

OVERVIEW OF COVERAGE OPTIONS

The Medical Plan offers up to three coverage options, where available. The options include:

- **POS**
- **Traditional Indemnity**
- **HMO**

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.

The options available to you are based on your home zip code. Your eligibility to enroll in the Standard or Enhanced **POS** options or an **HMO** depends on whether those coverages are available where you live. If you live within a **POS** area, you may choose between the **POS** option and any **HMOs** offered to your home zip code. However, you may not choose the **Traditional Indemnity** option if you live within a **POS** area. If you do *not* live within a **POS** area, you will be offered the **Traditional Indemnity** option and any **HMOs** offered to your home zip code. If your home zip code is not in a designated **POS** area, you may be eligible to “opt-in” to **POS** coverage if you live nearby a **network** area that is available to other Avaya Inc. employees. For more information about the “opt-in” provision, contact the **Avaya Health and Benefits Decision Center** (see “Important Contacts”).

Coverage Options: A Comparison

POS and Traditional Indemnity Option Comparison Chart

	Point-of-Service Option ¹		Traditional Indemnity Option ¹
	In-Network	Out-of-Network	
General Provisions	Offered if you live in an Aetna Choice POS II area (“Opt-in” coverage may also be available)		Offered if you live in a non- POS area
Choice of Doctors	Any network provider , but PCP selection/use required for lowest copayment	Any eligible provider	Any eligible provider
Annual Deductible ²	None	\$600/individual \$1,200/two-person or family	\$250/individual \$500/two-person \$750/family
Emergency Room/ Hospital Admission Copayment	\$65 per emergency room visit (waived if admitted)	\$70 per emergency room visit (waived if admitted); \$200 per hospital admission	None

	Point-of-Service Option ¹		Traditional Indemnity Option ¹
	In-Network	Out-of-Network	
Annual Out-of-Pocket Maximum ³	\$1,000/individual, \$2,000/two-person or family	\$3,000/individual \$6,000/two-person or family	\$1,000/individual \$2,000/two-person \$3,000/family
Precertification Responsibility	Your PCP or network specialist	You	You
Claim Forms	No	Yes, unless you utilize an available National Advantage Program provider	Yes, unless you utilize an available National Advantage Program provider
Physician Office Visit – Diagnostic and Treatment Services			
Treatment of Illness or Injury	100% of the prenegotiated rate after \$20 copayment per visit for PCP (or participating OB/GYN), or \$30 copayment per visit for specialist .	75% of the allowable amount after the deductible	80% of the allowable amount after the deductible
Maternity	100% of the prenegotiated rate after \$20 OB/GYN copayment for first visit	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply
In-Office Surgery, In-Office Lab & X-ray, Second Surgical Opinion	100% of the prenegotiated rate after \$20 copayment per visit for PCP (or participating OB/GYN), or \$30 copayment per visit for specialist .	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply
Physician Office Visits – Preventive Services			
Routine Physical Exam ⁴	100% of the prenegotiated rate (copayment waived) , in accordance with age/frequency guidelines as established by the Claims Administrator , for age 18+.	100% of the allowable amount (deductible does not apply) , in accordance with age/frequency guidelines as established by the Claims Administrator , for age 18+.	100% of the allowable amount (deductible does not apply) , in accordance with age/frequency guidelines as established by the Claims Administrator , for age 18+.
Well-Woman Care, Well-Child Care ⁴ , Immunizations	100% of the prenegotiated rate after \$20 copayment per visit for PCP (or participating OB/GYN), or \$30 copayment per visit for specialist .	Not Covered	Not covered
Routine Pap Smear	100% of the prenegotiated rate (included with office visit). Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator .	100% of the allowable amount ; the deductible does not apply. Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator .	100% of the allowable amount ; the deductible does not apply, except at a hospital . Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator .

	Point-of-Service Option ¹		Traditional Indemnity Option ¹
	In-Network	Out-of-Network	
Routine Mammography Screenings ⁵	100% of the prenegotiated rate (included with office visit). Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator	100% of the allowable amount ; the deductible does not apply. Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator .	100% of the allowable amount ; the deductible does not apply. Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator .
Prostate Cancer Screenings ⁵	100% of the prenegotiated rate (included with office visit). Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator	100% of the allowable amount ; the deductible does not apply. Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator .	100% of the allowable amount ; the deductible does not apply. Free health screenings are covered in accordance with age/frequency guidelines as established by the Claims Administrator .
Out-patient Services – Treatment and Services Performed Outside a Physician’s Office			
Surgery, Maternity	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply
Lab & X-ray	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible applies if out-patient hospital service
Radiation Therapy, Chemotherapy	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible applies if out-patient hospital service
In-patient Services			
Hospital Room & Board ⁶	100% of the prenegotiated rate	75% of the allowable amount after the deductible and \$200 per admission copayment	100% of the allowable amount after the deductible
Surgery, Anesthesia	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply
Lab & X-ray	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply
Physician Hospital Visits and Consultations	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply
Maternity	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply

	Point-of-Service Option ¹		Traditional Indemnity Option ¹
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Emergency Services			
Emergency Room Use	100% of the prenegotiated rate after \$65 copayment per visit (waived if admitted)	75% of the allowable amount after \$70 copayment per visit (waived if admitted)	100% of allowable amount ; deductible does not apply
Non-Emergency Emergency Room Use	75% of the prenegotiated rate after \$65 copayment per visit (waived if admitted)	75% of the allowable amount after the deductible and \$70 copayment (waived if admitted)	80% of the allowable amount after the deductible
Ambulance – Emergency Use	100% of the prenegotiated rate	Emergency care paid as in-network if Aetna Member Services is notified within 48 hours	80% of the allowable amount after the deductible
Alternatives to In-patient Care			
Extended Care Facility⁷	100% of the prenegotiated rate ⁸	75% of the allowable amount after the deductible , up to 60 days per Plan Year ⁸	100% of the allowable amount , up to 120 days per Plan Year without the deductible , then 80% of the allowable amount after the deductible
Home Health Care, Private Duty Nursing	100% of the prenegotiated rate ⁸	75% of the allowable amount after the deductible , up to 100 visits/shifts per Plan Year ⁸	100% of the allowable amount , up to 200 visits/shifts per Plan Year; the deductible does not apply
Hospice Facility Care	100% of the prenegotiated rate ⁸	75% of the allowable amount after the deductible , up to 210 days per lifetime ⁸	100% of the allowable amount , up to 210 days per lifetime; the deductible does not apply
Birthing Center	100% of the prenegotiated rate	75% of the allowable amount after the deductible	100% of the allowable amount ; the deductible does not apply
Other Covered Providers & Supplies			
Occupational Therapy, Physical Therapy, Speech Therapy, Chiropractors, Podiatrists, Acupuncturists	100% of the prenegotiated rate after \$30 copayment per visit, up to any applicable Plan limits on number of visits ⁸	75% of the allowable amount after the deductible , up to any applicable Plan limits on number of visits ⁸	80% of allowable amount after the deductible , up to any applicable Plan limits on number of visits <ul style="list-style-type: none"> • Speech therapy is limited to 30 visits per Plan Year • Chiropractor is limited to 60 visits per Plan Year • Acupuncture is limited to 30 visits per Plan Year
Durable Medical Equipment, Blood Replacement	100% of the prenegotiated rate	75% of the allowable amount after the deductible	80% of the allowable amount after the deductible
Nutritionist ⁹	100% of the prenegotiated rate after \$30 copayment per visit for specialist	Not covered	Not covered

	Point-of-Service Option ¹		Traditional Indemnity Option ¹
	In-Network	Out-of-Network	
Smoking Deterrents, Birth Control (Prescription only)	100% of the prenegotiated rate after \$20 copayment at office visit (for PCP or participating OB/GYN), or \$30 copayment per visit for specialist , or as covered under the Prescription Drug Program	75% of the allowable amount after the deductible at office visit or as covered under the Prescription Drug Program	80% of the allowable amount after the deductible at office visit or as covered under the Prescription Drug Program
Prescription Drugs	<p>Retail Drugs (up to a 30-day supply)</p> <ul style="list-style-type: none"> • Generic \$10 • Brand \$25 • Insulin (90-day supply) \$50 <p>\$0 copayment for chemotherapy drugs</p> <p>Home-Delivery Drugs (up to a 90-day supply)</p> <ul style="list-style-type: none"> • Generic \$20 • Brand \$50 <p>Mandatory home delivery for maintenance drugs – After three consecutive fills for the same dosage at the retail level, the drugs will only be covered by Aetna Rx Home Delivery.</p> <p>Separate \$1,000 per person, \$3,000 per family annual out-of-pocket maximum.</p>	<p>Deductible (\$50 per individual and \$150 per family) and 20% coinsurance applies; there is no annual out-of-pocket maximum.</p> <p>Mandatory home delivery for maintenance drugs – After three consecutive fills for the same dosage at the retail level, the drugs will only be covered by Aetna Rx Home Delivery.</p>	Same as POS option
Prescription Drug Utilization Management Program	The prescription drug utilization management program will require precertification for certain types of prescription drugs: non-sedating antihistamines, Proton Pump Inhibitors, migraine medications, acne products, growth hormones, weight loss products, select pain medications, flu medications, COX-2s and Anti-fungals. Precertification means that requirements will have to be met before the Medical Plan will cover the prescription.		

	Point-of-Service Option ¹		Traditional Indemnity Option ¹
	In-Network	Out-of-Network	
Mental Health/ Chemical Dependency	First 5 days/visits per year free, \$25 copayments apply for additional visits/days; separate \$750 per person annual out-of-pocket maximum .	\$250 deductible per person and 50% coinsurance applies; there is no annual out-of-pocket maximum . \$500 copayment per admission for inpatient care	Same as POS option
<p>¹ Dependents under the POS option who permanently reside outside of a POS area will receive benefits according to the Traditional Indemnity option schedule.</p> <p>² This health care deductible is separate from any deductibles under your Prescription Drug Program and the Mental Health and Chemical Dependency Program.</p> <p>³ Certain expenses (e.g., the deductible, precertification penalties and any expenses in excess of the allowable amount) do not count toward the out-of-pocket maximum. This out-of-pocket maximum is separate and apart from the out-of-pocket maximums under the Mental Health and Chemical Dependency Program and the Prescription Drug Program.</p> <p>⁴ Physical exams/Well-Child visits are permitted as follows: until age 1 - 7; during 2nd year – 2; ages 2 through 17 – 1 per year; ages 18 through 64 – once every 24 months; age 65+ – once every 12 months.</p> <p>⁵ These preventive services are subject to age guidelines: Routine mammograms under the Traditional Indemnity option or out-of-network under the POS option are restricted to one baseline for women aged 40 and then annual screenings at age 41+; Routine prostate screening is covered annually for men aged 40+ and then one colorectal screening per Plan Year is covered annually for men and women aged 50+.</p> <p>⁶ Semi-private; private if only room type available or medically necessary. Under the Traditional Indemnity option, if a non-National Advantage Program hospital only has private rooms, the reasonable and customary charge shall be 90% of the most prevalent room and board charge.</p> <p>⁷ Maximum includes both hospital and extended care facility days. Each hospital day counts as one full day toward this maximum and each extended care facility day counts as one half-day toward this maximum.</p> <p>⁸ Days/visits received in-network apply to day/visit maximums out-of-network and vice-versa.</p> <p>⁹ Not for weight loss counseling unless medically necessary.</p>			

HMO Option Coverage Chart

General Provisions	HMO Option*
Choice of Doctors	Any network provider, as coordinated through your Primary Care Physician (PCP)
Annual Deductible	None
Copayment	Varies by HMO . Generally \$15-\$20 copayment per office visit and \$100 per hospital admission
Coinsurance	Generally, not applicable
Annual Out-of-Pocket Maximum	Varies by HMO
Precertification Responsibility	Your PCP
Claim Forms	No
Covered Services	Varies by HMO
Prescription Drugs	Varies by HMO
Mental Health and Chemical Dependency	Varies by HMO
<p>* You may select the HMO option if you live in an HMO area. To find out which services are offered by a particular HMO, call the applicable HMO directly. You need to contact the Avaya Health and Benefits Decision Center (see "Important Contacts"), and not your HMO, when you have to add or drop coverage for a dependent, or when you have questions about the medical eligibility status of your dependents.</p>	