

AVAYA INC. FAMILIES

Avaya Inc. has many families -- employees (or retired Avaya Inc. employees) whose **lawful spouse, domestic partner, children, domestic partnership dependents** or parents also are employed by (or retired from) Avaya Inc. This may affect your coverage under the Medical Plan.

Enrollment Rules

You may only elect to be **covered** as a dependent under another Avaya Inc. family member's coverage if you are a part-time employee regularly scheduled to work fewer than 25 hours per week.

During your initial six-month period of employment or if you are a part-time employee regularly scheduled to work fewer than 25 hours per week, your cost of employee coverage under the Medical Plan is waived if you meet the eligibility requirements to be **covered** as a dependent of another Avaya Inc. (represented or salaried) employee or retiree.

An **eligible employee** may cover another represented Avaya Inc. employee or retiree. Therefore, if your **lawful spouse** or **domestic partner** is an active represented employee, you may enroll as his or her dependent under the Medical Plan, or he or she may enroll as your dependent, but not both. If your **lawful spouse** is a retired represented employee, you may enroll as his or her dependent under The Avaya Inc. Retiree Medical Expense Plan. If you elect to be **covered** as a dependent under another represented Avaya Inc. employee or retiree, you would not be eligible for cash back.

A represented active or retired Avaya Inc. employee cannot enroll a salaried active or retired Avaya Inc. employee as an **eligible dependent**.

Each Avaya Inc. employee may choose any of the options available to him or her, regardless of the option the other family member selects.

Only one Avaya Inc. employee or retiree may enroll any given **eligible dependent**. Either you or your Avaya Inc. **lawful spouse** or **domestic partner**, as an employee or retiree, may cover your dependent **children**. A child may not be **covered** by both parents or by both a parent and a **domestic partner** at the same time.

Benefits/Family Deductible and Out-of-Pocket Maximums

Expenses incurred by you and any dependents enrolled with you under your selected option count toward the two-person or family **deductible** and two-person or family **out-of-pocket maximum** under that option.

The following rules apply for each family member who enrolls separately from you as an Avaya Inc. employee:

- The individual, two-person or family **out-of-pocket maximum** limit applies separately.
- The two-person or family **deductible** will apply only if at least one of you is eligible to claim the other as a **Class I dependent** and both of you are enrolled in the **Traditional Indemnity** option.
- If the family **deductible** does apply, it is not automatic. You will need to submit your Explanation of Benefits statements to **Aetna** to show that you paid more toward the family **deductible** than required. You will also need to submit a claim for reimbursement.

Employee Contribution Waiver

Sometimes employee contributions otherwise required for Medical Plan coverage will be waived.

Waiver #1

Waiver #1 applies when:

- Two Avaya Inc. employees enroll for separate coverage under the Medical Plan,
- One of the employees is “fully eligible” (in an Avaya Inc. job classification that does not require a 50% or 100% contribution for benefits) and one employee is not “fully eligible,”
- The employee who is not fully eligible would otherwise qualify as the **Class I dependent** of the fully **eligible employee**, has been enrolled as a dependent of the fully **eligible employee**, and
- The employee who is not fully eligible is a part-time employee who regularly works fewer than 25 scheduled hours per week or a newly hired employee with less than six months of **net credited service**.

In this case, the non-fully **eligible employee** would not be required to contribute more than the premium that would be required of a fully **eligible employee**.

Waiver #2

Waiver #2 applies when:

- Two Avaya Inc. employees enroll in the same **HMO**, and
- At least one of the employees would qualify as a **Class I dependent** of the other.

In this case, only one employee will be required to pay the full employee contribution. The other may be **covered** at a lesser dependent contribution rate, if applicable. If this applies for you, one of you must notify the **Avaya Health and Benefits Decision Center** (see "Important Contacts"). Avaya Inc. reserves the right to verify these situations.