

HIGHLIGHTS

Here is a summary of some features of the Medical Plan.

Plan Feature	Summary
Eligibility	<p>You are eligible to participate in the Medical Plan if you are an eligible retiree. You may also enroll your eligible dependents under the same coverage option you choose for yourself. However, depending on the option in which you enroll, and your and your dependents' Medicare eligibility status, benefits for you or your dependents may differ (see "Overview of Coverage Options").</p>
Enrollment	<p>When you retire, enrollment materials and information about your coverage options will be sent to you at your home address.</p> <p>You must enroll by the date specified in your enrollment package. If you do not enroll by the specified enrollment deadline, you will be defaulted to deferring coverage. You may enroll for coverage at a later date, but you will not have coverage retroactively.</p>
Coverage Options	<p>Your geographic location and Medicare eligibility status determine which of the following coverage options are available to you during retirement:</p> <ul style="list-style-type: none"> • Standard POS • Salaried Retiree Indemnity • HMO <p>In addition, you may elect to decline Avaya Inc.'s medical coverage.</p>
When the Medical Plan Is Primary	<p>It is also important for you to understand when the Medical Plan is primary (pays benefits first) and when Medicare is primary, since benefits for you and your dependents under the coverage options may vary accordingly.</p> <p>The Medical Plan is primary for:</p> <ul style="list-style-type: none"> • Retired employees who are not Medicare-eligible (generally under age 65) • Dependents under age 65 regardless of the age of the retired employee (except for dependents under age 65 who are Medicare-eligible as described in the next section "When Medicare Is Primary")
When Medicare Is Primary	<p>Medicare takes over as the primary benefit plan for:</p> <ul style="list-style-type: none"> • Retired employees age 65 and over • Dependents age 65 and over regardless of the age of the retired employee • A retired employee or dependent who has end stage renal disease, regardless of age*

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	<ul style="list-style-type: none"> • A retired employee or dependent who is eligible for Medicare due to disability, regardless of age <p>When Medicare is the primary plan, benefits under the Medical Plan become secondary to Medicare and are payable up to the Salaried Retiree Indemnity benefit levels. If you are enrolled in the POS option, Aetna will continue to process claims for the Medicare-eligible individual(s) up to the Salaried Retiree Indemnity benefit levels. Non-Medicare-eligible individuals will continue to receive POS benefits.</p> <p>You will not be eligible to participate in an HMO option if you or any of your covered dependents are eligible for Medicare.</p> <p>*If under age 65, Medicare benefits apply only to covered expenses associated with end stage renal disease.</p>
Covered Expenses	<p>Covered expenses and benefit levels vary with the option you choose, the provider you use, and whether or not you are Medicare-eligible. Some examples of covered expenses are the following, if medically necessary:</p> <ul style="list-style-type: none"> • Hospitalization • Surgery • Doctor's visits • Chiropractic care • Acupuncture • Extended care facilities • Home health care agency services • Hospice care <p>Other Covered Charges for Salaried Retiree Indemnity benefits is limited to the \$50,000 lifetime maximum benefit per person, unless you elect to increase the level of coverage for yourself and/or your eligible dependents. If you did not previously elect to do so, you may elect to increase your Other Covered Charges benefit up to \$100,000, \$150,000 or \$250,000.</p>
How to Get the Most from the Medical Plan	<p>To get the most from the Medical Plan, read about the options available to you. Determine when the Medical Plan is the primary plan and when Medicare is the primary plan, and what effect, if any, this has on the benefits for you and your eligible dependents.</p> <p>Learn what services are covered and how to access those services. For example, does the option pay higher levels of benefits for network providers? Learn when you need to pre-certify care such as for a hospital stay.</p>

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Information About the Medical Plan	Use this document as a reference and call your health care company for specific benefit coverage information. For questions about eligibility, your benefit options, or to enroll, contact the Avaya Health and Benefits Decision Center (see "Important Contacts").
Cost	The cost of coverage varies by your option, level of coverage, Medicare eligibility, years of service at retirement (frozen as of December 31, 2003), age at retirement, hire date and retirement date.