

PARTICIPATING IN THE PLAN

Who Is Eligible

You are eligible to participate in the Dental Plan if you are an **eligible retiree** and have elected to participate in The Avaya Inc. Retiree Medical Expense Plan for Salaried Employees (Medical Plan).

Upon your termination of service and eligibility for the Dental Plan, you can *defer* your retiree medical and dental coverage until a later date. At your election, you can choose to be covered by the Dental and Medical Plans upon termination or any time in the future without providing proof of insurability (see “Deferring and Reinstating Dental and Medical Plan Coverage”).

Once you are covered by the Dental and Medical Plans, you can waive your coverage, and re-enroll in the Dental and Medical Plans within 31 days of when previous coverage ends. However, you are required to show evidence of continuous health coverage for the period in which you were not enrolled in the Dental and Medical Plans (but no more than the most recent 12 months) in order to re-enroll (see “Waiving Dental and Medical Plan Coverage”).

Eligible Dependents

As a participant in the Dental Plan, you may enroll your **eligible dependents** for coverage. Your **eligible dependents** are generally the same as those enrolled under Medical Plan.

Enrollment

See “Enrollment” in The Avaya Inc. Retiree Medical Expense Plan for Salaried Employees SPD.

Annual Enrollment

See “Enrollment” in The Avaya Inc. Retiree Medical Expense Plan for Salaried Employees SPD.

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”).

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 or family). The change to the Dental Plan must be consistent with the change to coverage under the Medical Plan.

You must call the **Avaya Health and Benefits Decision Center** 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 retiree health care coverage, unless you experience another applicable **qualified status change**.

Deferring and Electing Dental and Medical Plan Coverage

You can defer retiree Dental and Medical Plan coverage with the option to elect coverage as of the first of any month. Once you enroll for coverage, you will remain continuously enrolled until you elect to waive coverage or fail to pay the required premium. If your coverage is terminated due to non-payment, you will not be able to reinstate coverage ever again.

Waiving Dental and Medical Plan Coverage

You can waive Dental and Medical Plan coverage and re-enroll in the Dental and Medical Plan within 31 days of when the previous coverage ends. You are required to show evidence of continuous health coverage for the period in which you were not enrolled in the Dental and Medical Plan (but no more than the most recent 12 months) in order to re-enroll.

The effective date will be the first of the month following the month in which your previous coverage ends. It is unnecessary to show a **qualified status change** to waive coverage and there's no limit to the number of times you may waive coverage and re-enroll as long as you can prove you have continuous health coverage.

If you have continuous medical coverage but do not have continuous dental coverage, you will not have dental coverage for two Plan Years. The required contributions will not be reduced if you do not have dental coverage.

If you do not have continuous medical coverage for the period of coverage you were not enrolled in the Dental and Medical Plan, you will not be able to re-enroll ever again.

When Coverage Begins

Coverage under the retiree medical and dental plans begins the first of the month following retirement, unless you deferred coverage. If coverage is deferred and you wish to enroll, coverage will begin the first of the month following your election, so long as the required premium payments are made. If you were previously enrolled, then

waived your dental and medical coverage, and wish to re-enroll, coverage will begin the first of the month following your election, so long as you provide evidence of continuous health coverage for the period in which you were not enrolled in the Dental and Medical Plan (but no more than the most recent 12 months) and the required premium payments are made.