity (If you are or are not eligible for Medicare)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network		
<b>Nutritionist</b>	You pay \$30 copayment/visit	Not covered	Not covered	Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines
<b>Outpatient Lab/X-ray</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Physician Hospital Visits and Consultations</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Physician Office Visits</b> (non-preventive)	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Podiatrist</b>	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Private Duty Nursing</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied; limited to 100 shifts/year	Plan pays 90% after deductible is satisfied; limited to 200 shifts/year	Plan pays 90% after deductible is satisfied up to \$2,000/year; in- and out-of-network combined (covered according to Medicare guidelines)
<b>Radiation Therapy</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Rehabilitation Therapy</b> (outpatient physical, occupational, speech)	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied; speech therapy limited to 30 visits/year	Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year	Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year
<b>Second Surgical Opinion</b>	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Smoking Deterrents</b> (prescription only)	See "Prescription Drug Program"			
<b>Surgery – In-Office</b>	You pay \$30 copayment/visit	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Surgery – Outpatient</b>	Plan pays 90% after deductible is satisfied	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	Plan pays 90% after deductible is satisfied
<b>Wigs</b>	Plan pays up to \$300/Plan Year			

## REMEMBER

You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 11 and 12.

Feature	Point of Service (POS) (If you are not eligible for Medicare)		Traditional Indemnity (If you are or are not eligible for Medicare)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network		
PREVENTIVE CARE				
Routine Physical Exams	You pay \$30 copayment/visit	Not covered	Not covered	\$0 copayment for Medicare-covered wellness exam to develop/update a personalized prevention plan based on current health and risk factors; contact plan for details
Well-Child Care	You pay \$30 copayment/visit	Not covered	Not covered	Not covered
Childhood Immunizations	You pay \$30 copayment/visit	Not covered	Not covered	Not covered
Well-Woman Care (ob/gyn exam)	You pay \$30 copayment/visit	Not covered	Not covered	\$0 copayment (one visit/year)
Mammogram Screening (in doctor's office)	You pay \$30 copayment/visit; included with doctor's visit	Plan pays 70% after deductible is satisfied	After deductible is satisfied, plan pays 80% if preventive or 90% if diagnostic	\$0 copayment
Pap Smear (in doctor's office)	You pay \$30 copayment/visit; included with doctor's visit	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	\$0 copayment
Digital Rectal Exam and Blood Test for PSA (in doctor's office – prostate cancer screening for men age 50 and older)	You pay \$30 copayment/visit; included with doctor's visit	Plan pays 70% after deductible is satisfied	Plan pays 90% after deductible is satisfied	\$0 copayment
Newborn In-Hospital Care	Plan pays 90% (deductible does not apply)	Plan pays 70% after deductible is satisfied; limited to one visit	Plan pays 90% (deductible does not apply); limited to one visit	Not covered
COST				
2014 Monthly Premium Costs	Visit the YBR website at <a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a> or call the Alcatel-Lucent Benefits Center at 1-888-232-4111.			
Are You Responsible for Charges in Excess of the Allowable Amount?	No	Yes	Yes	No
Who Is Responsible for Precertification?	Your primary care physician (PCP)	You	You	Not applicable
What Is the Penalty for Failure to Precertify Care?	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence	Not applicable
Do You Have to File Claim Forms?	No	Yes	Yes	No

Feature	Point of Service (POS) (If you are not eligible for Medicare)		Traditional Indemnity (If you are or are not eligible for Medicare)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network		
COVERAGE THROUGH THE EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM*				
Prescription Drug Annual Deductible*	Retail: \$50/individual Mail order: None	Individual: \$100 Two-person: \$200 Family: \$300	In-network (retail and mail order): Retail: \$50/individual Mail order: None Out-of-network: Individual: \$100 Two-person: \$200 Family: \$300	In-network (retail and mail order): Retail: \$50/individual Mail order: None Out-of-network: Individual: \$100 Two-person: \$200 Family: \$300
Prescription Drug Annual Out-of-Pocket Maximum*	Retail and mail order: \$1,600/individual Excludes deductible	None	In-network (retail and mail order): \$1,600/individual Excludes deductible Out-of-network: None	In-network (retail and mail order): \$1,600/individual Excludes deductible Out-of-network: None
Retail Copayments** (up to 30-day supply using an in-network pharmacy)	Generic: \$10 Formulary: \$37 Nonformulary: \$65	Plan pays 70% after deductible is satisfied	In-network: Generic: \$10 Formulary: \$37 Nonformulary: \$65 Out-of-network: Plan pays 70% after deductible is satisfied	In-network: Generic: \$10 Formulary: \$37 Nonformulary: \$65 Out-of-network: Plan pays 70% after deductible is satisfied
Mail-Order Copayments (up to 90-day supply)	Generic: \$25*** Formulary: \$92 Nonformulary: \$163	Not applicable	In-network: Generic: \$25*** Formulary: \$92 Nonformulary: \$163 Out-of-network: Not applicable	In-network: Generic: \$25*** Formulary: \$92 Nonformulary: \$163 Out-of-network: Not applicable
Member Pays the Difference	You will pay the generic copayment, plus the difference in cost between the brand-name and generic drug, if you purchase a brand-name drug when a generic equivalent is available			

\* The deductibles and out-of-pocket maximums for the Prescription Drug Program are separate from the deductibles and out-of-pocket maximums for POS, Traditional Indemnity and UnitedHealthcare Group Medicare Advantage (PPO) benefits. "Member Pays the Difference" program charges do not count toward prescription drug annual out-of-pocket maximums.

\*\* Prescription drug copayments will double after the third time you receive a maintenance medication at a retail pharmacy; for cost savings, use mail order.

\*\*\* You may be eligible for up to a 90-day supply of a generic drug for \$10 or less. To find out if your medication qualifies, visit [www.express-scripts.com/lowcostgenerics](http://www.express-scripts.com/lowcostgenerics) or call 1-800-336-5934.



# DENTAL

Feature	Traditional Option	Dental Maintenance Organization (DMO) Option (Participating Providers)*
<b>Diagnostic and Preventive Care</b> (for example: exams, cleanings and routine X-rays)	100% of reasonable and customary (R&C) fees	100%
<b>Minor Restorative Services</b> (for example: fillings)	Based on a geographic schedule	100%
<b>Major Restorative Services</b> (for example: crowns)	Based on a geographic schedule	75%
<b>Orthodontia</b>	Based on a geographic schedule	50%
<b>Orthodontia Lifetime Maximum</b>	\$1,500/individual	Generally not applicable
<b>Deductible</b>	Lifetime deductible of \$50/individual	Generally not applicable
<b>Annual Maximum Benefit</b>	\$1,500/individual	Generally not applicable

\* If you visit a non-participating dentist after you enroll in the DMO option, your benefit will generally be lower since it will be limited to a specific dollar amount.

## TO FIND YOUR 2014 DENTAL COVERAGE OPTIONS AND THEIR MONTHLY PREMIUM COSTS:

During the annual open enrollment period, visit the YBR website at <http://resources.hewitt.com/alcatel-lucent> or call the Alcatel-Lucent Benefits Center at 1-888-232-4111.

## IMPORTANT INFORMATION REGARDING THE DMO OPTION

### How to enroll

Even if you are currently enrolled in the DMO option, it will not appear as a coverage option on the YBR website during the annual open enrollment period. To enroll in the DMO option, you must first enroll in the Aetna Traditional option (if you are eligible) and then switch to the Aetna DMO option during the year. The DMO option is available in a limited area. You will only be able to enroll in this option if it is available where you live.

For more information about the DMO option (including availability in your area) or to switch to the DMO option, contact Aetna directly at 1-800-220-5479.

### QUESTIONS?

For questions about coverage for a specific procedure, please contact Aetna:

- [www.aetna.com](http://www.aetna.com)
- Traditional option: 1-800-220-5470
- DMO: 1-800-220-5479

### REMEMBER

You may not be eligible for all of the coverage options shown in this chart.

# RESOURCE CONTACT INFORMATION

For information about your benefits coverage, contact these resources.

Where:	What You Will Find:
<b>ALCATEL-LUCENT RESOURCES</b>	
<a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a> 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., Eastern Time (ET)	<b>The Your Benefits Resources (YBR) website</b> <ul style="list-style-type: none"> <li>• View your current coverage</li> <li>• Review and compare your 2014 healthcare options and premium costs</li> <li>• Enroll in coverage for 2014</li> <li>• Make changes to your default coverage for 2014</li> <li>• Waive your 2014 coverage</li> <li>• Find a doctor or healthcare provider</li> <li>• Learn more about Alcatel-Lucent's benefits</li> <li>• Review dependent eligibility rules</li> <li>• Review, add or change your dependent(s)' information on file</li> <li>• Understand how a Life Event may change your benefits</li> </ul>
1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) <b>• Standard hours:</b> Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET	<b>Alcatel-Lucent Benefits Center</b> <b>• If you do not have Internet access:</b> <ul style="list-style-type: none"> <li>- Enroll in coverage for 2014</li> <li>- Make changes to your default coverage for 2014</li> <li>- Waive your 2014 coverage</li> <li>- Review dependent eligibility rules</li> <li>- Review, add or change your dependent(s)' information on file</li> </ul> <ul style="list-style-type: none"> <li>• Resolve a unique benefits issue that you have not been able to solve on your own</li> <li>• Notify Alcatel-Lucent if:               <ul style="list-style-type: none"> <li>- Imputed income applies</li> <li>- You or your eligible dependent(s) will become Medicare-eligible due to a disability</li> </ul> </li> </ul>
<a href="http://www.benefitanswersplus.com">www.benefitanswersplus.com</a>	<b>The Alcatel-Lucent BenefitAnswers Plus website</b> <ul style="list-style-type: none"> <li>• Learn more about Alcatel-Lucent's benefits, including benefits news and updates (no password required)</li> <li>• Obtain electronic copies of your enrollment materials</li> <li>• Find carrier contact information during the year</li> <li>• Access a short video about the YBR website</li> </ul>
<b>UNITEDHEALTHCARE</b>	
<b>Group Medicare Advantage (PPO):</b> <a href="http://www.UHCRetiree.com/alcatel-lucent">www.UHCRetiree.com/alcatel-lucent</a> 1-888-980-8117 (TTY: 711) (8:00 a.m. to 8:00 p.m., local time, seven days a week) <b>POS:</b> 1-800-577-8539 <b>Traditional Indemnity:</b> 1-800-577-8567 <a href="http://www.myuhc.com">www.myuhc.com</a> User ID: ALU Password: ALU	<b>General information about your coverage and dedicated Customer Care (Member Services)</b> <ul style="list-style-type: none"> <li>• Understand how your UnitedHealthcare medical coverage works</li> <li>• Find network physicians, specialists and facilities in your community</li> <li>• Compare average treatment costs and hospitals in your area for medical procedures you may be considering</li> <li>• Manage your healthcare choices and costs through a Plan Comparison Calculator</li> <li>• Access claims information</li> <li>• Speak with an experienced customer care representative who understands your plan and can answer questions quickly</li> </ul>
<a href="http://www.myuhc.com">www.myuhc.com</a> 1-866-444-3011 (24 hours a day, seven days a week)	<b>UnitedHealthcare OptumHealth<sup>SM</sup> Nurseline and Live Nurse Chat</b> <ul style="list-style-type: none"> <li>• Speak with a registered nurse at any time</li> <li>• Get information about health and welfare topics</li> <li>• Participate in live online Nurse Chat</li> <li>• Both English- and Spanish-speaking registered nurses are available</li> </ul>
<a href="http://www.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a> 1-866-936-6002 (7:00 a.m. to 7:00 p.m., Central Time [CT], Monday through Friday, excluding holidays)	<b>UnitedHealthcare Cancer Resource Services (CRS)</b> <ul style="list-style-type: none"> <li>• Get information regarding a cancer diagnosis and treatment</li> <li>• Find cancer centers or physicians</li> </ul>

Where:	What You Will Find:
<a href="http://www.healthy-pregnancy.com">www.healthy-pregnancy.com</a> 1-800-411-7984	<b>Healthy Pregnancy Program</b> <ul style="list-style-type: none"> <li>• 24-hour access to experienced maternity nurses</li> <li>• Education and support for women through all stages of pregnancy and delivery</li> </ul>
<a href="http://www.myoptumhealth.complexmedical.com">www.myoptumhealth.complexmedical.com</a> (click on the "Congenital Heart Disease" link or call the phone number on the back of your medical ID card)	<b>Congenital Heart Disease Program (CHD)</b> <ul style="list-style-type: none"> <li>• Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease</li> </ul>
<a href="http://www.myoptumhealth.complexmedical.com">www.myoptumhealth.complexmedical.com</a> (click on the "Transplantation" link or call the phone number on the back of your medical ID card)	<b>Transplant Resource Services</b> <ul style="list-style-type: none"> <li>• Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants</li> </ul>
<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> <b>POS:</b> 1-800-577-8539 <b>Traditional Indemnity:</b> 1-800-577-8567	<b>UnitedHealthcare Mental Health and Chemical Dependency</b> <ul style="list-style-type: none"> <li>• Understand how your mental health and chemical dependency coverage works</li> <li>• Access claims information</li> </ul>
<b>EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE</b> (does not apply to HMO/Medicare HMO coverage)	
<a href="http://www.express-scripts.com">www.express-scripts.com</a> 1-800-336-5934	<b>Express Scripts</b> <ul style="list-style-type: none"> <li>• Understand how your prescription drug coverage works</li> <li>• Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail</li> <li>• Access claims information</li> <li>• Find an in-network pharmacy</li> <li>• Order medications from the Express Scripts Pharmacy for savings opportunities</li> </ul>
<a href="http://www.express-scripts.com/choices">www.express-scripts.com/choices</a> 1-800-336-5934	<b>Express Scripts My Rx Choices</b> <ul style="list-style-type: none"> <li>• Find lower-cost options for the medications you currently take on an ongoing basis</li> </ul>
<a href="http://www.express-scripts.com/lowcostgenerics">www.express-scripts.com/lowcostgenerics</a> 1-800-336-5934	<b>Express Scripts Low Cost Generics</b> <ul style="list-style-type: none"> <li>• Determine if your medications are eligible for an additional discount through mail order</li> <li>• 24/7 access to specialist pharmacists</li> </ul>
<b>AETNA DENTAL</b>	
<a href="http://www.aetna.com">www.aetna.com</a> <b>Traditional option:</b> 1-800-220-5470 <b>DMO:</b> 1-800-220-5479	<b>Aetna Dental</b> <ul style="list-style-type: none"> <li>• Understand how your dental coverage works</li> <li>• Find network dentists</li> <li>• Access claims information</li> </ul>

Where:	What You Will Find:
<b>METLIFE</b>	
1-888-201-4612	<b>MetLife Life Insurance</b> • Understand how your life insurance coverage works
1-800-984-8651	<b>MetLife Long-Term Care Insurance (LTCI)</b> • Understand how your LTCI coverage works • <b>Note:</b> Plan closed to new entrants as of December 31, 2012
<b>OTHER RESOURCES (UNION CONTACTS)</b>	
1-678-989-9356 Email: sbrumbelow@att.net	<b>CWA Managed Care Program Coordinator – Steve Brumbelow</b> • Not a representative of Alcatel-Lucent medical plans • Assists current and former union members
1-877-878-5957 Email: bryan1599@att.net	<b>IBEW Managed Care Program Coordinator – Bryan Flickinger</b> • Not a representative of Alcatel-Lucent medical plans • Assists former union members
<b>HMO/MEDICARE HMO (see carrier contact information on next pages)</b>	
Contact information is also available: • On the back of your ID card, if you are currently enrolled in an HMO/Medicare HMO; • By visiting the YBR website at <a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a> ; or • By calling the Alcatel-Lucent Benefits Center at 1-888-232-4111.	<b>Your HMO/Medicare HMO carrier</b> • Understand how your HMO/Medicare HMO coverage works • Access claims information

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (“HIPAA”)

If you are a participant in the Alcatel-Lucent Medical Expense Plan for Retired Employees and/or the Alcatel-Lucent Dental Expense Plan for Retired Employees (collectively, the “Plans”), your personal health information is private. HIPAA requires the Plans to inform you of the availability of a notice about the Plans’ privacy practices, legal duties and your rights concerning your health information received and/or created by the Plans. You can print a copy of the Plans’ Notice of Privacy Practices for your records at any time from the BenefitAnswers Plus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com). You may also request a copy by calling 1-908-582-4727.

## HMOs FOR PARTICIPANTS NOT ELIGIBLE FOR MEDICARE

HMO Option	Phone Number	Website
Aetna Pennsylvania	1-800-323-9930	<a href="http://www.aetna.com">www.aetna.com</a>
Blue Advantage of Illinois Blue Cross/Blue Shield of Illinois	1-800-892-2803	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
HIP Health Plan of New York	Members: 1-800-447-8255 Prospective members: 1-800-447-8632	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Horizon Blue Cross/Blue Shield of New Jersey	1-800-355-2583	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> <li>• Washington, D.C.: 1-301-468-6000</li> <li>• Outside the Washington, D.C. metro area: 1-800-777-7902</li> <li>• TDD: 1-301-879-6380</li> </ul>	<a href="http://my.kp.org/alcatellucent">http://my.kp.org/alcatellucent</a>
Kaiser Northwest	<ul style="list-style-type: none"> <li>• Portland, OR area only: 1-503-813-2000</li> <li>• 1-800-813-2000</li> </ul>	
Kaiser of Northern California Kaiser of Southern California	1-800-464-4000	
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> <li>• 1-800-632-9700</li> <li>• Southern Colorado: 1-888-681-7878</li> </ul>	
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> <li>• 1-888-865-5813</li> <li>• Local: 1-404-261-2590</li> </ul>	
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> <li>• Oahu: 1-808-432-5955</li> <li>• Other islands: 1-800-966-5955</li> </ul>	
Keystone Health Plan Central	<ul style="list-style-type: none"> <li>• 1-800-669-7061</li> <li>• TDD: 1-800-669-7075</li> </ul>	<a href="http://www.capbluecross.com">www.capbluecross.com</a>
UnitedHealthcare Choice of Arizona	1-866-633-2446	<a href="http://www.unitedhealthcare.com">www.unitedhealthcare.com</a>
UnitedHealthcare of California	1-800-624-8822	<a href="http://www.uhcwest.com">www.uhcwest.com</a>
UnitedHealthcare of Oklahoma	1-800-825-9355	
Univera Health of Western NY	Members: 1-800-337-3338 Prospective members: 1-800-427-8490	<a href="http://www.univerahealthcare.com">www.univerahealthcare.com</a>



# MEDICARE HMOs

Medicare HMO Option	Phone Number	Website
Aetna Health Plans of New Jersey	1-800-282-5366	<a href="http://www.aetna.com">www.aetna.com</a>
Aetna Health Plans of Pennsylvania		
Blue Advantage of Illinois Blue Cross/Blue Shield of Illinois	1-800-892-2803	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
BlueCross BlueShield of North Carolina	1-888-310-4110	<a href="http://www.bcbsnc.com/member/medicare">www.bcbsnc.com/member/medicare</a>
Group Health of Puget Sound	1-888-901-4636	<a href="http://www.ghc.org">www.ghc.org</a>
HIP Health Plan of New York	Members: 1-800-447-8255 Prospective members: 1-800-447-8632	<a href="http://www.emblemhealth.com">www.emblemhealth.com</a>
Horizon Blue Cross/Blue Shield of New Jersey	Members: 1-800-365-2223 Prospective members: 1-800-224-1234	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
Humana Health Plan of Florida Humana Health Plan of Illinois Humana Health Plan of Kansas City	Members: 1-866-396-8810 Prospective members: 1-800-824-8242	<a href="http://www.humana.com">www.humana.com</a>
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> <li>• 1-888-777-5536</li> <li>• TTY: 1-866-513-0008</li> </ul>	<a href="http://my.kp.org/alcatellucent">http://my.kp.org/alcatellucent</a>
Kaiser Northwest	<ul style="list-style-type: none"> <li>• Portland, OR area only: 1-503-813-2000</li> <li>• 1-800-813-2000</li> </ul>	
Kaiser of Northern California Kaiser of Southern California	1-800-443-0815	
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> <li>• 1-800-476-2167</li> <li>• TTY: 1-866-513-9964</li> </ul>	
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> <li>• 1-800-232-4404</li> <li>• Local: 1-404-233-3700</li> </ul>	
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> <li>• Oahu: 1-808-432-5955</li> <li>• Other islands: 1-800-966-5955</li> </ul>	
Keystone Health Plan Central	<ul style="list-style-type: none"> <li>• 1-800-779-6962</li> <li>• TDD: 1-800-779-6961</li> </ul>	<a href="https://seniorbluehmo.capbluecross.com">https://seniorbluehmo.capbluecross.com</a>
UnitedHealthcare of Arizona	1-800-610-2660	<a href="http://www.securehorizons.com">www.securehorizons.com</a>
UnitedHealthcare of California	1-800-610-2660	
UnitedHealthcare of Colorado	1-800-610-2660	
UnitedHealthcare of Oklahoma	1-800-950-9355	
Univera Health of Western NY	Members: 1-800-337-3338 Prospective members: 1-800-427-8490	<a href="http://www.univerahealthcare.com">www.univerahealthcare.com</a>



This communication is intended to highlight some of the benefits provided by Alcatel-Lucent to its eligible participants. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Alcatel-Lucent USA Inc. (or its delegate) reserves the right to modify, suspend, change or terminate any of its benefit plans at any time, subject to the terms of applicable bargaining agreements. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the company. The company cannot be bound by statements about the plans made by unauthorized personnel.

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