



2015 BENEFITS ENROLLMENT



BENEFITS AT-A-GLANCE and Resource Contact Information 2015

For Participants in the Active Management Plan Design

Includes Active Employees; Participants on a Leave of Absence (LOA), Short-Term Disability (STD), Long Term Disability (LTD) or Workers' Compensation; COBRA Participants; and Survivors in the Family Security Program (FSP)

NOTE: You may not be eligible for all of the plans shown in the following charts.

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 from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

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U.S. Employees on International Assignment

If you are an International Assignee (IA), for 2015 you will be eligible for the following options:

- Medical: UnitedHealthcare Enhanced Point of Service (POS), UnitedHealthcare Standard POS and, if available, Health Maintenance Organization(s) (HMO[s])
- Dental: MetLife Enhanced Dental and MetLife Standard Dental

BENEFITS-AT-A-GLANCE

These charts summarize some features of the 2015 Alcatel-Lucent medical and dental plan options. Use them:

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| <ul style="list-style-type: none">▪ During the annual open enrollment period — To compare plan options and coverage amounts before making your enrollment decisions. | <ul style="list-style-type: none">▪ All year — Whenever you need information about your plan or to determine whether a particular service or supply is covered. |
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How Do These Charts Work?

Check and confirm:

1. 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.

2. 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.

Need Information on a Health Maintenance Organization (HMO)?

Due to the number of HMO options offered, HMO coverage information is not shown in these charts. Medical and prescription drug coverage levels and costs vary by individual 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 you are considering. Carrier contact information can be found on page 16 of this booklet. Or, if you are currently enrolled in an HMO, check the back of your HMO ID card.

Medical

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Choice of doctors	Select from within a network of medical providers	Select any medical provider	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
Annual deductible	Not applicable	Individual: \$500 Two-person: \$1,000 Family: \$1,500	Not applicable	Not applicable	Individual: \$300 Two-person: \$600 Family: \$900
Annual Out-of-pocket Maximum	Individual: \$1,200 Two-person: \$2,400 Family: \$3,600	Individual: \$3,000 Two-person: \$6,000 Family: \$9,000 (Excludes deductible)	Individual: \$4,000 Family: \$8,000	\$7,500/individual	Individual: \$1,500 Two-person: \$3,000 Family: \$4,500 (Excludes deductible)
Lifetime Maximum Benefit	Unlimited (some exclusions apply)				
Annual Maximum Benefit	Not applicable				
COPAYMENT/COINSURANCE FOR COVERED SERVICES					
Acupuncture	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance — Emergency Air Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied
Ambulance — Emergency Use of Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied
Ambulance — from Hospital to Hospital (if admitted to first hospital)	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied
Anesthesia	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 16.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Birth Control (prescription birth control or medication only)	See "Prescription Drug Program"				
Birthing Center	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$500 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Chiropractic	You pay \$25 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%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 60%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Durable Medical Equipment	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Emergency Room — Emergency Use	You pay \$50 copayment (waived if admitted)	You pay \$50 copayment (waived if admitted)	You pay \$100 copayment (waived if admitted)	You pay \$100 copayment (waived if admitted)	Plan pays 80% after deductible is satisfied
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$50 copayment	Plan pays 70% after you pay \$50 copayment	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Extended Care Facility (or Skilled Nursing Facility)	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 60 days/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 120 days/year

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 16.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Hearing Aids	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	\$2,500 allowance every three years (in- and out-of-network combined)	Not covered
Home Healthcare	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 visits/year	Plan pays 80%	Plan pays 60%; limited to 100 visits/year	Plan pays 80% after deductible is satisfied; limited to 200 visits/year
Hospice Care	Plan pays 90%; 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 80%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 60%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 210 days/lifetime
Inpatient Hospitalization	Plan pays 90%	Plan pays 70% after deductible is satisfied and you pay \$200 copayment/admission	Plan pays 80% after you pay \$500 copayment/admission	Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied
Maternity <ul style="list-style-type: none"> Office visits: pre/postnatal In-hospital delivery services 	Office visits: Plan pays 90% after you pay first office copayment In-hospital delivery services: Plan pays 90%	Plan pays 70% after deductible is satisfied	Office visits: Plan pays 80% after you pay first office copayment In-hospital delivery services: Plan pays 80% after you pay \$500 copayment	Office visits: Plan pays 60% In-hospital delivery services: Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied
Nutritionist	You pay \$25 copayment/visit	Not covered	You pay \$40 copayment/visit	Plan pays 60%	Not covered
Outpatient Lab/X-ray	Plan pays 90% (or you pay \$25 copayment when included as part of office visit)	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60% after you pay \$200 copayment	Plan pays 80% after deductible is satisfied
Physician Hospital Visits and Consultations	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 16.				

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Physician Office Visits	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	Primary care physician (PCP): You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied
Podiatrist	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Private Duty Nursing	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 shifts/year	Plan pays 80%	Plan pays 60%; limited to 100 shifts/year	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year
Radiation Therapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied
Rehabilitation Therapy	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied; speech therapy limited to 100 visits/year	You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied; speech therapy limited to 100 visits/year
Second Surgical Opinion	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied
Smoking Deterrents (prescription only)	See "Prescription Drug Program"				

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	Enhanced Point of Service (POS)		Standard POS		
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	Traditional Indemnity
Surgery — In-Office	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$250 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied
Surgery — Inpatient	Plan pays 90%	Plan pays 70% after you pay \$200 copayment/ admission	Plan pays 80% after you pay \$500 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied
Surgery — Outpatient	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$250 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied
Wigs	Plan pays up to \$300/year				
PREVENTIVE CARE					
Routine Physical Exams	You pay \$25 copayment/ visit	Not covered	PCP: You pay \$15 copayment/ visit Specialist: You pay \$40 copayment/ visit	Not covered	Not covered
Well-Child Care (including immunizations)	You pay \$25 copayment/ visit	Not covered	You pay \$15 copayment/ visit	Not covered	Not covered
Well-Woman Care (ob-gyn exam)	You pay \$25 copayment/ visit	Not covered	PCP: You pay \$15 copayment/ visit Specialist: You pay \$40 copayment/ visit	Not covered	Not covered
Mammogram Screening (in doctor's office)	You pay \$25 copayment/ visit	Plan pays 70% after deductible is satisfied	PCP: You pay \$15 copayment/ visit Specialist: You pay \$40 copayment/ visit	Plan pays 60%	Plan pays 80% after deductible is satisfied
Pap Smear (in doctor's office)	You pay \$25 copayment/ visit	Plan pays 70% after deductible is satisfied	PCP: You pay \$15 copayment/ visit Specialist: You pay \$40 copayment/ visit	Plan pays 60%	Plan pays 80% after deductible is satisfied

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	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	
Digital Rectal Exam and Blood Test for PSA (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 90%	Plan pays 70% after deductible is satisfied	PCP: You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied
Newborn In-Hospital Care	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to one visit	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to one visit
Centers of Excellence	Yes				
MENTAL HEALTH AND CHEMICAL DEPENDENCY *					
Inpatient	Plan pays 90%	Plan pays 70% after deductible is satisfied and you pay \$200 copayment/admission	Plan pays 80% after you pay \$500 copayment/admission	Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied
Outpatient	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	You pay \$15 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied

*The Enhanced POS, Standard POS and Traditional Indemnity deductibles and out-of-pocket maximums (if any) also apply to Mental Health and Chemical Dependency coverage (they are not separate).

When You Need a Helping Hand, Count on the Employee Assistance Program (EAP)

Need help coping with stress, family pressures, money issues or work demands? Reach out to the EAP.

The EAP offers you and your immediate family members free, confidential, 24/7 assistance for a wide range of medical and behavioral health issues, such as emotional difficulties, alcoholism, drug abuse, marital or family concerns, and other personal and life issues.

To speak with a counselor, call Magellan at 1-800-327-7348 or visit www.magellanassist.com.

REMEMBER

You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 16.

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
COST					
2015 Monthly Premium Costs	Visit the YBR website at http://resources.hewitt.com/alcatel-lucent 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	No	Yes	Yes
Who Is Responsible for Precertification?	Your PCP	You	Your PCP	You	You
What Is the Penalty for Failure to Precertify Care?	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence
Do You Have to File Claim Forms?	No	Yes	No	Yes	Yes

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 16.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
COVERAGE THROUGH THE EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM*					
Prescription Drug Out-of-Pocket Maximum	\$2,000/person	Not applicable	Not applicable		\$2,000/person
Retail** (up to 30-day supply using an in-network pharmacy)	Generic: \$10 copayment Formulary Brand: \$40 copayment Nonformulary Brand: \$60 copayment	Plan pays 70% after you pay separate deductible: Individual: \$100 Two-person: \$200 Family: \$300	You pay \$7 copayment for generic drugs and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of \$75/prescription	Plan pays 60% for coinsurance for generic drugs and 50% coinsurance for brand-name drugs after you pay separate deductible Individual: \$100 Two-person: \$200 Family: \$300	In-network: Generic: \$10 copayment Formulary Brand: \$40 copayment Nonformulary Brand: \$60 copayment Out-of-network: Plan pays 70% after you pay separate deductible: Individual: \$100 Two-person: \$200 Family: \$300
Mail Order (up to a 90-day supply)	Generic: \$25 copayment*** Formulary Brand: \$100 copayment Nonformulary Brand: \$150 copayment	Not applicable	You pay \$15 copayment for generic drugs*** and 50% coinsurance for brand-name drugs, with an out-of-pocket maximum of \$150/prescription	Not applicable	Generic: \$25 copayment*** Formulary Brand: \$100 copayment Nonformulary Brand: \$150 copayment
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 and Traditional Indemnity coverage. "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 or call 1-800-336-5934.

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 16.
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Dental

Feature	MetLife Enhanced Dental	MetLife Standard Dental
Network	Using the MetLife Preferred Dentist Program (PDP) Plus network providers offers lower negotiated rates	
Annual Deductible (Individual/Family)	\$0/\$0	\$50/\$100
Annual Maximum Benefit (per individual)	\$2,250	\$1,500
2015 Monthly Premium Costs	Visit the YBR website at http://resources.hewitt.com/alcatel-lucent or call the Alcatel-Lucent Benefits Center at 1-888-232-4111	
DIAGNOSTIC/PREVENTIVE CARE		
Oral Exam (two per year)	Plan pays 100%	Plan pays 100%; not subject to deductible
Cleaning and Scaling of Teeth	Plan pays 100%	Plan pays 100%; not subject to deductible
Space Maintainers for Dependent Children (up to, but not including, age 19)	Plan pays 100%	Plan pays 100%; not subject to deductible
Complex X-Ray Services	Plan pays 100% (limited to once every three years)	Plan pays 100%; not subject to deductible (limited to once every 36 months)
Bitewing X-Ray (limited to once per year for adults; two times per year for children up to, but not including, age 19)	Plan pays 100%	Plan pays 100%; not subject to deductible
Sealants for Permanent Molars	Plan pays 100% for children up to, but not including, age 19; replacements allowed every 60 months	Plan pays 100% for children up to, but not including, age 19; replacements allowed every 60 months; not subject to deductible

(continued on next page)

Note:

Additional frequency limits and requirements may apply. Dental treatment that spans two Plan Years (for example, dentures, bridgework, crown or root canal therapy) will be paid according to the reasonable and customary (R&C) rates in effect when a service is provided. For plan purposes, a service is considered as provided when treatment begins (when a tooth is prepared or a canal opened).

For more information about your dental coverage, contact MetLife at www.metlife.com/mybenefits, or call 1-888-262-4876.

REMEMBER

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

Dental

Feature	MetLife Enhanced Dental	MetLife Standard Dental
RESTORATIVE SERVICES		
Extractions	Plan pays 80%	Plan pays 80% after deductible
Fillings (composite resin and amalgam)	Plan pays 80%	Plan pays 80% after deductible
Inlays/Onlays (limited to once every five years)	Plan pays 80%	Plan pays 80% after deductible
Crowns to Restore Tooth Structure (limited to once every five years)	Plan pays 80%	Plan pays 80% after deductible
Periodontal Scaling/Planing	Plan pays 80%	Plan pays 80% after deductible
Bridges (limited to once every five years)	Plan pays 80%	Plan pays 50% after deductible
Implants (limited to once every five years)	Plan pays 80%	Plan pays 50% after deductible
Root Canals	Plan pays 80%	Plan pays 50% after deductible
Dentures (limited to once every five years)	Plan pays 80%	Plan pays 50% after deductible
Removal of Wisdom Teeth	Plan pays 80%	Plan pays 80% after deductible; non-surgical removal subject to calendar-year maximum; surgical removal not subject to calendar-year maximum
Oral Surgery	Plan pays 80%	Plan pays 80% after deductible; not subject to calendar-year maximum
Orthodontia	Plan pays 50% up to lifetime maximum of \$1,750/individual	Plan pays 50% up to lifetime maximum of \$1,500/individual

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
ALCATEL-LUCENT RESOURCES	
http://resources.hewitt.com/alcatel-lucent 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., Eastern Time (ET)	The Your Benefits Resources (YBR) website <ul style="list-style-type: none"> ▪ View your current coverage ▪ Review and compare your 2015 healthcare options and premium costs ▪ Enroll in coverage for 2015 ▪ Make changes to your default coverage for 2015 ▪ Waive your 2015 coverage ▪ Find a doctor or healthcare provider ▪ Learn more about Alcatel-Lucent's benefits ▪ Review dependent eligibility rules ▪ Review, add or change your dependent(s)' information on file ▪ Understand how a Life Event may change your benefits
1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) <ul style="list-style-type: none"> ▪ Standard hours: Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET 	Alcatel-Lucent Benefits Center <ul style="list-style-type: none"> ▪ If you do not have Internet access: <ul style="list-style-type: none"> – Enroll in coverage for 2015 – Make changes to your default coverage for 2015 – Waive your 2015 coverage – Review dependent eligibility rules – Review, add or change your dependent(s)' information on file ▪ Resolve a unique benefits issue that you have not been able to solve on your own ▪ Notify Alcatel-Lucent if: <ul style="list-style-type: none"> – Imputed income applies – You or your eligible dependent(s) will become Medicare-eligible due to a disability
www.benefitanswersplus.com	The Alcatel-Lucent BenefitAnswers Plus website <ul style="list-style-type: none"> ▪ Learn more about Alcatel-Lucent's benefits, including benefits news and updates (no password required) ▪ Obtain electronic copies of your enrollment materials ▪ Find carrier contact information during the year
UNITEDHEALTHCARE	
www.myuhc.com Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	General information about your coverage and dedicated Customer Care (Member Services) <ul style="list-style-type: none"> ▪ Understand how your UnitedHealthcare medical coverage works ▪ Find network physicians, specialists and facilities in your community ▪ Compare average treatment costs and hospitals in your area for medical procedures you may be considering ▪ Manage your healthcare choices and costs through a Plan Comparison Calculator ▪ Access claims information ▪ Speak with an experienced customer care representative who understands your plan and can answer questions quickly

Where	What You Will Find
www.myuhc.com 1-866-444-3011 (24 hours a day, seven days a week)	UnitedHealthcare OptumHealthSM Nurseline and Live Nurse Chat <ul style="list-style-type: none"> ▪ Speak with a registered nurse at any time ▪ Get information about health and welfare topics ▪ Participate in live online Nurse Chat ▪ Both English- and Spanish-speaking registered nurses are available
www.myoptumhealthcomplexmedical.com 1-866-936-6002 (7:00 a.m. to 7:00 p.m., Central Time [CT], Monday through Friday, excluding holidays)	UnitedHealthcare Cancer Resource Services (CRS) <ul style="list-style-type: none"> ▪ Get information regarding a cancer diagnosis and treatment ▪ Find cancer centers or physicians
www.healthy-pregnancy.com 1-800-411-7984	Healthy Pregnancy Program <ul style="list-style-type: none"> ▪ 24-hour access to experienced maternity nurses ▪ Education and support for women through all stages of pregnancy and delivery
www.myoptumhealthcomplexmedical.com (click the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card)	Congenital Heart Disease Program (CHD) <ul style="list-style-type: none"> ▪ Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease
www.myoptumhealthcomplexmedical.com (click the “Transplantation” link or call the phone number on the back of your medical ID card)	Transplant Resource Services <ul style="list-style-type: none"> ▪ Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	UnitedHealthcare Behavioral Health <ul style="list-style-type: none"> ▪ Understand how your mental health and chemical dependency coverage works ▪ Access claims information
www.express-scripts.com 1-800-336-5934	Express Scripts <ul style="list-style-type: none"> ▪ Understand how your prescription drug coverage works ▪ Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail ▪ Access claims information ▪ Find an in-network pharmacy ▪ Order medications from the Express Scripts Pharmacy for savings opportunities
www.express-scripts.com/choices 1-800-336-5934	Express Scripts My Rx Choices <ul style="list-style-type: none"> ▪ Find lower-cost options for the medications you currently take on an ongoing basis
www.express-scripts.com/lowcostgenerics 1-800-336-5934	Express Scripts Low Cost Generics <ul style="list-style-type: none"> ▪ Determine if your medications are eligible for an additional discount through mail order

Where	What You Will Find
MAGELLAN	
www.magellanassist.com 1-800-327-7348	Magellan EAP <ul style="list-style-type: none"> ▪ Get free, confidential 24/7 assistance for medical and behavioral health issues
METLIFE	
www.metlife.com/mybenefits 1-888-262-4876	MetLife Dental <ul style="list-style-type: none"> ▪ Understand how your dental coverage works ▪ Find network dentists ▪ Access claims information
1-800-523-2894 MetLife GUL Department P.O. Box 14402 Lexington, KY 40512-4402	MetLife Group Universal Life (GUL) Insurance <ul style="list-style-type: none"> ▪ Request portability ▪ Get answers to all questions related to the GUL products
1-888-201-4612	MetLife Life Insurance <ul style="list-style-type: none"> ▪ Understand how your life insurance coverage works
1-800-984-8651	MetLife Long-Term Care Insurance (LTCI) <ul style="list-style-type: none"> ▪ Understand how your LTCI coverage works ▪ Note: Plan closed to new entrants as of December 31, 2011
YOUR SPENDING ACCOUNT™ (FLEXIBLE SPENDING ACCOUNTS)	
Available through the YBR website at http://resources.hewitt.com/alcatel-lucent 1-888-232-4111; 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	Your Spending Account (Health Care and/or Dependent Care Flexible Spending Accounts) <ul style="list-style-type: none"> ▪ Obtain your account balance ▪ Learn about what qualifies as an eligible expense ▪ Submit claims ▪ Check the status of your claims
HMO (see carrier contact information on next page)	
Contact information is also available: <ul style="list-style-type: none"> ▪ On the back of your ID card, if you are currently enrolled in an HMO; ▪ By visiting the YBR website at http://resources.hewitt.com/alcatel-lucent; or ▪ By calling the Alcatel-Lucent Benefits Center at 1-888-232-4111. 	Your HMO carrier <ul style="list-style-type: none"> ▪ Understand how your 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 Management Employees and/or the Alcatel-Lucent Dental Expense Plan for Active 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. You may also request a copy by calling 1-908-582-4727.

HMOs

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

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. 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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