

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

An **eligible employee** may cover another salaried Avaya Inc. employee or retiree. Therefore, if your **lawful spouse** or **domestic partner** is an active salaried 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 you elect to be **covered** as a dependent under another salaried Avaya Inc. employee or retiree, you would not be eligible for cash back in your paycheck.

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

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 Deductibles 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 Enhanced **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.