



## 2016 BENEFITS ENROLLMENT



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

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.

## Inside You Will Find

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## U.S. Employees on International Assignment

If you are an International Assignee (IA), for 2016 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 2016 Alcatel-Lucent medical and dental plan options. Use them:

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| <ul style="list-style-type: none"><li>▪ <b>During the annual open enrollment period</b> — To compare plan options and coverage amounts before making your enrollment decisions.</li></ul> | <ul style="list-style-type: none"><li>▪ <b>All year</b> — Whenever you need information about your plan or to determine whether a particular service or supply is covered.</li></ul> |
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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 14 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

<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 17.
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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

<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 17.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Hearing Aids</b>	\$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
<b>Home Healthcare</b>	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
<b>Hospice Care</b>	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
<b>Inpatient Hospitalization</b>	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
<b>Maternity</b> <ul style="list-style-type: none"> <li>Office visits: pre/postnatal</li> <li>In-hospital delivery services</li> </ul>	<b>Office visits:</b> Plan pays 90% after you pay first office copayment <b>In-hospital delivery services:</b> Plan pays 90%	Plan pays 70% after deductible is satisfied and you pay \$200 copayment/admission	<b>Office visits:</b> Plan pays 80% after you pay first office copayment <b>In-hospital delivery services:</b> Plan pays 80% after you pay \$500 copayment/admission	<b>Office visits:</b> Plan pays 60% <b>In-hospital delivery services:</b> Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied
<b>Nutritionist</b>	You pay \$25 copayment/visit	Not covered	You pay \$40 copayment/visit	Plan pays 60%	Not covered
<b>Outpatient Lab/X-ray</b>	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
<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 17.				

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

<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 17.
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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/ admission	Plan pays 60% after you pay \$200 copayment/ admission	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/ procedure	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

**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 17.



	Enhanced Point of Service (POS)		Standard POS		
Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	Traditional Indemnity
<b>Digital Rectal Exam and Blood Test for PSA</b> (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 90%	Plan pays 70% after deductible is satisfied	<b>PCP:</b> You pay \$15 copayment/visit <b>Specialist:</b> You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied
<b>Newborn In-Hospital Care</b>	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
<b>Centers of Excellence</b>	Yes				
<b>MENTAL HEALTH AND CHEMICAL DEPENDENCY *</b>					
<b>Inpatient</b>	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
<b>Outpatient</b>	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.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 17.

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity
	In-Network	Out-of-Network	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	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

<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 17.
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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](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 17.
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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
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	
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

## 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](http://www.metlife.com/mybenefits), or call 1-888-262-4876.**

(continued on next page)

## REMEMBER

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

# Dental

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

# The MetLife PDP Plus Network Combines Quality, Cost Savings<sup>1</sup> and Convenience

When you visit an in-network general or specialist dentist, your out-of-pocket costs are usually lower. That is because participating dentists have agreed to accept negotiated fees<sup>2</sup> that are usually 15 percent to 45 percent less than the average charges in the same community. Lower fees can help you cut your final costs and stretch your annual maximums.

In particular, the cost of specialty care like implants, root canals and crowns can really add up. The chart below is a typical example of average in-network savings in the Morristown, NJ area. It shows that you usually save more when you stay in the network. So the next time you need dental care, find out what your plan covers and what you could save by going to a participating general dentist or specialist.

**Average charge in the Morristown, NJ area for a crown specialty service is \$1,320 – \$1,500**

	In-network	Out-of-network
Specialist Average Charge <sup>3</sup>	<b>\$1,320 – \$1,500</b>	
MetLife Negotiated Fee	\$883.00	NA
MetLife Pays <sup>4</sup>	\$706.40	<b>\$1,056 – \$1,200</b>
<b>Your out-of-pocket cost<sup>4</sup></b>	\$176.60	<b>\$264 – \$300</b>
Approximate savings by visiting a participating dentist: <b>\$87.40 – \$123.40<sup>5</sup></b>		

To see what you could save on in-network and out-of-network fees, just log on to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and try the Dental Procedure Fee Tool.<sup>6</sup>

To check your coverage or find a general dentist or specialist, log on to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-888-262-4876. You can also ask your dentist to recommend a network specialist in your community.

Best of all, participating dentists and specialists have undergone a careful selection process<sup>7</sup> and you will never need a referral. So you get convenient access to quality care and support for better savings.

<sup>1</sup> Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered. Negotiated fees for non-covered services may not apply in all states.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for services rendered by them. Negotiated fees are subject to change. Negotiated fees for non-covered services may not apply in all states.

<sup>3</sup> Approximate costs provided by go2dental.com, Inc., an industry source independent of MetLife.

<sup>4</sup> This example reflects an in-network coinsurance amount of 80 percent and an out-of-network coinsurance amount of 80 percent for major services.

<sup>5</sup> The potential savings are based on the average charges. Actual savings for services rendered by an out-of-network dentist will vary depending on the dentist's actual charge for the service.

<sup>6</sup> The Dental Procedure Fee Tool application is provided by go2dental.com, Inc., an independent vendor. Network fee information is supplied to go2dental.com by MetLife and is not available for providers who participate with MetLife through a vendor. Out-of-network fee information is provided by go2dental.com. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information.

<sup>7</sup> Certain providers may participate with MetLife through an agreement that MetLife has with a vendor. Providers available through a vendor are subject to the vendor's credentialing process and requirements, rather than MetLife's. If you should have any questions, contact MetLife Customer Service.

# 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 during the year</li> </ul>
<b>UNITEDHEALTHCARE</b>	
<a href="http://www.myuhc.com">www.myuhc.com</a> <b>Enhanced and Standard 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>Enhanced and Standard 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>
<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>



Where	What You Will Find
<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>
<b>METLIFE</b>	
<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> 1-888-262-4876	<b>MetLife 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>
1-800-523-2894 MetLife GUL Department P.O. Box 14402 Lexington, KY 40512-4402	<b>MetLife Group Universal Life (GUL) Insurance</b> <ul style="list-style-type: none"> <li>Get answers to all questions related to the GUL products</li> <li>Request portability</li> <li>Request or update beneficiary forms</li> </ul>
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, 2011</li> </ul>
<b>YOUR SPENDING ACCOUNT™ (FLEXIBLE SPENDING ACCOUNTS)</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>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 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](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. 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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