

HMO OPTION

A **Health Maintenance Organization (HMO)** is a Medical Plan option that generally requires you to follow specified rules for obtaining care:

Under an **HMO** option:

- A single **physician** coordinates your care.
- You will pay a **copayment** to the **provider** at the time of service.
- You usually do not pay any **deductibles** or **coinsurance** amounts.
- You are not responsible for paying charges for **HMO providers'** authorized services that exceed the **allowable amount**.
- You do not need to file claim forms.
- Services provided outside the **HMO** are **covered** only in certain **emergency** situations.

Your enrollment materials will tell you whether an **HMO** is available in your area. The coverage available varies depending on the **HMO** you select. You should contact the specific **HMOs** you are interested in to compare coverages. You may also request the evidence of coverage document for your **HMO** from the **HMO's** Member Services. If you are **covered** under the **HMO** option, the **Mental Health and Chemical Dependency Program** and the **Prescription Drug Program** *do not* apply to you. Instead, you will receive benefits for those expenses under the provisions of your **HMO**.

If you choose **HMO** coverage, you are required to follow your **HMO's** rules for obtaining care. Avaya Inc. has no responsibility for the benefits provided or not provided by the **HMO**, or claims relating to **HMO** coverage. Once you have elected to participate in an **HMO**, that **HMO** governs your Medical Plan coverage in lieu of all Medical Plan provisions that cover the other Avaya Inc. Plan options.

For questions about how your **HMO** works, contact the **HMO** directly.