



2016  
BENEFITS  
ENROLLMENT



# *BENEFITS AT-A-GLANCE and Resource Contact Information 2016*

For Participants in the Active Represented Plan Design

Includes Active Employees; Employees on a Leave of Absence (LOA), Short Term Disability (STD) or Workers' Compensation; and COBRA Participants

**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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# BENEFITS AT-A-GLANCE

These charts summarize some features of the 2016 Alcatel-Lucent medical and dental plan options. (**Note:** Also included is a chart summarizing some features of the 2016 vision plan option. This option is available to certain COBRA participants **only**.) Use these charts:

▪ <b>During the annual open enrollment period</b> — To compare plan options and coverage amounts before making your enrollment decisions.	▪ <b>All year</b> — 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 About 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 13 of this booklet. Or, if you are currently enrolled in an HMO, check the back of your HMO ID card.

# Medical

	Point of Service (POS)		
Feature	In-Network	Out-of-Network	Traditional Indemnity
Choice of Doctors	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	None	Individual: \$775 Two-person: \$1,550 Family: \$2,325	Individual: \$375 Two-person: \$750 Family: \$1,125
Annual Out-of-Pocket Maximum	Individual: \$1,600 Two-person: \$3,200 Family: \$4,800	Individual: \$4,450 Two-person: \$8,900 Family: \$13,350 Excludes deductible	Individual: \$1,900 Two-person: \$3,800 Family: \$5,700 Excludes deductible
Lifetime Maximum Benefit	Unlimited (some exclusions apply)		
COPAYMENT/COINSURANCE FOR COVERED SERVICES			
Acupuncture	You pay \$35 copayment/visit	Plan pays 75% 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
Ambulance — Emergency Air Ambulance	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Ambulance — Emergency Use of Ambulance	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 80% after deductible is satisfied
Ambulance from Hospital to Hospital (if admitted to first hospital)	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 95% after deductible is satisfied
Anesthesia	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Birth Control (prescription birth control or medication only)	See “Prescription Drug Program”		
Birthing Center	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Chiropractic	You pay \$35 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 75% 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

## 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 13.

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
<b>Durable Medical Equipment</b>	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Emergency Room — Emergency Use</b>	You pay \$70 copayment/visit (waived if admitted)	You pay \$70 copayment/visit (waived if admitted)	Plan pays 95% after deductible is satisfied
<b>Emergency Room — Nonemergency Use</b>	Plan pays 75% after you pay \$70 copayment/visit	Plan pays 75% after you pay \$70 copayment/visit	Plan pays 80% after deductible is satisfied
<b>Extended Care Facility</b> (or Skilled Nursing Facility)	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 60 days/year	Plan pays 95% after deductible is satisfied; limited to 120 days/year
<b>Home Healthcare</b>	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 visits/year	Plan pays 95% after deductible is satisfied; limited to 200 visits/year
<b>Hospice Care</b>	Plan pays 95%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 75% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 95% after deductible is satisfied; limited to 210 days/lifetime
<b>Inpatient Hospitalization/ Surgery</b>	Plan pays 95% after you pay \$125 copayment/admission	Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	Plan pays 95% after deductible is satisfied
<b>Maternity</b>	<b>Office visits (pre/postnatal):</b> Plan pays 95% after you pay \$35 copayment for first visit <b>In-hospital delivery services:</b> Plan pays 95% after you pay \$125 copayment/admission	<b>Office visits (pre/postnatal):</b> Plan pays 75% after deductible is satisfied <b>In-hospital delivery services:</b> Plan pays 75% after you pay \$375 copayment/admission	After deductible is satisfied, Plan pays 95% for most inpatient and outpatient services and 80% for physician office visits
<b>Nutritionist</b>	You pay \$35 copayment/visit	Not covered	Not covered
<b>Outpatient Lab/X-ray</b>	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
<b>Physician Hospital Visits and Consultations</b>	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
<b>Physician Office Visits</b> (non-preventive)	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Podiatrist</b>	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Private Duty Nursing</b>	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 shifts/year	Plan pays 95% after deductible is satisfied; limited to 200 shifts/year
<b>Radiation Therapy</b>	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
<b>Rehabilitation Therapy</b> (outpatient physical, occupational, speech)	You pay \$35 copayment per office visit; otherwise Plan pays 95%	Plan pays 75% 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

**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 13.

	Point of Service (POS)		Traditional Indemnity
Feature	In-Network	Out-of-Network	
Second Surgical Opinion	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Smoking Deterrents (prescription only)	See “Prescription Drug Program”		
Surgery — In-Office	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Surgery — Outpatient	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Wigs	Plan pays up to \$300/Plan Year		
PREVENTIVE CARE			
Routine Physical Exams	You pay \$35 copayment/visit	Not covered	Not covered
Well-Child Care	You pay \$35 copayment/visit	Not covered	Not covered
Childhood Immunizations	You pay \$35 copayment/visit	Not covered	Not covered
Well-Woman Care (ob-gyn exam)	You pay \$35 copayment/visit	Not covered	Not covered
Mammogram Screening (in doctor’s office)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	After deductible is satisfied, Plan pays 80% if preventive or 95% if diagnostic
Pap Smear (in doctor’s office)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Digital Rectal Exam and Blood Test for PSA (in doctor’s office — prostate cancer screening for men age 50 and older)	You pay \$35 copayment/visit; included with doctor’s visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Newborn In-Hospital Care	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to one visit	Plan pays 95% (deductible does not apply); limited to one visit

<b>REMEMBER</b>	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 13.
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	Point of Service (POS)		Traditional Indemnity
Feature	In-Network	Out-of-Network	
COST			
2016 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
Who Is Responsible for Precertification?	Your primary care physician (PCP)	You	You
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
Do You Have to File Claim Forms?	No	Yes	Yes
COVERAGE THROUGH THE EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM*			
Prescription Drug Annual Deductible*	Retail and mail order: None	Individual: \$125 Two-person: \$250 Family: \$375	In-network (retail and mail order): None Out-of-network: Individual: \$125 Two-person: \$250 Family: \$375
Prescription Drug Annual Out-of-Pocket Maximum*	Retail and mail order: \$1,600/individual	None	In-network (retail and mail order): \$1,600/individual Out-of-network: None
Retail Copayments** (up to 30-day supply using an in-network pharmacy)	<ul style="list-style-type: none"><li>Level One (Generic): \$10</li><li>Level Two (Formulary Brand): \$30</li><li>Level Three (Nonformulary Brand): \$50</li></ul>	Plan pays 70% after deductible is satisfied	In-network: <ul style="list-style-type: none"><li>Level One (Generic): \$10</li><li>Level Two (Formulary Brand): \$30</li><li>Level Three (Nonformulary Brand): \$50</li></ul> Out-of-network: Plan pays 70% after deductible is satisfied
Mail-Order Copayments (up to 90-day supply)	<ul style="list-style-type: none"><li>Level One (Generic): \$20***</li><li>Level Two (Formulary Brand): \$60</li><li>Level Three (Nonformulary Brand): \$100</li></ul>	Not applicable	<ul style="list-style-type: none"><li>Level One (Generic): \$20***</li><li>Level Two (Formulary Brand): \$60</li><li>Level Three (Nonformulary Brand): \$100</li></ul>
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](http://www.express-scripts.com/lowcostgenerics) or call 1-800-336-5934.

<b>REMEMBER</b>	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 13.
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Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
MENTAL HEALTH AND CHEMICAL DEPENDENCY*			
Inpatient	Plan pays 95% after you pay \$125 copayment/admission	Plan pays 75% after deductible is satisfied and you pay a \$375 copayment/admission	Plan pays 95% after deductible is satisfied
Outpatient	You pay \$35 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Alternative Treatment (partial hospitalization, residential treatment and services of a halfway house or group home)	Plan pays 95% after you pay \$125 copayment/admission	Plan pays 75% after deductible is satisfied and you pay \$375 copayment/admission	Plan pays 95% after deductible is satisfied

\* The POS and Traditional Indemnity deductibles (if any) and out-of-pocket maximums 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.magellanhealth.com/member](http://www.magellanhealth.com/member).

#### **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 13.



# Vision

**Important:** This vision plan applies to you **only if** your COBRA coverage began before January 1, 2015 and you remain eligible for COBRA coverage. During annual open enrollment, visit the YBR website at <http://resources.hewitt.com/alcatel-lucent> to find out if you are eligible for this plan. Outside of annual open enrollment, contact Added Benefits at [www.addedbenefitsaccess.com](http://www.addedbenefitsaccess.com) or 1-800-622-6045 to find out if you are eligible for vision coverage through their plan.

Feature	Vision Coverage
<b>Deductible and Out-of-Pocket Maximum</b>	None
<b>Exam</b> (with dilation as necessary)	In-network: \$0 copayment Out-of-network: Up to \$30 reimbursement
<b>Frames</b> (any available at provider location)	In-network: You pay 80% of amount over \$70 Out-of-network: Up to \$40 reimbursement
<b>Standard Plastic Lenses</b>	In-network copayments: <ul style="list-style-type: none"> <li>\$0 for single vision, bifocal, trifocal or lenticular</li> <li>\$35 for standard progressive</li> </ul> Out-of-network reimbursements up to: <ul style="list-style-type: none"> <li>\$30 for single vision</li> <li>\$50 for bifocal</li> <li>\$60 for trifocal</li> <li>\$80 for lenticular</li> <li>\$55 for standard progressive</li> </ul>
<b>Contact Lenses</b>	<b>Conventional</b> In-network: You pay 85% of amount over \$80 Out-of-network: Up to \$80 reimbursement <b>Disposable</b> In-network: You pay amount over \$80 Out-of-network: Up to \$80 reimbursement <b>Medically Necessary</b> In-network: \$0 copayment Out-of-network: Up to \$80 reimbursement
<b>Frequency of Exams, Frames, Lenses or Contacts</b>	Once every 24 months

## Vision Coverage Is Offered Through EyeMed

For information about how your vision coverage works and to access claims information, contact EyeMed Vision Care at:

- [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)
- 1-800-334-7591

## REMEMBER

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

# Dental

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

## How to Find Your 2016 Dental Coverage Options and Their Monthly Premiums 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 dental coverage or if you are looking for a provider in the DMO network, please contact Aetna:

- [www.aetna.com](http://www.aetna.com)
- Traditional option: 1-800-220-5470
- DMO option: 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 2016 healthcare options and premium costs</li> <li>Enroll in coverage for 2016</li> <li>Make changes to your default coverage for 2016</li> <li>Opt out of your 2016 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) <ul style="list-style-type: none"> <li><b>Standard hours:</b> Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET</li> </ul>	<b>Alcatel-Lucent Benefits Center</b> <ul style="list-style-type: none"> <li><b>If you do not have Internet access:</b> <ul style="list-style-type: none"> <li>Enroll in coverage for 2016</li> <li>Make changes to your default coverage for 2016</li> <li>Opt out of your 2016 coverage</li> <li>Review dependent eligibility rules</li> <li>Review, add or change your dependent(s)' information on file</li> </ul> </li> <li>Resolve a unique benefits issue that you have not been able to solve on your own</li> <li>Notify Alcatel-Lucent if you or your eligible dependent(s) will become Medicare-eligible due to a disability</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>See benefits news and updates, including coverage tips and reminders</li> <li>Get your enrollment materials</li> <li>Find answers to your benefit questions</li> <li>View plan-related documents such as Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs)</li> <li>Find carrier contact information throughout the year</li> </ul>
<b>UNITEDHEALTHCARE</b>	
<a href="http://www.myuhc.com">www.myuhc.com</a> <b>POS:</b> 1-800-577-8539 <b>Traditional Indemnity:</b> 1-800-577-8567	<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>

Where	What You Will Find
<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 a 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>
<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.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a> (click 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.myoptumhealthcomplexmedical.com">www.myoptumhealthcomplexmedical.com</a> (click 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 Behavioral Health</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 (does not apply to HMO coverage)</b>	
<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> </ul>
<b>MAGELLAN</b>	
<a href="http://www.magellanhealth.com/member">www.magellanhealth.com/member</a> 1-800-327-7348	<b>Magellan EAP</b> <ul style="list-style-type: none"> <li>▪ Get free, confidential 24/7 assistance for medical and behavioral health issues</li> </ul>

Where	What You Will Find
<b>AETNA DENTAL</b>	
<a href="http://www.aetna.com">www.aetna.com</a> <b>Traditional Option:</b> 1-800-220-5470 <b>DMO Option:</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>
<b>YOUR SPENDING ACCOUNT™</b>	
Available through the YBR website at <a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a> 1-888-232-4111; 9:00 a.m. to 5:00 p.m., ET, Monday through Friday	<b>Your Spending Account (Health Care and/or Dependent Care Flexible Spending Accounts)</b> <ul style="list-style-type: none"> <li>Obtain your account balance</li> <li>Learn about what qualifies as an eligible expense</li> <li>Submit claims</li> <li>Check the status of your claims</li> </ul>
<b>EYEMED VISION CARE</b>	
<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> 1-800-334-7591	<b>EyeMed</b> <ul style="list-style-type: none"> <li>Understand how your vision coverage works</li> <li>Access claims information</li> </ul>
<b>METLIFE</b>	
1-888-201-4612	<b>MetLife Life Insurance</b> <ul style="list-style-type: none"> <li>Understand how your life insurance coverage works</li> <li>Request conversion</li> <li>Request or update beneficiary forms</li> </ul>
1-800-984-8651	<b>MetLife Long-Term Care Insurance (LTCI)</b> <ul style="list-style-type: none"> <li>Understand how your LTCI coverage works</li> <li><b>Note:</b> Plan closed to new entrants as of December 31, 2012</li> </ul>
<b>OTHER RESOURCES (Union Contact)</b>	
1-800-296-3993 Email: <a href="mailto:A.Wambach@alcatel-lucent.com">A.Wambach@alcatel-lucent.com</a>	<b>CWA Employee Resource/Managed Care Program Coordinator — Andy Wambach</b> <ul style="list-style-type: none"> <li>Not a representative of Alcatel-Lucent medical plans</li> <li>Assists current and former union members</li> </ul>
<b>HMO (see carrier contact information on next page)</b>	
Contact information is also available: <ul style="list-style-type: none"> <li>On the back of your ID card, if you are currently enrolled in an HMO;</li> <li>By visiting the YBR website at <a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a>; or</li> <li>By calling the Alcatel-Lucent Benefits Center at 1-888-232-4111.</li> </ul>	<b>Your HMO Carrier</b> <ul style="list-style-type: none"> <li>Understand how your HMO coverage works</li> <li>Access claims information</li> </ul>

## Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

If you are a participant in the Alcatel-Lucent Medical Expense Plan for Occupational 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](http://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	<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	<ul style="list-style-type: none"> <li>Members: 1-800-447-8255</li> <li>Prospective members: 1-800-447-8632</li> </ul>	<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	

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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