



2016  
BENEFITS  
ENROLLMENT



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

For Participants in the Management Retiree Plan Design

Includes 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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# BENEFITS AT-A-GLANCE

These charts summarize some features of the 2016 Alcatel-Lucent medical and dental plan options.  
Use them:

|   |  |
|---|--|
| <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)/Medicare HMO?

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

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

You can also contact the HMO/Medicare HMO you are considering. Carrier contact information can be found on pages 18 and 19 of this booklet. Or, if you are currently enrolled in an HMO/Medicare HMO, check the back of your HMO/Medicare HMO ID card.

# Medical

| Feature                      | Enhanced Point of Service (POS)                               |   | Standard POS                                      |                             | Traditional Indemnity<br><br>(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | UnitedHealthcare Group Medicare Advantage® (PPO)<br><br>(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|------------------------------|---|---|---|-----------------------------|--|--|
|                              | (If you are not eligible for Medicare)                        |   |   |                             |  |  |
|                              | 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  | Select from within a network of PPO providers or any qualified provider who participates in Medicare and accepts the plan  |
| Annual Deductible            | Not applicable  | Individual: \$500<br>Two-person: \$1,000<br>Family: \$1,500                         | Not applicable                                    | Not applicable              | See table below  | \$290/individual (in- and out-of-network combined)   |
| Annual Out-of-Pocket Maximum | Individual: \$1,200<br>Two-person: \$2,400<br>Family: \$3,600 | Individual: \$3,000<br>Two-person: \$6,000<br>Family: \$9,000 (excludes deductible) | Individual: \$4,000<br>Family: \$8,000            | \$7,500/individual          | Individual: \$1,500<br>Two-person: \$3,000<br>Family: \$4,500 (excludes deductible)  | \$3,290/individual (includes deductible; in- and out-of-network combined)  |

|                 |   |
|-----------------|---|
| <b>REMEMBER</b> | You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19. |
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## Annual Deductible for the Traditional Indemnity Plan

| Participant  | Deductible   |
|--|--|
| <b>Former Lucent service and disability retirees (excludes their survivors) and</b> <ul style="list-style-type: none"> <li>Their non-survivor COBRA beneficiaries</li> </ul>   | <ul style="list-style-type: none"> <li><b>Individual:</b> \$150 plus 1% of annual pension (\$175 min. and \$300 max.)</li> <li><b>Two-person:</b> 2x individual deductible</li> <li><b>Family:</b> 3x individual deductible</li> </ul> |
| <b>COBRA and FSP survivors of former Lucent service and disability retirees and</b> <ul style="list-style-type: none"> <li>Their COBRA beneficiaries</li> </ul>  | <ul style="list-style-type: none"> <li><b>Individual:</b> \$300</li> <li><b>Two-person:</b> \$600</li> <li><b>Family:</b> \$900</li> </ul>   |
| <b>Former Lucent and former Alcatel account balance/access to retiree healthcare participants (excludes former Lucent service and disability retirees) and</b> <ul style="list-style-type: none"> <li>Their COBRA beneficiaries</li> <li>Their COBRA and FSP survivors and these survivors' COBRA beneficiaries</li> </ul> |  |
| <b>Former AGCS retirees and</b> <ul style="list-style-type: none"> <li>Their COBRA beneficiaries</li> <li>Their COBRA and FSP survivors and these survivors' COBRA beneficiaries</li> </ul>  | <ul style="list-style-type: none"> <li><b>Individual:</b> \$200</li> <li><b>Two-person:</b> \$400</li> <li><b>Family:</b> \$600</li> </ul>   |

| Feature   | Enhanced Point of Service (POS)   |  | Standard POS                                |                | Traditional Indemnity   | UnitedHealthcare Group Medicare Advantage (PPO)  |
|---|---|--|---|----------------|---|--|
|   | (If you are not eligible for Medicare)  |  |   |                | (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|   | In-Network  | Out-of-Network   | In-Network                                  | Out-of-Network |   |  |
| 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  | Plan pays 80% after deductible is satisfied; limited to 30 visits/year   |
| Ambulance — Emergency Use of Air or Ground Ambulance                | Plan pays 90%   | Plan pays 90%  | Plan pays 80%                               | Plan pays 80%  | Plan pays 80% after deductible is satisfied   | 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   | 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   | Plan pays 80% after deductible is satisfied  |
| 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   | 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   | 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/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19. |  |   |                |   |  |

| Feature   | Enhanced Point of Service (POS)   |  | Standard POS   |  | Traditional Indemnity<br><br>(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | UnitedHealthcare Group Medicare Advantage (PPO)<br><br>(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|---|--|--|--|--|---|
|   | (If you are not eligible for Medicare)  |  |  |  |  |   |
|   | In-Network  | Out-of-Network   | In-Network   | Out-of-Network   |  |   |
| Cardiac Rehabilitation<br>(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  | 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  | 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   | Plan pays 80%, not subject to deductible (covered according to Medicare guidelines)   |
| 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  | 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  | You pay \$50 copayment/visit, not subject to deductible (waived if admitted within 24 hours)  |
| Emergency Room — Nonemergency Use                               | Plan pays 70% after you pay \$50 copayment/visit  | Plan pays 70% after you pay \$50 copayment/visit   | Plan pays 60%  | Plan pays 60%  | Plan pays 80% after deductible is satisfied  | You pay \$50 copayment/visit, not subject to deductible (payment of emergency room services follows Medicare guidelines)  |
| Extended Care Facility<br>(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  | Plan pays 80%; limited to 100 days/benefit period   |

|                 |   |
|-----------------|---|
| <b>REMEMBER</b> | You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19. |
|-----------------|---|

| Feature   | Enhanced Point of Service (POS)  |  | Standard POS  |  | Traditional Indemnity   | UnitedHealthcare Group Medicare Advantage (PPO)  |
|---|--|--|---|--|---|--|
|   | (If you are not eligible for Medicare)   |  |   |  | (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|   | In-Network   | Out-of-Network   | In-Network  | Out-of-Network   |   |  |
| 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   | \$0 copayment after deductible is satisfied  |
| Hospice Care  | Plan pays 90%; limited to 210 days/lifetime (in- and out-of-network combined)  | Plan pays 70%; 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   | \$0 copayment, not subject to deductible   |
| Inpatient Hospitalization   | 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   | Plan pays 80% after deductible is satisfied  |
| Maternity <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 \$25 copayment for first office visit<br><b>In-hospital delivery services:</b> Plan pays 90% | Plan pays 70% after deductible is satisfied and you pay \$200 copayment/hospital admission | <b>Office visits:</b> You pay \$15 copayment<br><b>In-hospital delivery services:</b> Plan pays 80% after you pay \$500 copayment/admission | <b>Office visits:</b> Plan pays 60%<br><b>In-hospital delivery services:</b> Plan pays 60% after you pay \$200 copayment/admission | Plan pays 80% after deductible is satisfied   | 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   | Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines                            |
| 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   | Plan pays 80% after deductible is satisfied  |

|                 |   |
|-----------------|---|
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| Feature  | Enhanced Point of Service (POS)        |   | Standard POS   |   | Traditional Indemnity<br><br>(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | UnitedHealthcare Group Medicare Advantage (PPO)<br><br>(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|--|--|---|--|---|--|---|
|  | (If you are not eligible for Medicare) |   |  |   |  |   |
|  | In-Network                             | Out-of-Network  | In-Network   | Out-of-Network                            |  |   |
| 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  | Plan pays 80% after deductible is satisfied   |
| Physician Office Visits  | You pay \$25 copayment/visit           | Plan pays 70% after deductible is satisfied   | Primary care physician (PCP):<br>You pay \$15 copayment/visit<br>Specialist:<br>You pay \$40 copayment/visit | Plan pays 60%                             | Plan pays 80% after deductible is satisfied  | Primary doctor:<br>You pay \$15 copayment/visit after deductible is satisfied<br>Specialist:<br>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  | Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)  |
| 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  | Plan pays 80% after deductible is satisfied   |
| 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  | Plan pays 80% after deductible is satisfied   |
| Rehabilitation Therapy (outpatient physical, occupational, speech) | You pay \$25 copayment/visit           | Plan pays 70% after deductible is satisfied; speech therapy limited to 30 visits/year | You pay \$40 copayment/visit   | Plan pays 60%                             | Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year  | Plan pays 80% after deductible is satisfied   |
| 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  | Plan pays 80% after deductible is satisfied   |

|                 |   |
|-----------------|---|
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|-----------------|---|



| Feature   | Enhanced Point of Service (POS)        |  | Standard POS  |  | Traditional Indemnity   | UnitedHealthcare Group Medicare Advantage (PPO)  |
|---|--|--|---|--|---|--|
|   | (If you are not eligible for Medicare) |  |   |  | (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)   |
|   | In-Network                             | Out-of-Network   | In-Network  | Out-of-Network   |   |  |
| Smoking Deterrents (prescription only)  | See “Prescription Drug Program”        |  |   |  |   |  |
| 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   | 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   | 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   | Plan pays 80% after deductible is satisfied  |
| Urgent Care Clinic Visit  | Check with Plan                        | Check with Plan  | Check with Plan   | Check with Plan  | Check with Plan   | \$50 copay per visit, not subject to deductible (waived if admitted to hospital within 24 hours)   |
| Wigs  | Plan pays up to \$300/Plan Year        |  |   |  |   |  |
| PREVENTIVE CARE   |  |  |   |  |   |  |
| Routine Physical Exams  | You pay \$25 copayment/ visit          | Not covered  | PCP:<br>You pay \$15 copayment/ visit<br>Specialist:<br>You pay \$40 copayment/ visit | Not covered  | Not covered   | \$0 copayment for Medicare-covered wellness exam to develop/update a personalized prevention plan based on current health and risk factors; contact plan for details |
| Well-Child Care (including immunizations)   | You pay \$25 copayment/ visit          | Not covered  | You pay \$15 copayment/ visit   | Not covered  | Not covered   | Not covered  |
| REMEMBER  |  |  |   |  |   |  |
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| Feature  | Enhanced Point of Service (POS)        |   | Standard POS  |                | Traditional Indemnity<br><br>(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | UnitedHealthcare Group Medicare Advantage (PPO)<br><br>(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|--|--|---|---|----------------|--|---|
|  | (If you are not eligible for Medicare) |   |   |                |  |   |
|  | In-Network                             | Out-of-Network  | In-Network  | Out-of-Network |  |   |
| <b>Well-Woman Care</b><br>(ob/gyn exam)  | You pay \$25 copayment/visit           | Not covered   | <b>PCP:</b><br>You pay \$15 copayment/visit<br><b>Specialist:</b><br>You pay \$40 copayment/visit | Not covered    | Not covered  | \$0 copayment (one visit/year)  |
| <b>Mammogram Screening</b><br>(in doctor’s office)   | You pay \$25 copayment/visit           | Plan pays 70% after deductible is satisfied                       | <b>PCP:</b><br>You pay \$15 copayment/visit<br><b>Specialist:</b><br>You pay \$40 copayment/visit | Plan pays 60%  | Plan pays 80% after deductible is satisfied  | \$0 copayment   |
| <b>Pap Smear</b><br>(in doctor’s office)   | You pay \$25 copayment/visit           | Plan pays 70% after deductible is satisfied                       | <b>PCP:</b><br>You pay \$15 copayment/visit<br><b>Specialist:</b><br>You pay \$40 copayment/visit | Plan pays 60%  | Plan pays 80% after deductible is satisfied  | \$0 copayment   |
| <b>Digital Rectal Exam and Blood Test for PSA</b><br>(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><br>You pay \$15 copayment/visit<br><b>Specialist:</b><br>You pay \$40 copayment/visit | Plan pays 60%  | Plan pays 80% after deductible is satisfied  | \$0 copayment   |
| <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  | Not covered   |

|                 |   |
|-----------------|---|
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| Feature   | Enhanced Point of Service (POS)        |   | Standard POS  |   | Traditional Indemnity<br><br>(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)   | UnitedHealthcare Group Medicare Advantage (PPO)<br><br>(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|--|---|---|---|--|---|
|   | (If you are not eligible for Medicare) |   |   |   |  |   |
|   | In-Network                             | Out-of-Network  | In-Network  | Out-of-Network  |  |   |
| MENTAL HEALTH AND CHEMICAL DEPENDENCY (BENEFITS FOR THOSE WHO ARE NOT ELIGIBLE FOR MEDICARE*) |  |   |   |   |  |   |
| 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  | Not applicable  |
| 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  | Not applicable  |
| MENTAL HEALTH AND CHEMICAL DEPENDENCY (BENEFITS FOR THOSE WHO ARE MEDICARE-ELIGIBLE*)         |  |   |   |   |  |   |
| Inpatient   | Not applicable                         |   |   |   | Plan pays up to a total of 80% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; chemical dependency benefits are limited to 30 days/confinement and two confinements/lifetime | Plan pays 80% after deductible is satisfied, subject to 190-day lifetime maximum (covered according to Medicare guidelines)   |
| Outpatient  | Not applicable                         |   |   |   | Plan pays up to a total of 50% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; limited to 50 visits/year   | Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)  |

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

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|-----------------|---|

| Feature  | Enhanced Point of Service (POS)  |   | Standard POS   |   | Traditional Indemnity                                     | UnitedHealthcare Group Medicare Advantage (PPO)   |  |
|--|--|---|----------------|---|---|---|--|
|  | (If you are not eligible for Medicare)   |   |                |   |   | (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant) | (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|  | 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   | No  |  |
| Who Is Responsible for Precertification?                           | Your PCP   | You   | Your PCP       | You   | You   | Not applicable  |  |
| What Is the Penalty for Failure to Precertify Care?                | Not applicable   | 20% reduction in benefits, up to \$400 maximum/occurrence | Not applicable | 20% reduction in benefits, up to \$400 maximum/occurrence | 20% reduction in benefits, up to \$400 maximum/occurrence | Not applicable  |  |
| Do You Have to File Claim Forms?                                   | No   | Yes   | No             | Yes   | Yes   | No  |  |

|                 |   |
|-----------------|---|
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|-----------------|---|

# Prescription Drug Program

## If You Are Not Eligible for Medicare

| Express Scripts Prescription Drug Coverage for Enhanced and Standard Point of Service (POS) and Traditional Indemnity |   |
|---|---|
| ✓   | <b>Annual Deductible:</b> None            |
| ✓   | <b>Annual Out-of-Pocket Maximum:</b> None |

| Coinsurance/Copayments  |   |   |
|---|---|---|
| In-Network  | Retail<br>(up to a 30-day supply using an in-network pharmacy)*   | Mail Order<br>(up to a 90-day supply)   |
| Level One<br>Generic drugs  | \$10 copayment  | \$20 copayment**  |
| Level Two<br>Lower-cost formulary brand-name drugs  | 50% coinsurance <ul style="list-style-type: none"><li>\$25 minimum</li><li>\$225 maximum</li></ul>  | 50% coinsurance <ul style="list-style-type: none"><li>\$50 minimum</li><li>\$450 maximum</li></ul>  |
| Level Three<br>Higher-cost formulary brand-name drugs   | 50% coinsurance <ul style="list-style-type: none"><li>\$45 minimum</li><li>\$275 maximum</li></ul>  | 50% coinsurance <ul style="list-style-type: none"><li>\$90 minimum</li><li>\$550 maximum</li></ul>  |
| Level Four<br>Nonformulary brand-name drugs   | 50% coinsurance <ul style="list-style-type: none"><li>\$60 minimum</li><li>\$300 maximum</li></ul>  | 50% coinsurance <ul style="list-style-type: none"><li>\$120 minimum</li><li>\$600 maximum</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 |   |
| Out-of-Network (retail only)  |   |   |
| You may incur an additional cost for drugs received at an out-of-network pharmacy; please contact the Plan for details. |   |   |

\*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.

HMO/Medicare HMO prescription drug coverage varies by HMO/Medicare HMO. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19.

## If You Are Medicare-Eligible\*

| Express Scripts Medicare (PDP) for Alcatel-Lucent — Prescription Drug Coverage for UnitedHealthcare Group Medicare Advantage (PPO) and Traditional Indemnity   |   |
|--|---|
| How It Works   |   |
| <b>Annual Deductible</b>   | You pay a \$360/individual annual deductible for the cost of your prescription drugs. (There is no annual out-of-pocket maximum.)   |
| <b>Total Prescription Drug Cost Limit</b>  | Once you reach the \$360/individual deductible, the Plan begins to contribute and you pay a copayment for the cost of the drug (see the copayment structure below) until you reach a total prescription drug cost limit (including the copayments and deductible, plus the Plan's cost for the drugs) of \$3,310/individual.  |
| <b>Coverage Gap (or "Donut Hole")</b>  | After you reach the total prescription drug cost limit of \$3,310/individual (including the copayments and deductible, plus the Plan's cost for the drugs), you pay 58% of the cost of generic drugs and 45% of the cost of most brand-name drugs until you reach \$4,850 in out-of-pocket costs. (While you are in this "donut hole," either the Plan pays the rest of the cost for these covered drugs, or they are paid for by drug manufacturers' discounts.) |
| <b>Coinsurance or Copayments</b>   | After you reach \$4,850/individual in out-of-pocket costs, you pay the greater of 5% of the cost or a copayment of \$2.95 for generics/\$7.40 for brand-name drugs, per prescription, for the remainder of the year.  |
| <b>Note:</b> Only drugs included on the Express Scripts standard Medicare Part D formulary are covered. Out-of-pocket expenses for drugs not covered will not count toward total prescription drug costs or total out-of-pocket costs. |   |

| Copayments  |                                     |                                       |
|---|-------------------------------------|---------------------------------------|
| In-Network  | Retail<br>(up to a 34-day supply)** | Mail Order<br>(up to a 90-day supply) |
| <b>Level One</b><br>Generic drugs on Express Scripts standard Medicare Part D formulary   | \$15 copayment                      | \$30 copayment                        |
| <b>Level Two</b><br>Plan-preferred brand-name drugs on Express Scripts standard Medicare Part D formulary   | \$30 copayment                      | \$60 copayment                        |
| <b>Level Three</b><br>Non-plan-preferred brand-name drugs on Express Scripts standard Medicare Part D formulary   | \$50 copayment                      | \$100 copayment                       |
| <b>Level Four</b><br>Specialty drugs with average costs of more than \$500/month on Express Scripts standard Medicare Part D formulary  | \$65 copayment                      | \$130 copayment                       |
| <b>Out-of-Network (retail only)</b>   |                                     |                                       |
| Available only in the event of an emergency, as defined by the Centers for Medicare & Medicaid Services (CMS). If an out-of-network pharmacy is used for a non-qualifying emergency, no benefits will be applied. |                                     |                                       |

\*The deductibles for the Prescription Drug Program are separate from the deductibles for Enhanced POS, Standard POS, Traditional Indemnity and UnitedHealthcare Group Medicare Advantage (PPO).

\*\*60- and 90-day supplies are available at double and triple copayments; for cost savings, use mail order.

# Dental

| Feature   | Dental Preferred Provider Organization (PPO) Option  |   | Dental Maintenance Organization (DMO) Option<br>(Participating Providers)* |
|---|--|---|--|
|   | In-Network   | Out-of-Network  |  |
| <b>Annual Deductible</b>  | <ul style="list-style-type: none"> <li>\$50/individual</li> <li>\$100/family</li> </ul> Applies to basic and major services only | <ul style="list-style-type: none"> <li>\$75/individual</li> <li>\$150/family</li> </ul> Applies to diagnostic, preventive, basic and major services | Generally not applicable   |
| <b>Diagnostic and Preventive Care</b><br>(for example: exams, cleanings and routine X-rays) | Plan pays 100% of negotiated rate  | Plan pays 100% of reasonable and customary (R&C) fees   | Plan pays 100%   |
| <b>Basic Services</b><br>(for example: fillings)  | Plan pays 60% of negotiated rate   | Plan pays 40% of R&C fees   | Plan pays 100%   |
| <b>Major Services</b><br>(for example: crowns)  | Plan pays 60% of negotiated rate   | Plan pays 40% of R&C fees   | Plan pays 75%  |
| <b>Orthodontia</b>  | Plan pays 60% up to a lifetime maximum of \$1,500/individual   | Plan pays 50% up to a lifetime maximum of \$1,500/individual  | Plan pays 50%; in general, no lifetime maximum applies                     |
| <b>Annual Maximum Benefit</b><br>(in- and out-of-network combined)                          | \$1,250 (excluding orthodontia)  | \$1,000 (excluding orthodontia)   | 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 Premium Costs

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

## Important Information Regarding the DMO Option

The DMO option is available in a limited area. If it does not appear as a coverage option on the YBR website during the annual open enrollment period, it may be because you live in an area with limited access to dentists in the DMO network.

If the DMO option does not appear as an available option and you are comfortable with the distance between you and the dentists who participate in the DMO network, call the Alcatel-Lucent Benefits Center at 1-888-232-4111 to enroll.

### Questions?

For questions about dental coverage or if you are looking for a provider in the PPO or DMO networks, please contact Aetna:

- [www.aetna.com](http://www.aetna.com)
- PPO 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><br>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<br>(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>   |  |
| <b>Group Medicare Advantage (PPO):</b><br><a href="http://www.UHCRetiree.com/alcatel-lucent">www.UHCRetiree.com/alcatel-lucent</a><br>1-888-980-8117 (TTY: 711)<br>(8:00 a.m. to 8:00 p.m., local time, seven days a week)<br><b>Enhanced and Standard POS:</b><br>1-800-577-8539<br><b>Traditional Indemnity:</b> 1-800-577-8567<br><a href="http://www.myuhc.com">www.myuhc.com</a> | <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><br>1-866-444-3011<br>(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><br>1-866-936-6002<br>(7:00 a.m. to 7:00 p.m.,<br>Central Time [CT], Monday through<br>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><br>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><br>(click the "Congenital Heart Disease" link<br>or call the phone number on the back of<br>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><br>(click the "Transplantation" link or call the<br>phone number on the back of your<br>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><br><b>Enhanced and Standard POS:</b><br>1-800-577-8539<br><b>Traditional Indemnity:</b> 1-800-577-8567   | <b>UnitedHealthcare Behavioral Health and Chemical Dependency</b> <ul style="list-style-type: none"> <li>Understand how your mental health and chemical dependency coverage works</li> <li>Access claims information</li> </ul>   |
| <b>EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (does not apply to HMO/Medicare HMO coverage)</b>   |   |
| <b>Participants not eligible for Medicare:</b><br><a href="http://www.express-scripts.com">www.express-scripts.com</a><br>1-800-336-5934<br><b>Medicare-eligible participants:</b><br>1-800-230-0512<br>(TTY: 1-800-716-3231) | <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><br>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><br>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>AETNA DENTAL</b>   |   |
| <a href="http://www.aetna.com">www.aetna.com</a><br><b>PPO:</b> 1-800-220-5470<br><b>DMO:</b> 1-800-220-5479  | <b>Aetna Dental</b> <ul style="list-style-type: none"> <li>Understand how your dental coverage works</li> <li>Find network dentists</li> <li>Access claims information</li> </ul>   |

| Where   | What You Will Find   |
|---|--|
| <b>METLIFE</b>  |  |
| 1-888-201-4612  | <b>MetLife Life Insurance</b> <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>HMO/MEDICARE HMO (See Carrier Contact Information on Next Pages)</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/Medicare 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/Medicare HMO carrier</b> <ul style="list-style-type: none"> <li>Understand how your HMO/Medicare 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 Retired Employees and/or the Alcatel-Lucent Dental Expense Plan for Retired Employees (collectively, the “Plans”), your personal health information is private. HIPAA requires the Plans to inform you of the availability of a notice about the Plans’ privacy practices, legal duties and your rights concerning your health information received and/or created by the Plans. You can print a copy of the Plans’ Notice of Privacy Practices for your records at any time from the BenefitAnswers Plus website at [www.benefitanswersplus.com](http://www.benefitanswersplus.com). You may also request a copy by calling 1-908-582-4727.

## Women’s Health and Cancer Rights Act of 1998 Notice

The Women’s Health and Cancer Rights Act of 1998 ensures that medical plans that cover mastectomies also cover certain related reconstructive surgery. A covered woman who has a mastectomy can elect the following procedures after consulting with her physician and be assured of plan coverage for these expenses:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment required as a result of physical complications for all stages of mastectomy, including lymphedema.

Coverage is subject to all of the terms of the plan, including applicable copayments, deductibles and/or coinsurance provisions. For more information, contact your health plan’s Member Services.

## HMOs for Participants Not Eligible for Medicare

| HMO Option   | Phone Number   | Website   |
|--|--|---|
| Aetna Pennsylvania   | 1-800-323-9930   | <a href="http://www.aetna.com">www.aetna.com</a>                            |
| Blue Advantage of Illinois<br>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<br>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   |   |

# Medicare HMOs

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

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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