

PARTICIPATING IN THE PLAN

Who Is Eligible

You are eligible to participate in the Dental Plan if you are a regular, active, full-time or part-time, salaried employee who works for a **Participating Company**.

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. International Assignees who are paid from the U.S. payroll of a **Participating Company** will be eligible for coverage through **Aetna Global Benefits** under the International dental option, and subject to modified plan benefits.

Eligible Dependents

As a participant in the Dental Plan, you may also 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 the Dental Plan option you elect, and on whom you elect to cover.

You may enroll another **eligible employee** or Avaya Inc. salaried retiree (who participates in The Avaya Inc. Pension Plan for Salaried Employees) as your dependent, as long as the eligibility requirements are satisfied. If you enroll another **eligible employee** or Avaya Inc. salaried retiree 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**. However, he or she would

not be eligible to receive cash back. A salaried active or retired Avaya Inc. employee cannot enroll a represented active or retired Avaya Inc. employee as 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 a full-time employee when you start working for Avaya Inc., you are automatically enrolled in your **assigned option** for individual Dental Plan coverage. The **assigned option** is the **PPO** option. Coverage begins on your first day of work as an **eligible employee**. Part-time employees must enroll to be covered under the Dental Plan.

An enrollment letter will be sent to your home address. 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”).

After you receive the letter, by the specified date in the enrollment letter, you may:

- Change from the **assigned option** to another available option,
- Choose a coverage option, if one was not assigned, or
- Enroll your **eligible dependents**.

In addition, you may elect to:

- Decline Avaya Inc.'s dental coverage. In this case, if you are a full-time employee you may be able to receive cash back in your paycheck.
- Decline your own coverage under the Dental Plan in order to be covered as a dependent of another **eligible employee**.

If you do not make any elections by the specified date indicated in your enrollment letter, here is what will happen:

- If you are a regular full-time employee, you will continue to be **covered** under your **assigned option**. Your dependents *will not* be covered. You may change your coverage level due to a **qualified status change**. Otherwise, you will *not* be permitted to make any changes until the next **annual enrollment**.
- If you are a part-time employee, *no coverage* will be assigned. This means you and your dependents *will not* be **covered** under the Dental Plan for the current year. See “Declining Avaya Inc. Dental Coverage” below.

Generally, you do not need to re-enroll each year, unless you wish to change your coverage category. However, if you choose No Coverage, you cannot change your coverage for two enrollment periods, unless you have a **qualified status change**.

Assigned Option

The **assigned option** is automatically assigned if you do not enroll. Not all employees have an **assigned option**. Your eligibility for an **assigned option** depends on your job classification. The option that is assigned is the **PPO**.

Generally, coverage *automatically* begins under your **assigned option** on your first day of work as an **eligible employee**. If you do not meet the requirements for an **assigned option**, you must enroll by the specified date in your enrollment letter to have dental coverage.

If you enroll your **eligible dependents** at the same time you enroll yourself, coverage for those dependents begins the same day as your coverage begins.

Declining Avaya Inc. Dental Coverage

You may elect to decline Avaya Inc.'s Dental Plan coverage. In this event, if you are a full-time employee, you will be reimbursed a portion of your cost for coverage as taxable income in your paycheck. This reimbursement is not available to part-time employees.

The cash back option is not available if you are **covered** as a dependent of another Avaya Inc. employee/retiree.

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.

If you decline coverage, you cannot change your coverage for two enrollment periods, unless you have a **qualified status change**.

Annual Enrollment

During **annual enrollment** each year, you will have an opportunity to select the benefits that best meet your needs for the coming year. You may change the **eligible dependents** you cover and/or change Dental Plan options. Keep in mind that if you elect No Coverage, you will not be able to elect coverage for two enrollment periods, unless you have a **qualified status change**. **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. If it is discontinued, you will be enrolled in your **assigned option**. However, if you are not eligible for an **assigned option**, you will not be enrolled in any option unless you actively enroll. For more information, see “Assigned Option.”

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 Participating Company

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

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). You *must* contact 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**.

Special Note for Part-Time Employees

Part-time employees and their dependents are eligible for dental coverage. The amount the Company pays for coverage for you and your **eligible dependents** under the Dental Plan depends upon the number of hours you work each week as outlined in the following chart:

Scheduled Work Hours	The Company Pays This Percentage of the Cost	You Pay This Percentage of the Cost
At least 25 hours per week	50%	50%
Fewer than 25 hours per week	0%	100%

If you need to enroll yourself or your **eligible dependents** for coverage in the Dental Plan, you must do so *within* 31 days of your eligibility date (see “Who Is Eligible” and “Eligible Dependents”). If you do not enroll within 31 days, you will have to wait for the next **annual enrollment** period.

Your Monthly Contribution

Your payroll deduction amount for benefit coverage appears on your pay statement. Remember, you contribute toward the cost of Dental Plan coverage 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. Remember, if you elect to decline coverage under the Dental Plan, and if you are a full-time employee, you may be eligible to receive a credit in each paycheck. This amount is considered taxable income.