

## **PARTICIPATING IN THE PLAN**

### ***Who Is Eligible***

If you are an **eligible employee** (a regular, active, full-time or part-time, represented employee with at least six months of **net credited service** who works for a **Participating Company**), you and your **eligible dependents** are eligible for Vision Care Plan coverage.

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 Vision Care Plan.

### ***When Coverage Begins***

If you are a full-time **eligible employee**, you and your **eligible dependents** are automatically **covered** under the Vision Care Plan on the first day of the month in which you attain six months of **net credited service** with a **Participating Company**. Any eligible dependents you wish to have **covered** under the Vision Care Plan must be enrolled within 31 days of becoming eligible for coverage.

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 (see "How to Enroll for Coverage"). Contact the **Avaya Health and Benefits Decision Center** to enroll (see "Important Contacts"). If you enroll within 31 days of becoming eligible, your coverage will be effective as of the date you became eligible.

While employees may be automatically **covered**, they must enroll any eligible dependents for whom coverage is desired. This enrollment should be done within 31 days of becoming eligible for coverage.

If you are a newly eligible part-time employee who needs to enroll for coverage in the Vision Care Plan, you must enroll (see "How to Enroll for Coverage") within 31 days of your eligibility date (see "Who Is Eligible"). If you do not enroll within 31 days, you will have to wait for the next **annual enrollment** period. Contact the **Avaya Health and Benefits Decision Center** to enroll (see "Important Contacts"). If you enroll within 31 days of becoming eligible, your coverage will be effective as of the date you became eligible.

### ***If You and Your Dependents Work for a Participating Company***

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 the Vision Care Plan coverage as an employee on your first day of active service with a **Participating 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 Vision Care Plan by both parents at the same time.

### ***The Cost of Coverage***

If you are a *full-time* **eligible employee**, or if you are a part-time eligible employee and have been continuously employed by a **Participating Company** since before January 1, 1981, the Company pays the full coverage cost for you and your **eligible dependents**.

If you are a part-time **eligible employee** hired *on or after* January 1, 1981, the coverage cost for you and your **eligible dependents** is as follows:

<b>If Your Scheduled Work Week Is</b>	<b>The Company Pays this Percent of the Cost of Coverage</b>	<b>You Pay this Percent of the Cost of Coverage</b>
25 hours or more	100%	0%
Between 17 - 24 hours	50%	50%
16 hours or less	0%	100%

### ***When Coverage Ends***

Vision care coverage ends on the last day of the month in which:

- You retire or die,
- You leave the Company for any reason (including a leave of absence),
- You are no longer considered an **eligible employee**,
- Your coverage is canceled,
- You request cancellation of coverage,

- You stop making any required contributions, if applicable, or
- The Company you work for ceases to be a **Participating Company**.

Your coverage also ends as follows if either of these events occurs:

- If the Vision Care Plan is terminated, your coverage will end on the termination date.
- If you are laid off, your coverage will end on the last day of the month following the month in which the layoff occurs.

### ***When Dependent Coverage Ends***

Dependent coverage under the Vision Care Plan ends when:

- Your coverage ends, or
- On the last day of the month in which your **covered dependent** is no longer an **eligible dependent**.

You must notify the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) when your dependent no longer qualifies as an **eligible dependent**. Information about continuing coverage will be sent to your dependent.

### ***Other Reasons Your Coverage Will End***

In addition, when any of the following happens, you will receive written notice that your coverage (and coverage for your **covered dependents**) has ended on the date identified in the notice:

- Fraud or misrepresentation, or because you (or one of your **covered dependents**) knowingly gave the Plan Administrator, Claims Administrator or **Avaya Health and Benefits Decision Center** false, material information. Examples include false information relating to a person’s eligibility or status as a **covered dependent**.
- You (or one of your **covered dependents**) permitted an unauthorized person to use one of your ID cards, or you (or one of your **dependents**) improperly use another person’s ID card.
- You (or one of your **covered dependents**) in any other way materially violates the terms of the Vision Care Plan.

### ***When Coverage Can Be Continued***

Depending on the circumstances under which your vision coverage ends, you may be able to continue coverage for you and your **eligible dependents** as required by federal law (see “Continuing Your Vision Coverage Through COBRA”).

### ***Changing Your Coverage During the Year***

You may change your coverage under the Vision Care Plan during the year only if you have a **qualified status change**. In order to make a change during the year, status changes must be reported to the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) within 31 days of the event. If you miss the 31-day deadline, you must wait until the next **annual enrollment** period to make applicable changes to your Vision Care Plan coverage.