

2011 Annual Enrollment Guide

RETIRED SALARIED EMPLOYEES



Your benefits. Your future. Your decision.



Better choices. Better health.

AVAYA

A Note About Costs, Choices, and Making the Most of 2011



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

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 health care costs.

As you review the 2011 benefits material, you will see that Avaya has taken a number of steps to help mitigate the rising cost of health care. For example, we've modified the Point-Of-Service (POS) option, introduced a new pharmacy vendor, and adjusted prescription copays.

If you are a service-pension eligible retiree, Avaya provides a fixed amount for your retiree health benefits, based on when you retired and the amount of service you had at retirement. The Company's contribution does not change from year to year unless you become eligible for Medicare or change your level of coverage (for example, from two-person to individual coverage). Each year, the cost of retiree health benefits has increased. Since the cost of retiree health benefits is greater than the Maximum Company Contribution, any cost increase is passed along to you. The Summary Plan Description (SPD), which is available online at avaya.com/benefitanswers, includes detailed information on how your contributions are calculated (see "Your Costs"). The annual cost of coverage under the retiree health plans is based on how much money Avaya pays out in claims. This means premiums are determined based on the actual cost of the plan.

As we reviewed the 2010 claims data, we found that the actual claim costs of the Plan have been greater than anticipated, meaning that the current retiree contributions plus the company contributions are not covering the costs of the Plan. As a result, Avaya has had to contribute additional funding to the program. Based on the latest emerging claims data and the trend factors for medical inflation, the projected costs for 2011 are drastically higher than the projected costs for 2010. As such, retiree contributions are significantly higher for 2011.

Your help is needed to control the costs of the Plan, which directly affect the amount you pay for coverage. You can take steps to help control claim costs by making smart health care decisions and encouraging your family to do the same. 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 managing your health challenges is key to maintaining 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 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.**

We realize that Avaya's retirees are a diverse group. Some may be retired from Avaya but working for another employer, some may have a spouse who is working for another employer, and some may belong to other groups or associations offering health benefits. All eligible participants under Avaya's Plans should take the time to understand all of the coverage options available to them (through Avaya, another employer, American Association of Retired Persons [AARP] or another group) to determine the coverage that best meets their needs in terms of both plan benefits and cost. Web sites such as ehealthinsurance.com and medicare.gov might also be helpful.

This Enrollment Guide offers you 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



IMPORTANT:

Because of the changes for 2011, it is imperative that you carefully review all of the information in this Guide and on your Annual Enrollment worksheet, and understand your options.

Point-of-Service (POS) Benefit Changes

For 2011, there is a new Salaried Point-of-Service (POS) plan design. Changes to the plan include:

- No-cost preventive care
- \$15 copays for Primary Care Physician office visit
- 80% coinsurance after a deductible for in-network services other than office visits
- Increased out-of-pocket maximum

For more details, please see the benefit summary chart on page 6. You will receive a new Medical ID card in December, which will be effective January 1, 2011.

HMO Availability and Plan Design Changes

Avaya has consolidated the regional HMO offerings to provide coverage (where available) through Kaiser or Group Health Cooperative. If you are currently enrolled in an HMO which is not being continued, your coverage will be assigned to the Salaried POS Option unless you elect another available HMO, live in an area covered only by the Traditional Indemnity Option, or if you and all covered family members are Medicare-eligible.

If you are eligible for HMO coverage, you should review the HMO Comparison Chart to understand the Plan changes for 2011, as there have been some enhancements.

Prescription Drug Copay Changes

Although the three-tier formulary structure remains the same, there have been changes to the prescription drug benefits. Specifically, generic drugs are available for a flat \$10 copay for retail and \$20 copay for mail order, and the minimum/maximum copays for brand-name drugs have been modified. Please see the benefit summary chart on page 7 for more details.



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 Traditional Indemnity 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.

Prior to January 1, 2011, you will have access to Medco's special annual enrollment Web site at **medco.com/avaya**. From this site, you can:

- Price a prescription
- Review important information about the Medco transition
- Learn about the transfer of your Aetna Rx Home Delivery refills to Medco
- Find local participating pharmacies
- Review your Plan Highlights
- Understand the new guidelines for Prior Authorization
- Locate information about Accredo, Medco's specialty pharmacy

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



Mental Health and Chemical Dependency Program Changes

2011 POS or Indemnity Option participants will receive a welcome package and new Medco prescription drug ID cards in late December. The package includes a complete description of your benefit and 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, logon to medco.com/avaya. If you do not have access to the Internet, you may ask the Avaya Health and Benefits Decision Center to mail you information on the Medco transition.

■ The Mental Health and Chemical Dependency (MH/CD) Program for the POS and Traditional Indemnity 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 7 for details.

Other Important Information



Medical Coverage

- Retiree Medical Plan coverage is optional. You can waive health coverage and re-enroll in Avaya's plan within 31 days of when you end coverage under another plan. However, you are required to show evidence of continuous health coverage for the period in which you were not enrolled in the Avaya Medical Plan (but no more than the most recent 12 months) in order to re-enroll. You should review your own personal situation and any other coverage options you may have available to determine what is best for you.

Medicare Coverage

- If you are eligible for Medicare (age 65 or older, under age 65 with a qualified disability or End-Stage Renal Disease), you must enroll in Medicare Parts A and B. Regardless of your enrollment status in Medicare, your coverage with Avaya will be treated as secondary to Medicare coverage.

For 2011, the prescription drug coverage offered by the Avaya Inc. Retiree Medical Expense Plan for Salaried Employees is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Other Covered Charges (OCC)

- If you and your dependents receive Indemnity benefits, you will also receive OCC benefits, which resemble Major Medical benefits (i.e., hospital room and board, surgical benefits, physician office visits, X-ray/lab, private duty nursing). OCC coverage is subject to a lifetime benefit cap of \$50,000 per person, with the first \$3,500 in benefits per year excluded from the \$50,000.

When you first retire or become eligible for Indemnity benefits, you will have the opportunity to purchase additional lifetime OCC benefit amounts for yourself and/or your dependents; this is referred to as "OCC Buy-Up Coverage." You will not be charged for OCC Buy-Up coverage until the Indemnity benefits apply. Once you have Indemnity benefits, you may lower your OCC Buy-Up coverage, but not increase it.

Domestic Partnership Benefits

- Retired employees are permitted to enroll a domestic partner and/or domestic partnership dependent under the Medical Plan.

Beneficiaries

- Annual Enrollment is a good time to review your life insurance beneficiaries. You can update basic life insurance beneficiary information online. From the AvayaHealthyDecisions.com home page, click on "Beneficiaries" to confirm or update your beneficiary information. You may access this feature throughout the year, as beneficiaries can be changed at any time. If you do not have Internet access, you may call the **Avaya Health and Benefits Decision Center** at **1-800-526-8056 (option 1)** to obtain a beneficiary form. If you have Supplementary Life Insurance, please contact **MetLife** at **1-800-523-2894** to change your beneficiaries for that coverage.

Features	Salaried Point-of-Service (POS) Option Offered if you live in an Aetna Choice POS II network area. “Opt-In” coverage may also be available		Salaried Retiree Indemnity Option Offered if you do not live in an Aetna Choice POS II network area or if you (and your covered dependents) are Medicare-eligible.
	Each time you need care, you choose:		
	In-Network	Out-of-Network	
Choice of doctors	Any Aetna Choice POS II network provider, but Primary Care Physician (PCP) selection is required for lowest copay	Any eligible provider	Any eligible provider
Preventive care (age and frequency guidelines apply)	Covered; not subject to copayments, coinsurance or deductibles	Generally not covered	Covered at 80% of Reasonable and Customary; no deductible
Your monthly cost	See your Personalized Enrollment Worksheet for your cost.		
Annual deductible¹	\$150 per individual up to \$450 maximum per family	\$500 per individual up to \$1,500 maximum per family	\$250 per individual \$500 per two-person \$750 per family
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
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 20% of the Reasonable & Customary charge after the deductible
Are you responsible for charges in excess of the Reasonable & Customary?	No	Yes, unless you use a National Advantage Program (NAP) network provider	Yes, unless you use a National Advantage Program (NAP) network provider
Annual Out-of-Pocket Maximum²	\$1,750 per individual \$3,500 per two-person or family	\$4,000 per individual \$8,000 per two-person or family	\$2,500 per individual \$5,000 per two-person or family
Precertification responsibility	Your PCP or Specialist	You	You
Are claim forms required?	No	Yes, unless you use a National Advantage Program (NAP) network provider	Yes, unless you use a National Advantage Program (NAP) network provider

¹ This health care deductible is separate from any deductible under the Prescription Drug Program.

² Certain expenses (e.g., the deductibles, precertification penalties and any expenses in excess of the Reasonable & Customary charge) do not count toward the annual Out-of-Pocket Maximum.

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

Features	Salaried Point-of-Service (POS) Option Offered if you live in an Aetna Choice POS II network area. “Opt-In” coverage may also be available.		Salaried Retiree Indemnity Option Offered if you do not live in an Aetna Choice POS II network area or if you (and your covered dependents) are Medicare-eligible.
	Each time you need care, you choose:		
	In-Network	Out-of-Network	
Prescription Drug Benefits³	<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>	Same as Salaried POS Option
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 treatment:⁴ 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>Outpatient: First 5 visits per year free; then 20% coinsurance after deductible</p> <p>Inpatient: 20% coinsurance after deductible; precertification required</p> <p>Alternative treatment: 20% coinsurance after deductible; precertification required</p> <p>Deductible: Combined with medical deductible</p> <p>Out-of-Pocket Maximum: Combined with medical Out-of-Pocket Maximum</p>

³ 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.

⁴ 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.

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**, and select **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 ready when you call. **The phone enrollment deadline is Tuesday, November 2 at 8 p.m., Eastern time.** If you enroll via phone, you will have a Confirmation Statement mailed to your home, and will also be able to view, print, save, 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 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. Your Confirmation Statement will not be mailed to your home address, unless you enroll by phone.

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/benefitanswers**.

If you do not have Internet access, contact the Avaya Health and Benefits Decision Center to request a copy.



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 participants in the POS or Indemnity Medical Option 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.

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 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. To ensure we have your current e-mail address, log on to **AvayaHealthyDecisions.com** and click “My Information” on the left navigation bar.

New Programs Coming in 2011!

Are you ready to make your health a top priority in 2011? If so, Avaya is 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 or 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



Get information about the new Online Wellness Center and what's coming for 2011 at AvayaHealthyDecisions.com.

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 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.

Legislative Reminders

■ 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.

■ 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.

2011 Resource List

All times shown are Eastern time.

Aetna

Medical (including
Mental Health and
Chemical Dependency)
and Dental

1-877-508-6927 / TDD 1-800-628-3323
Monday—Friday 8 a.m. to 6 p.m.
Current Members: AetnaNavigator.com
Prospective Members: aetna.com

Avaya Health and Benefits Decision Center

Avaya Healthy Decisions,
Enrollment Administration,
Reimbursement Accounts
and COBRA

1-800-526-8056 / TDD 1-800-952-0450
Monday—Friday 8 a.m. to 8 p.m.
AvayaHealthyDecisions.com

HMO

Call the individual HMO or contact the Avaya Health and Benefits
Decision Center 1-800-526-8056 / TDD 1-800-952-0450
Monday—Friday 8 a.m. to 8 p.m.

Medco

Prescription Drug
Program

1-877-505-3213/ TDD 1-800-289-1089
24 hours a day, seven days a week
medco.com (effective January 1, 2011)
Special 2011 enrollment Web site: medco.com/avaya

MetLife

Basic Life/AD&D Insurance: 1-888-466-8659 / TDD 1-800-984-8652
Monday—Friday 9 a.m. to 5 p.m.

Supplementary Life Insurance & Group Universal Life: 1-800-523-2894
TDD 1-800-855-2881
Monday—Friday 8 a.m. to 11 p.m.

Long-Term Care Insurance: 1-800-GETMET8 (1-800-438-6388)
TDD 1-800-638-1004
Monday—Friday 8 a.m. to 11 p.m.

metlife.com/mybenefits

Pension Service Center

1-800-750-7300 / TDD 1-877-369-7596
Monday—Friday 9 a.m. to 6 p.m.
<https://avayapension.ingplans.com>

Avaya 401(k) Plan Service Center

1-877-208-0783 / TDD 1-800-655-0962
Monday—Friday 8:30 a.m. to midnight (excluding NYSE holidays)
401k.com



Your benefits. Your future. Your decision.

Enroll Now!

Visit AvayaHealthyDecisions.com

