

PARTICIPATING IN THE PLAN

Who Is Eligible

If you are an **eligible employee** (a regular, active, full-time or part-time, represented employee who works for a **Participating Company**), you are eligible to participate in the Dental Plan. There is a six-month waiting period. If you wish, you may enroll for coverage earlier by paying the full coverage cost during the waiting period (see “Enrolling Early”). This cost is waived if you meet the eligibility requirements to be **covered** as a dependent of another Avaya Inc. employee or retiree.

Individuals who are not paid from the U.S. payroll of a **Participating Company**, who are employed by an independent company (such as an employment agency), or whose services are rendered pursuant to an agreement excluding participation in benefit plans are not eligible to participate in the Dental Plan.

Eligible Dependents

As a participant in the Dental Plan, you also may enroll your **eligible dependents** for coverage.

If you elect to enroll your **domestic partner** and/or **domestic partnership dependents**, you and your **domestic partner** must complete an Affidavit of Domestic Partnership. This affidavit is available on the Avaya Healthy Decisions Web site (www.AvayaHealthyDecisions.com) under the “Reference Materials & Forms” section. Have the agreement notarized and return the affidavit to the **Avaya Health and Benefits Decision Center**.

The **Avaya Health and Benefits Decision Center** can tell you the tax impact of enrolling a **domestic partner** and/or **domestic partnership dependents**. Under IRS regulations, you contribute toward the cost of Dental Plan coverage on a pre-tax basis for yourself and for your family members *other than* your **domestic partner** and/or **domestic partnership dependent**. The same tax advantages do not apply when you cover your **domestic partner** and/or **domestic partnership dependent**. Under IRS regulations, you cover them with after-tax contributions and the amount of the Company’s cost to cover them is reported as taxable income to you each month. This taxable income is subject to both income tax and FICA withholding. The amount of taxable income depends on whom you elect to cover.

You may enroll another **eligible employee** or Avaya Inc. retiree who participates in The Avaya Inc. Pension Plan as your dependent, as long as the eligibility requirements are satisfied. If you enroll another **eligible employee** as your **eligible dependent**, he or

she will have to waive coverage to be your dependent, since he or she cannot be **covered** as both an **eligible employee** and an **eligible dependent**.

Enrollment

What you need to do to enroll for dental coverage depends on whether you are:

- A newly **eligible employee**,
- An employee changing your existing coverage during an **annual enrollment** period, or
- An employee changing your existing coverage level during the year due to a **qualified status change** (see “Changing Your Coverage During the Year”).

Newly Hired Employees

If you are an **eligible employee**, you may enroll in the Dental Plan immediately. However, there is a six-month waiting period before the Company contributes towards the cost of your coverage. If you wish, you may enroll for coverage earlier by paying the full coverage cost during the waiting period. This cost is waived if you meet the eligibility requirements to be **covered** as a dependent of another Avaya Inc. employee or retiree. For information, see “Enrolling Early.”

After you start working for a **Participating Company**, an enrollment letter will be sent to your home. The letter will include information about how to enroll yourself and your **eligible dependents** and the date by which you must make your elections. You can make your enrollment elections online by logging onto the Avaya Healthy Decisions Web site at www.AvayaHealthyDecisions.com or by calling the **Avaya Health and Benefits Decision Center** (see “Important Contacts”).

You may enroll your **eligible dependents** by the date specified in the online enrollment letter. If you do not make any elections by the enrollment deadline, your **eligible dependents** will *not* be covered under the Dental Plan for the current year.

If you are a full-time **eligible employee**, you are automatically **covered** under the **Traditional option** on the first day of the month in which you attain six months of **net credited service** with a **Participating Company** (see “Who Is Eligible” and “Eligible Dependents”). If you wish to cover your **eligible dependents**, you must enroll your dependents within 31 days of eligibility. Generally, you must enroll your dependents in both The Avaya Inc. Medical Expense Plan and the Dental Plan unless you waive your medical coverage. Although you do not need to enroll for this option, you must register your **eligible dependents** by calling the **Avaya Health and Benefits Decision Center** (see “Important Contacts”). You may switch to the **DMO** at any time, but not more than once a month, after your coverage begins (see “Switching Between the Options”).

Automatic coverage also applies for (1) part-time **eligible employees** who are scheduled to work 25 or more hours per week and (2) any part-time **eligible employees** hired before January 1, 1981. If you are a part-time **eligible employee** hired on or after January 1, 1981 scheduled to work less than 25 hours per week, you will need to enroll for coverage. Contact the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) to enroll your **eligible dependents**. If you enroll within 31 days of becoming eligible, your coverage will be effective as of the date you became eligible. If you do not enroll within 31 days, you will have to wait for the next **annual enrollment period**.

If you are a newly hired, regular, active, full-time or part-time, represented employee *and* you were **covered** as an **eligible dependent** of another Avaya Inc. employee on the day immediately before your date of hire, you are eligible for Dental Plan coverage as an employee on your first day of active service with a **Participating Company**.

Enrolling Early

You may begin coverage before you complete six months of **net credited service** by enrolling and paying the full coverage cost. If you enroll, you also may enroll your **eligible dependents**.

Coverage begins as follows:

- If you enroll *within 31 days* of your eligibility date, coverage is effective as of your first day of work as an **eligible employee**.
- If you enroll *after* the first 31 days, coverage begins based on when you enroll, but not later than the first of the month following the month in which you enroll.

An **Avaya Health and Benefits Decision Center** representative (see “Important Contacts”) can assist you with your particular situation.

Toward the end of your six-month waiting period, you will have an opportunity to select, confirm or change your coverage elections.

As with any benefit election, you will want to carefully consider the benefits and costs for all the options available to you and to select the coverage that makes the most sense for you.

Annual Enrollment

During **annual enrollment** each year, you will have an opportunity to select the benefits that best meets your needs for the coming year. You may change the **eligible dependents** you cover and/or change Dental Plan options. **Annual enrollment** is held once a year, usually in the fall.

You will receive enrollment information, including the coverage options available to you for the following year. If you do not elect to make any changes, your current coverage option will continue unless it is being discontinued or replaced by another option for your area and/or job classification.

Elections made during **annual enrollment** are effective on the first day of the following calendar year.

Confirmation Statements

A confirmation statement will be generated after you enroll or change benefits during **annual enrollment** or at any other time during the year. Be sure to review the information carefully and report any discrepancies immediately to the **Avaya Health and Benefits Decision Center** (see “Important Contacts”).

If You and Your Spouse or Domestic Partner Work for a Participant Company

Only one employee of Avaya Inc. may enroll any given **eligible dependent**. Either you or your **lawful spouse** (or **domestic partner**) may cover your dependent **children**. A child may not be **covered** under the Dental Plan by both parents at the same time.

Switching Between the Options

Once you are **covered** under the Dental Plan, you may switch back and forth between the **Traditional option** and the **DMO** at any time, but not more than once a month. You must call the **Claims Administrator** (see “Important Contacts”) to make the change. If you call by the 15th of the month, your change will become effective on the first day of the following month.

Changing Your Coverage During the Year

If you have a **qualified status change**, you may make a related change in your Dental Plan coverage level, that is, in the **eligible dependents** you cover and your tier of coverage (individual, two-person, family, or no coverage). The change to the Dental Plan must be consistent with the change to coverage under the Medical Plan.

You must call the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) any time you have a **qualified status change** and wish to make a corresponding change in coverage. You have 31 days after the event to make a change. If you miss the 31-day deadline, you must wait until the next **annual enrollment** period to make applicable changes to your Dental Plan coverage, unless you experience another applicable **qualified status change**.

The Cost of Coverage

Generally, you only pay for coverage under the Dental Plan if:

- You enroll for coverage before you complete six months of **net credited service** (see “Enrolling Early”), or
- You are a part-time employee scheduled to work less than 25 hours a week and you were hired on or after January 1, 1981.

If you are a part-time **eligible employee** hired on or after January 1, 1981 and you are scheduled to work *less than* 25 hours per week, you can pay for coverage on a pre-tax basis. The following chart shows the percentage of any coverage cost for you and your **eligible dependents**:

Scheduled Work Hours (for part-time employees hired after 1/1/1981)	The Company Pays This Percentage of the Cost	You Pay This Percentage of the Cost
At least 25 hours per week	100%	0%
Between 17 and 24 hours per week	50%	50%
Fewer than 17 hours per week	0%	100%

Your payroll deduction amount for benefit coverage will appear on your pay statement. Any contributions toward the cost of Dental Plan coverage are on a pre-tax basis for yourself and your **covered dependents**, other than your **domestic partner** and/or **domestic partnership dependents**.

Cost information will be provided through the Avaya Healthy Decisions Web site at www.AvayaHealthyDecisions.com.