

INTRODUCTION

The Avaya Inc. Medical Expense Plan (Medical Plan) helps you pay the cost of certain medical care and treatment for an injury or illness. Depending on your coverage option, benefits also may be available for certain **covered** preventive medical services.

If you are an **eligible employee**, Avaya Inc. automatically covers you and the **eligible dependents** you enroll starting on the first day of the month in which you complete six months of **net credited service**. You must enroll to cover eligible family members or to select a medical option other than the **assigned option**. If you wish, you may enroll for coverage earlier by paying the full coverage cost during the six-month waiting period. This cost is waived if you have been continuously **covered** as a dependent of an Avaya employee or retiree (see “Avaya Inc. Families”).

The Medical Plan offers three types of coverage options:

- **Point-of-Service (POS)**
- **Traditional Indemnity**
- **Health Maintenance Organization (HMO)**

In addition, you may decline Avaya Inc.’s coverage to be a dependent of another **eligible employee** or, if you can certify that you have medical coverage outside of Avaya, you may elect to decline Avaya Inc.’s coverage, which may allow you to receive cash back in your paycheck.

This summary can help you compare the options and choose which one best meets your needs. While the options cover many of the same services and supplies, you will see differences in how you obtain care and how you pay for that care.