

2011 Annual Enrollment

ACTIVE SALARIED EMPLOYEES



Your benefits. Your future. Your decision.



Better choices. Better health.



AVAYA

A Note About Making the Most of Your Avaya Benefits

IMPORTANT: Because of the changes for 2011, it is imperative that you review all of your options and accept or decline each benefit during the Annual Enrollment period.



The rising cost of health care is a challenge we all face every year. Costs are increasing not only at Avaya, but across the United States. But together, we can work to control these costs. As we reviewed the costs of the health plans, we found that the plans we had in place were no longer sustainable for the long-term.

As you review the 2011 benefits material, you will see that Avaya is implementing many initiatives to help mitigate the rising cost of health care. We're combining the Point-of-Service (POS) Options to one new POS design, introducing a new pharmacy vendor and adjusting the prescription copayments, all to impact costs.

Your help is needed to control the costs of the Plan, which directly impact the cost you pay for coverage. You can take steps to help control claim costs by making smart health care decisions each and every day, and encouraging your family to do the same. Make 2011 the year you take these steps to reduce costs and make the most of your coverage. Here are some suggestions:

- **Talk with your doctor about the medications you are taking, to determine if generic equivalents are available.**
- **Enroll in one of the Personal Health Management Programs, if you have an applicable ongoing condition and are eligible. Understanding and controlling your health challenges is key to leading a healthier lifestyle.**
- **Choose to be healthy—eat right, maintain a healthy weight and exercise regularly. Don't smoke and limit your alcohol intake.**
- **Understand the coverage offered through Avaya and explore other potential coverage options you may have available. Make sure you are making the best choices, and once you have made a choice, that you are maximizing the value of the plans and programs you use.**

Avaya pays administrative costs and every claim dollar out of the general assets of the company. Through monthly employee contributions, employees help contribute toward those expenses. Today, and for 2011, salaried employees will pay 16.6% of the cost of the Medical plan.

Regardless of the coverage you have today, we cannot stress enough the importance of carefully reviewing the benefit choices for 2011. Both the POS and CDHP Options have deductibles; and we urge you to give careful consideration to the CHDP. Though the CHDP has a high-deductible, it also has very generous 95% coinsurance, an Avaya contribution to a Health Savings Account (\$600 for individual coverage and \$1,200 for two-person/family coverage) and significantly lower monthly contributions than the POS. To learn more about the CHDP Option, click [here](#) to access a CDHP webinar.

This enrollment guide will provide you with information to help you understand what's available to you through Avaya, as well as important news and reminders as we move into 2011. **Take the time to be informed, and remember...they're your benefits...it's your future...it's your decision.**

What's New for 2011



A New Way to Learn about your Benefits

This year Avaya has developed a new and engaging way of delivering Annual Enrollment benefits information. Once you login to AvayaHealthyDecisions.com and begin the enrollment process, you will meet Shelly, your Benefits Enrollment Consultant. Through this interactive video, you will be provided with an overview of the benefits available to you and your eligible dependents in 2011...including medical, dental, vision, life insurance and voluntary benefits...and you'll see how Avaya is investing in employees today and for the future.

And, if you found choosing your medical plan option daunting in the past, Avaya is introducing a new tool that will make this decision easier this year. The interactive **Benefits Advisor** tool helps you understand your medical plan options, determines which option may be best for you, and explains how your benefits work to help you to make the right choice.

Understanding your plan options and where your health care dollars go is the first step to making the right enrollment decision for 2011. Use this tool before you make your election. Try **Benefits Advisor** today. The results may surprise you!

Preventive Care

In-network preventive care services for all medical options are now covered at 100%. A listing of services that are covered at 100% can be found on the healthcare.gov Web site.

Coverage for Adult Child Dependents—Eligibility extended for Medical, Dental and HCRA Plans

Eligible dependent children may be covered under the Medical and/or Dental and/or HCRA Plans through the end of the calendar year in which they turn 26, **even if the dependent is married and regardless of whether the dependent resides with, or is financially dependent on, the covered employee.** Your dependent's spouse, domestic partner and/or children are not eligible for coverage. You may request enrollment for your adult child(ren) during the 30-day period beginning October 14, 2010. Enrollment will be effective January 1, 2011. Dependent coverage will terminate at the end of the year in which the adult child turns age 26. For more information, contact the **Avaya Health and Benefits Decision Center** at **1-800-526-8056 (option 1)**.

This new eligible dependent children rule also means you are allowed to claim out of-pocket health care expenses for eligible dependents up to age 26 through your Health Care Reimbursement Account (HCRA) or Limited HCRA. This may impact the amount you elect to contribute to your HCRA.

Note: The new eligibility rule does not apply to vision coverage or life insurance, which will still terminate at the end of the calendar year in which the child turns age 23. At that time, a COBRA notification will be sent to the child, offering the option to continue vision coverage under COBRA. Also, adult children covered under the CDHP are not legally permitted to submit for reimbursement under the Health Savings Account (HSA) beyond age 23.

Medical Plan Option Consolidation

Avaya is streamlining the medical plan choices to focus on a few core plan designs—Point-of-Service (POS), Consumer-Driven Health Plan (CDHP) and Health Maintenance Organization (HMO).

The current Enhanced Indemnity as well as the Standard and Enhanced POS Options are being replaced by one new Salaried POS Option for 2011.

In addition, our regional HMO offerings will be available only through Kaiser and Group Health Cooperative. HMO coverage is available only in certain locations and will appear on your enrollment screen if it is an option for you. Those enrolled in or considering HMO coverage should review the HMO Comparison Chart from the Reference Materials and Forms page, as there have been some benefit enhancements.

Participants currently enrolled in one of the options being discontinued for 2011 will automatically default to the Salaried POS Option unless another election is made.

New Point-of-Service (POS) Benefits

For 2011, the new Point-of-Service (POS) plan design includes the following:

- No-cost preventive care
- In-network deductible of \$150 per person, up to a family maximum of \$450
- \$15 copayment for designated Primary Care Physician office visits
- \$40 copayment for network specialists or non-designated Primary Care Physician office visits
- 80% coinsurance after a deductible for in-network services other than office visits and preventive care
- In-network out-of-pocket maximum of \$1,750 per individual and \$3,500 per two-person/family
- No lifetime limits

For further details, please see the benefit summary chart on page 8. Please note that all Aetna members will receive a new Medical ID card in December, which will be effective January 1, 2011. Be sure to use the new card starting in 2011.

If you elect or are assigned POS coverage but live outside a POS network area, your claims will be processed as in-network. If you fall into this situation, more information is available by contacting Aetna Member Services at **1-877-508-6927**.

New Prescription Drug Benefit Provider

Beginning January 1, 2011, Avaya's Prescription Drug Program will be administered by Medco, the nation's leading prescription drug benefit manager. If you are covered under the POS or CDHP Option, you automatically receive prescription drug benefits administered through Medco. By choosing Medco to manage your prescription drug benefit, Avaya is taking additional steps to manage rising prescription costs, enhance care and promote wellness.

With Medco you will have:

- A separate Medco prescription drug ID card.
- Convenient delivery of your long-term (maintenance) medications for one mail-order copay. With the **Medco Pharmacy™** mail-order service, you can save money and have your medications mailed directly to you. (Remember that under Avaya's plan, all maintenance medications must be obtained by mail order after three retail fills.)
- A network of more than 60,000 participating retail pharmacies throughout the United States and U.S. territories.
- Extensive online resources at **medco.com** (available January 1, 2011) for useful health and benefit information, along with online pharmacy services.
- Access to Medco Member Services representatives, available 24 hours a day, 7 days a week (except Thanksgiving and Christmas). Pharmacists are also available around the clock for medication consultations.
- A broader formulary list, with more preferred drugs, including Lipitor®. This means you will pay less for drugs that are now preferred under the formulary by Medco.

Our mandatory mail-order provision will still apply for maintenance medications, but unless legally prohibited, all open refills from Aetna Rx Home Delivery will be automatically transferred to Medco Pharmacy's mail-order service.

Beginning January 1, 2011, you will have access to Medco's extensive online resources at medco.com. However, you will immediately have access to a special enrollment Web site at medco.com/avaya so that you can learn more about Medco. From this site, you can:

- Compare prescription medication costs
- Review important information about the Medco transition and the transfer of your Aetna Rx Home Delivery refills to Medco Pharmacy
- Find local participating pharmacies
- Review your Plan Highlights
- Understand the applicable Prior Authorization guidelines
- Learn about Accredo, Medco's specialty pharmacy

Should you have additional questions, you may also contact Medco Customer Service at **1-877-505-3213**.

2011 POS and CDHP participants will receive a welcome package and new Medco prescription drug ID card(s) in late December. The package includes a complete description of your benefits and offers you simple instructions on how to take full advantage of all the prescription services available to you. **Beginning January 1, 2011, be sure to present your new prescription drug ID card to your pharmacist when filling prescriptions at a participating retail pharmacy. After December 31, 2010, your Aetna ID card will not be accepted at any retail pharmacy; presenting this card will result in a denial of drug benefits.**

HMO participants will have their prescription drug benefits administered through their HMO and will not be covered by this separate Prescription Drug Program.

To learn more about the Medco transition, go to medco.com/avaya.

New Prescription Drug Copayment Amounts

Although the three-tier formulary remains the same, there have been changes to the Prescription Drug Program. Specifically, generic drugs are available for a flat \$10 copay for retail and \$20 copay for mail order, and the minimum/maximum copayments for brand-name drugs have been modified. Please see the benefit summary chart on page 9 for more details. Keep in mind that under the formulary by Medco, there are some drugs that are currently non-preferred that will become preferred starting in 2011.

Healthy Direction CDHP: HSA Contribution Timing

Avaya contributes to a Health Savings Account (HSA) for all employees enrolled in the CDHP Option—\$600 per year for individual coverage and \$1,200 for two-person or family coverage. Avaya will fund 1/12 of the annual contribution after the end of each month, typically within 10 days. For example, January's contribution will be deposited by the 10th of February. **Note:** HSA contributions made by both you and Avaya will cease if you terminate employment.

Health Care Reimbursement Accounts—OTC Limitations

In addition to the new age 26 dependent child eligibility rule for HCRA, effective January 1, 2011, over-the-counter (OTC) medications will no longer be eligible for reimbursement from a HCRA without a prescription, with the exception of insulin. Ineligible OTC items include pain relievers, cold medicine, allergy and sinus medicine and acid control medications. **When you submit your request for OTC reimbursement, you will need to submit a pharmacy receipt showing the name of the person for whom the prescription applies, the date and amount of purchase and a prescription number (located on the pharmacy receipt). If you do not submit this information, your reimbursement request will be denied.**

OTC supplies such as Band-Aids®, Ace™ bandages, contact lens solution, glucose meters, etc., will continue to be eligible for reimbursement without a prescription.

Make sure you account for the new HCRA rules when calculating your HCRA contribution amount for 2011.

Mental Health and Chemical Dependency Program Changes

- The Mental Health and Chemical Dependency (MH/CD) Program for the POS and CDHP Options is changing to comply with the revised regulatory guidance for the Mental Health Parity Act. Under the Act, mental health and chemical dependency conditions must be covered like any other medical condition and cannot be subject to separate deductibles and limits.

Effective January 1, 2011, MH/CD outpatient services will be covered in the same way and at the same level as a medical primary care physician office visit, and alternative treatment under the MH/CD program will be covered in the same manner as inpatient services. For POS members, this means the MH/CD office visit copays will be reduced. There will also be no day limits for alternative care. Please see the medical plan comparison chart on page 9 for details.

Vacation Buy Plan

- After careful consideration and review of participation in the plan, Avaya has decided to discontinue the Vacation Buy Plan. Should you need additional time off above the vacation allotment provided, please speak to your HR Business Partner and/or supervisor about Avaya's unpaid time-off options.



Ways to Minimize Costs



Save Money with a Reimbursement Account!

A Health Care Reimbursement Account (HCRA) allows savings on out-of-pocket health care expenses.

Avaya's HCRA (or Limited HCRA for CDHP participants) lets you to set aside up to \$4,000 pre-tax from your paycheck to help pay for out-of-pocket eligible health care expenses. Keep in mind that a deductible now applies to in-network services under the POS Option and that over-the-counter medications are not eligible without a prescription number when making your annual election.

A Child/Elder Care Reimbursement Account (CECRA) allows savings on dependent care—and offers a company match!

Avaya's CECRA is designed to help you pay for child and elder care expenses with pre-tax money while you and your lawful spouse work, look for work or attend school full-time.

Child and elder care can be expensive, so Avaya contributes money to your CECRA to help you pay these expenses. For every dollar you contribute to your CECRA, Avaya will contribute 25 cents to your account! So if you contribute \$4,000 to your CECRA, Avaya will pitch in another \$1,000!

This chart shows how a HCRA/CECRA saves you money on your health care. By using pre-tax money to pay for health care expenses, your taxes go down and your spendable income goes up!

ANNUAL SAVINGS*	With HCRA/CECRA	Without HCRA/CECRA
Annual pay	\$50,000	\$50,000
HCRA/CECRA pre-tax contribution	(\$2,000)	\$0
Taxable income	\$48,000	\$50,000
Federal income and Social Security taxes	(\$9,130)	(\$9,583)
After-tax dollars spent on eligible expenses	\$0	(\$2,000)
Real spendable income	\$38,870	\$38,417
Tax Savings with the Reimbursement Account	\$453	

* Sample tax savings for a single taxpayer with no dependents. Actual savings will vary based on your individual tax situation. Please consult a tax professional for more information.

IMPORTANT: Reimbursement accounts are a great way to reduce your taxable income and save on either health care costs and/or child/elder care costs, but remember, if you do not incur enough eligible expenses during 2011, any remaining funds will be forfeited—so plan carefully.

Reimbursement Account elections do not carry over. You must re-enroll each year.

Choose Aetna In-Network Providers

In-network doctors, hospitals, and other health care providers have agreed to provide their services at contracted rates. Choosing these providers will save you money. You still have the choice to go to non-participating providers, but you will pay more. Log on to aetna.com and select “DocFind” to search for in-network providers or to find additional health information and a variety of self-service tools including a calculator to help you estimate the cost of care. POS members should remember to designate and use a Primary Care Physician to avoid paying the higher specialist copay.

Consider the CDHP with a Health Savings Account

Each person’s unique situation should be considered in determining the most appropriate medical option, but don’t overlook the opportunity to save by selecting an option with lower monthly contributions.

The Healthy Direction CDHP has significantly lower monthly payroll deductions and puts you in control of spending or saving health care dollars.

Key features include:

- High deductible and out-of-pocket maximum, but generous 100% coverage with no deductible for eligible preventive services, and 95% coverage after the deductible for all other eligible services, except prescription drugs
- Access to in- or out-of-network coverage
- A tax-advantaged HSA (Health Savings Account), to which Avaya contributes and you may choose to contribute
- Flexibility: use HSA funds to reimburse current eligible health care costs, or to save for future expenses
- Portability: your HSA is yours; you take your balance with you if you leave Avaya for any reason
- Option to participate in a Limited Health Care Reimbursement Account for eligible dental and vision expenses, to maximize your pre-tax savings.

Is the Healthy Direction CDHP Option right for you? Go to AvayaHealthyDecisions.com and click on “Reference Materials & Forms” to review the CDHP newsletter to find out how the Healthy Direction CDHP Option can help you manage your health care dollars.

Use the [Benefit Advisor](#) tool to determine which medical plan option is right for you and your family.

Make better choices for better health—participate in Avaya Healthy Decisions

The better choices you make, the healthier you become and the healthier you are, the less you pay for health care. For details, see page 10 of this Guide.

Ask about generic drugs

Drugs are the fastest growing category of health spending. If you are prescribed a medication, ask your doctor or pharmacist if your condition could be treated effectively with a lower-cost or generic version of the drug. To determine the cost of your medication and to explore alternative drug options, log on to medco.com/avaya, select your 2011 Medical Option and then click on “Compare Prescription Medication Costs.”

Know when to use emergency services

Emergency room services are usually more expensive than care received at your doctor’s office or urgent care facility. Use the emergency room only for emergencies. Not sure if your condition warrants an ER visit? Aetna members can call the **Avaya Healthy Decisions Nurse Helpline** at **1-800-526-8056 (option 2)** to get expert advice, 24/7.

Practice prevention

Preventive health screenings can detect problems in the earliest stages, when treatment is most effective. Remember, Avaya’s health plans pay 100% for in-network preventive care, subject to age guidelines set by the carrier. Stay on top of your preventive care and be sure to ask your doctor about any health concerns you have.

Features	Salaried Point-of-Service (POS) Option If you live outside an Aetna Choice POS II network area, you will receive Out-of-Area benefits ¹		Healthy Direction CDHP with HSA Avaya-funded HSA amount (annual): ² \$600 individual coverage; \$1,200 two-person or family coverage	
	Each time you need care, you choose:		In-Network	Out-of-Network
	In-Network	Out-of-Network	In-Network	Out-of-Network
Choice of doctors	Any Aetna Choice POS II network provider; Primary Care Physician (PCP) selection/use required for lowest copay	Any eligible provider	Any Aetna Choice POS II network provider	Any eligible provider
Preventive care (age and frequency guidelines apply)	Covered; not subject to copayments, coinsurance or deductibles	Generally not covered	Covered; not subject to coinsurance or deductibles	Covered; not subject to coinsurance or deductibles
Your monthly cost	See your Personalized Enrollment Worksheet for your cost.			
Annual deductible³	\$150 per individual up to \$450 maximum per family	\$500 per individual up to \$1,500 maximum per family	\$1,250 for individual coverage \$2,500 for two-person or family coverage	\$2,500 for individual coverage \$5,000 for two-person or family coverage
Copayments	Office visit \$15 per designated PCP or any participating OB/GYN \$40 per Specialist or non-designated PCP office visit Emergency room \$75 copay (waived if admitted) Non-preventive outpatient diagnostic X-ray and lab \$15 copay	Inpatient hospitalization \$350 copay per admission in addition to coinsurance Emergency room \$75 copay (waived if admitted)	Not applicable	Not applicable
Coinsurance	You pay 20% of the pre-negotiated rate after the deductible; the plan pays 80%	You pay 35% of the Reasonable & Customary charge after the deductible; the plan pays 65%	You pay 5% of the pre-negotiated rate after the deductible; the plan pays 95%	You pay 35% of the Reasonable & Customary charge after the deductible; the plan pays 65%
Are you responsible for charges in excess of the Reasonable & Customary	No	Yes, unless you use a National Advantage Program (NAP) network provider	No	Yes, unless you use a National Advantage Program (NAP) network provider
Annual Out-of-Pocket Maximum⁴	\$1,750 per individual \$3,500 per two-person or family	\$4,000 per individual \$8,000 per two-person or family	\$2,500 for individual coverage \$5,000 for two-person or family coverage	\$5,000 for individual coverage \$10,000 for two-person or family coverage
Precertification responsibility	Your PCP or Specialist	You	Your network provider	You
Are claim forms required?	No	Yes, unless you use a National Advantage Program (NAP) network provider	No	Yes, unless you use a National Advantage Program (NAP) network provider

¹ If you do not have access to in-network providers, you will receive benefits at the in-network level.

² 1/12th of the annual amount is deposited each month. HSA funds cannot be used until deposited. HSA contributions made by both you and Avaya will cease if you terminate employment. Upon leaving Avaya, you will have the opportunity to continue coverage through COBRA under the CDHP or you may elect to change your option to the POS.

³ The health care deductible is separate from any deductible under the Prescription Drug Program for the POS Option. For the CDHP, the health care deductible must be met before Prescription Drug Program benefits are paid. Under CDHP, for two-person or family coverage, the deductible is not satisfied for any family member until the two-person or family deductible is met.

⁴ Certain expenses (e.g., precertification penalties and any expenses in excess of the Reasonable & Customary charge) do not count toward the annual Out-of-Pocket Maximum. Deductibles do not count toward the Out-of-Pocket Maximum for the POS option, but do for the CDHP option.

HMO information can be found online at AvayaHealthyDecisions.com under "Reference Materials & Forms"

Features	Salaried Point-of-Service (POS) Option If you live outside an Aetna Choice POS II network area, you will receive Out-of-Area benefits ¹		Healthy Direction CDHP with HSA Avaya funded HSA amount (annual): \$600 Individual Coverage; \$1,200 Two-person or Family Coverage	
	Each time you need care, you choose:		In-Network	Out-of-Network
Prescription Drug Benefits ⁵	<p>Benefits are not subject to a deductible.</p> <p>Retail Drugs (up to a 30-day supply)</p> <ul style="list-style-type: none"> • Tier 1 (Generic) \$10 copay • Tier 2 (Preferred Brand) 25% Coinsurance \$30 min., \$70 max. • Tier 3 (Non-preferred Brand) 35% Coinsurance \$50 min., \$90 max. • Chemotherapy drugs Same as above <p>Insulin may be purchased at in-network retail pharmacies for up to a 90-day supply at the Mail Order coinsurance/copay. Formulary/non-formulary benefits apply to brand name insulin.</p> <p>Mail Order Drugs (up to a 90-day supply)</p> <ul style="list-style-type: none"> • Tier 1 (Generic) \$20 copay • Tier 2 (Preferred Brand) 25% Coinsurance \$60 min., \$140 max. • Tier 3 (Non-preferred Brand) 35% Coinsurance \$100 min., \$180 max. • Chemotherapy drugs Same as above 	<p>\$100 deductible per individual, up to \$300 per family</p> <p>After the deductible, you pay: 35% of the Reasonable & Customary charge for up to a 30-day supply</p>	<p>The full cost of the drug is applied to the medical deductible before benefits are considered for payment. After the deductible, you pay:</p> <p>Retail Drugs (up to a 30-day supply)</p> <ul style="list-style-type: none"> • Tier 1 (Generic) \$10 copay • Tier 2 (Preferred Brand) 25% Coinsurance \$30 min., \$70 max. • Tier 3 (Non-preferred Brand) 35% Coinsurance \$50 min., \$90 max. <p>Insulin may be purchased at in-network retail pharmacies for up to a 90-day supply at the Mail Order coinsurance/copay. Formulary/non-formulary benefits apply to brand name insulin.</p> <p>Mail Order Drugs (up to a 90-day supply)</p> <ul style="list-style-type: none"> • Tier 1 (Generic) \$20 copay • Tier 2 (Preferred Brand) 25% Coinsurance \$60 min., \$140 max. • Tier 3 (Non-preferred Brand) 35% Coinsurance \$100 min., \$180 max. 	<p>The full cost of the drug is applied to the medical in-network deductible before benefits are considered for payment under the prescription drug program.</p> <p>After the deductible, you pay: 35% of the Reasonable & Customary charge</p>
Prescription Drug Utilization Management Program	The Prescription Drug Utilization Management Program requires prior authorization for certain types of prescription drugs, including but not limited to Nonsedating Antihistamines and Antifungals. Prior authorization means that requirements must be met before the Prescription Drug Program will cover the prescription.			
Mental Health and Chemical Dependency Program	<p>No precertification required</p> <p>Outpatient: First 5 visits per year free; \$15 copay applies for additional visits</p> <p>Inpatient: You pay 20% coinsurance after deductible</p> <p>Alternative treatment: You pay 20% coinsurance after deductible</p> <p>Deductible: Combined with medical in-network deductible</p> <p>Out-of-Pocket Maximum: Combined with medical in-network Out-of-Pocket Maximum</p>	<p>Outpatient: You pay 35% coinsurance after deductible; no precertification required</p> <p>Inpatient: You pay 35% coinsurance after deductible & \$350 copay per admission; precertification required</p> <p>Alternative treatment⁶: You pay 35% coinsurance after deductible & \$350 copay per admission; precertification required</p> <p>Deductible: Combined with medical out-of-network deductible</p> <p>Out-of-Pocket Maximum: Combined with medical out-of-network Out-of-Pocket Maximum</p> <p>Reasonable & Customary charges apply</p>	<p>No precertification required</p> <p>Outpatient: You pay 5% coinsurance after deductible</p> <p>Inpatient: You pay 5% coinsurance after deductible</p> <p>Alternative treatment: You pay 5% coinsurance after deductible</p> <p>Deductible: Combined with medical in-network deductible</p> <p>Out-of-Pocket Maximum: Combined with medical in-network Out-of-Pocket Maximum</p>	<p>Outpatient: You pay 35% after deductible; no precertification required</p> <p>Inpatient: You pay 35% after deductible; precertification required</p> <p>Alternative treatment: You pay 35% after deductible; precertification required</p> <p>Deductible: Combined with medical out-of-network deductible</p> <p>Out-of-Pocket Maximum: Combined with medical out-of-network Out-of-Pocket Maximum</p> <p>Reasonable & Customary charges apply</p>

⁵ Mandatory home delivery applies to all long-term (maintenance) drugs. After three fills at the retail level, the member will pay 100% of the Medco-discounted cost for the medication for future retail fills.

⁶ If alternative treatment facility admission is 10 days or less from date of inpatient hospital discharge for same condition, alternative treatment facility admission copayment is waived.

Avaya Healthy Decisions



Better choices. Better health.

Avaya Healthy Decisions provides you and your eligible dependents confidential, innovative tools and information you need to take stock in your current health, and the resources to work toward improving it every day. The programs described here are limited to Aetna participants for whom Medicare is not the primary payor.



Personal Health Profile

While genetics and environment can impact your health, lifestyle behaviors often affect how you feel and influence your opportunities for living a longer, happier life. The **Personal Health Profile** lets you take a confidential inventory of your health through an in-depth look at your lifestyle.

Personal Health Management

Personal Health Management is a voluntary and confidential program that pairs you with a specialized nurse to assist you in managing a chronic medical condition such as asthma, diabetes, coronary artery disease, high blood pressure, COPD, stroke, atrial fibrillation, heart failure, high cholesterol, stress, obesity and low back pain. This program supplements, but does not replace, your doctor's advice.

Nurse Helpline

The Nurse Helpline gives you the peace of mind that comes with knowing that at any hour of the day or night, you can receive **free, confidential**, professional medical advice from an experienced registered nurse. Use the Nurse Helpline to help with questions before or after a doctor's appointment or medical procedure, to determine whether you should seek medical treatment, or to ask any general health questions. To speak with a nurse, call **1-800-526-8056 (option2)**.

Wellness Programs

Once you complete the Personal Health Profile, you may qualify for up to four, free Wellness Programs—all designed to help you achieve a healthier lifestyle.

- **Relax®**—Helps you develop an effective stress management program to help you deal with your personal sources and symptoms of stress.
- **Nourish®**—Creates a nutrition program filled with smart, satisfying food choices that fit your lifestyle—and help you look and feel great!
- **Breathe®**—Helps you deal with your nicotine cravings, boost your motivation and confidence, decrease your dependency and quit smoking for good.
- **Balance®**—Includes strategies for healthier food selections, achievable exercise goals and the confidence you need to help take control of your weight!

Avaya Healthy Decisions e-Newsletters and e-Postcards

Watch your work e-mail for the **Avaya Healthy Decisions** quarterly **newsletters** and **postcards**, with award-winning content covering a variety of health and wellness topics to help you get—and stay—healthy.

New Programs Coming in 2011!

Are you ready to make your health a top priority in 2011? If so, Avaya will be ready to help. We're making it easier than ever before for you to make better choices for better health by rolling out several new and exciting programs in 2011. So watch your mail and e-mail after the New Year for more information. In the meantime, here's a summary of what's coming your way.

Online Wellness Center

This easy-to-navigate, secure Web site will offer many new tools and resources to help you reach your health goals. The Wellness Center will let you:

- Track key health numbers like weight, BMI, blood pressure, blood sugar, calories and cholesterol
- Join online wellness programs
- Search for reliable information on thousands of health and wellness topics.
- Stay up-to-date on medical breakthroughs
- Get trusted information on what your symptoms may mean
- Manage your favorite health-related Web sites



Avaya Healthy Decisions Rewards Program

Avaya will be rolling out the **Avaya Healthy Decisions Rewards Program** to Active employees. This program will reward you with the chance to win great prizes for completing the Personal Health Profile and participating in the Online Wellness Programs, the Personal Health Management program, the Know Your Numbers program and *Get Active!*, Avaya's new physical activity program. Only Active employees will be eligible to participate. Watch for more information in 2011!

Get Active!

Get Active! is a fun, team-based physical activity competition for employees. You'll be invited to form a team of co-workers and compete with other teams to exercise the most hours, and/or walk the most steps! All Active employees will be eligible to participate. *Get Active!* is designed for employees of all fitness levels. We'll provide you with the tools and resources to easily set goals, track your progress, and motivate your colleagues.

Registration will include:

- Get Active! reminder wristband
- Competition logbook
- On-line Team Tracker system
- Weekly exercise and nutrition tips

Expanded Suite of Online Wellness Programs

In 2011, we'll more than double your opportunity to make a positive change to your health by adding six additional online wellness programs. All programs will provide step-by-step guidance to make improvements that increase your quality of life and help prevent chronic health problems.

Six new easy-to-follow programs:

Energize®	Provides a customized solution to help you find the motivation and confidence to engage in regular physical activity and maintain that activity over time.
Achieve®	Helps you manage your cholesterol by improving medication adherence, losing weight, improving nutrition habits and increasing physical activity levels.
Control®	Helps you manage your high blood pressure by improving medication adherence, losing weight, improving nutrition habits and increasing physical activity levels.
Care for Your Back®	Provides an individually-tailored back pain prevention and/or management plan, including stretching exercises, proper lifting techniques, the stress-pain cycle, a medical library, and videos that teach proper posture at the desk when working with computers. The videos can even play on an iPod™ or other devices!
Care for Your Health®	Helps you effectively manage chronic condition(s) such as high blood pressure, allergies, back pain, COPD, diabetes, high cholesterol, asthma, CAD/CHF—and more!
Overcoming Depression®	Helps monitor symptoms and measures progress, provides confidential, 24/7 access to coping strategies and tools, and offers relapse prevention strategies.

Important Enrollment Information

Annual Enrollment begins Thursday, October 14 and ends Tuesday, November 2, 2010. During this time, you can make your elections as well as verify your dependent information and current benefit choices. **Even if you are not making changes, you MUST confirm your elections and dependent information.**

If you have a Qualified Status Change during the year, like a marriage, birth or divorce, you may change your benefit elections to reflect the change. You will have 31 days from the date of the event to make any changes. For more information, see the Summary Plan Descriptions online at avaya.com/benefitsanswers.



How to Enroll

Online

AvayaHealthyDecisions.com is the easiest way to enroll. You have access to all the reference materials and interactive tools you need—any time, day or night. **Keep in mind, the Web site closes at midnight, Eastern time on Tuesday, November 2.**



By Phone

Call the Avaya Health and Benefits Decision Center at **1-800-526-8056 (option 1)**.

Representatives are available Monday through Friday, from 8 a.m. to 8 p.m., Eastern time, to assist with enrollment, answer questions and provide additional information. Please review this Guide and have your Social Security number and password before you call. You will also need the date of birth and Social Security number for any dependents you wish to enroll. **The phone enrollment deadline is Tuesday, November 2 at 8 p.m., Eastern time.** You can immediately view, print, and even e-mail your Confirmation Statement through **AvayaHealthyDecisions.com** after enrolling.

Confirmation Statements

It is your responsibility to review your Confirmation Statement and correct any and all discrepancies immediately, either online or by phone. You must make any corrections online no later than midnight or by phone no later than 8 p.m., Eastern time on Tuesday, November 2. If corrections are not made by the deadline, you will not be able to make any changes to your 2011 elections, unless you have a Qualified Status Change. Make sure you print your Confirmation Statement from **AvayaHealthyDecisions.com** after enrolling online or by phone.

Legislative Reminders

■ No Lifetime Limits

The lifetime limit on the dollar value of benefits under the Medical Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under a medical option are eligible to re-enroll in the medical option. Individuals have 30 days from October 14, 2010 to request enrollment. For more information contact the **Avaya Health and Benefits Decision Center** at **1-800-526-8056 (option 1)**.

■ Adult Dependent Coverage

Individuals whose coverage ended, who were denied coverage, or who were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the medical plan and the dental plan. In addition, their otherwise-eligible health care expenses are eligible for reimbursement under the HCRA Plan. Individuals may request enrollment for such children during the 30-day period beginning October 14, 2010. Enrollment will be effective January 1, 2011. For more information contact the **Avaya Health and Benefits Decision Center** at **1-800-526-8056 (option 1)**.

■ HIPAA Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health plans protect the confidentiality of protected personal health information. A complete description of your rights under HIPAA can be found under the "Reference and Materials" section at AvayaHealthyDecisions.com.

■ Rights under the Newborns' and Mother's Health Protection Act of 1996

The "Newborns' and Mothers' Health Protection Act of 1996" was signed into law on September 26, 1996. The Act affects the amount of time the mother and newborn child are covered for a hospital stay following childbirth. In general, group health plans and health insurance issuers that are subject to the Act may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section. Care beyond this point must be precertified. Mother or newborn child may leave earlier if the attending physician, in consultation with the mother, decides to discharge the patients earlier.

Under the Act, the time limits affecting the stay begin at the time of delivery, if the delivery occurs in a hospital. If the delivery occurs outside the hospital, the stay begins when the mother or newborn is admitted in connection with the childbirth.

This coverage may be subject to annual deductibles and coinsurance provisions applicable to other such hospital benefits provided under the Avaya Medical Plan. Please refer to the Summary Plan Description (avaya.com/benefitanswers) for deductibles and coinsurance information applicable to the option in which you choose to enroll or, if you are enrolled in an HMO, call your carrier.

■ Women's Health and Cancer Rights Act of 1998

The "Women's Health and Cancer Rights Act of 1998" was signed into law on October 21, 1998. The Act requires that all group health plans that provide medical and surgical benefits with respect to a mastectomy must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

These services must be provided in a manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles and coinsurance provisions applicable to other such medical and surgical benefits provided under the Medical Expense Plan. Please refer to your Summary Plan Description (SPD) for deductibles and coinsurance information applicable to the option in which you choose to enroll or, if you are enrolled in an HMO, call your carrier.

Legislative Reminders

■ CHIP

On April 1, 2009, The Children's Health Insurance Program Reauthorization Act of 2009 (CHIP) added two new HIPAA special enrollment rights that will apply to your Medical and Dental Plans. If you or your dependent(s) are eligible, but not enrolled in medical or dental coverage, you will be entitled to a special enrollment period if:

- you or your dependent decline enrollment because your dependent is covered under a Medicaid or State child health plan and your dependent's eligibility for the Medicaid or the State child health plan ends, or
- your dependent becomes eligible for state premium assistance from a Medicaid or State child health plan with respect to cover under this Plan.

You must request enrollment in the Medical and Dental Plans within 60 days after the date your dependent loses coverage under a Medicaid or a State child health plan or the date your dependent becomes eligible for assistance under Medicaid or a State child health plan where premiums are charged by the plans.

For more information, review the CHIP notice under the "Reference Materials and Forms" section on AvayaHealthyDecisions.com.

■ Patient Protection

The Salaried POS Option under The Avaya Inc. Medical Expense Plan for Salaried Employees generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Aetna POS II (Open Access) network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, and for a list of the participating primary care providers, including a list of participating health care professionals who specialize in obstetrics or gynecology, log on to aetna.com or call Aetna at **1-877-508-6927**.

This guide is the Summary of Material Modifications for the Avaya Inc. Medical Expense Plan for Salaried Employees. This Summary of Material Modifications supplements the Summary Plan Description posted on avaya.com/benefitanswers. You should use this document with the Summary Plan Description.