



2015 BENEFITS ENROLLMENT



BENEFITS AT-A-GLANCE and Resource Contact Information 2015

For Participants in the Management Retiree Plan Design
Includes COBRA Participants and Survivors in the Family Security Program (FSP)

NOTE: You may not be eligible for all of the plans shown in the following charts.

To determine your coverage options during the annual open enrollment period...

- Visit the Your Benefits Resources™ (YBR) website at <http://resources.hewitt.com/alcatel-lucent>; or
- Call the Alcatel-Lucent Benefits Center at 1-888-232-4111. Representatives are available from 9:00 a.m. to 5:00 p.m., Eastern Time (ET), Monday through Friday.

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BENEFITS-AT-A-GLANCE

These charts summarize some features of the 2015 Alcatel-Lucent medical and dental plan options.
Use them:

<ul style="list-style-type: none">▪ During the annual open enrollment period — To compare plan options and coverage amounts before making your enrollment decisions.	<ul style="list-style-type: none">▪ All year — Whenever you need information about your plan or to determine whether a particular service or supply is covered.
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How Do These Charts Work?

Check and confirm:

1. Which specific plans apply to you

You may not be eligible for all of the plans shown in these charts.
To confirm the coverage for which you (and your dependent[s]) are eligible, you can:

- Visit the YBR website at <http://resources.hewitt.com/alcatel-lucent>; or
- Call the Alcatel-Lucent Benefits Center at 1-888-232-4111.

2. What's covered

For your quick reference, these charts show coverage amounts.
Note that for a service or supply to be covered, it must be:

- Medically necessary for the treatment of an illness or injury, or for preventive care benefits that are specifically stated as covered;
- Provided under the order or direction of a physician;
- Provided by a licensed and accredited healthcare provider practicing within the scope of his or her license in the state where the license applies;
- Listed as a covered service and satisfy all the required conditions of services of the plans; and
- Not specifically listed as excluded.

In some cases, there may be additional required criteria and conditions.
Services and supplies meeting these criteria will be covered up to the allowable amount or the negotiated rate, if applicable.

Need Information on a Health Maintenance Organization (HMO)/Medicare HMO?

Due to the number of HMO/Medicare HMO options offered, HMO/Medicare HMO coverage information is not shown in these charts. Medical and prescription drug coverage levels and costs vary by individual HMO/Medicare HMO option.

To review and print specific plan details for the coverage options available to you, visit the YBR website at <http://resources.hewitt.com/alcatel-lucent> or call the Alcatel-Lucent Benefits Center at 1-888-232-4111, during the annual open enrollment period.

You can also contact the HMO/Medicare HMO you are considering. Carrier contact information can be found on pages 18 and 19 of this booklet. Or, if you are currently enrolled in an HMO/Medicare HMO, check the back of your HMO/Medicare HMO ID card.

Medical

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	(If you are not eligible for Medicare)					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Choice of Doctors	Select from within a network of medical providers	Select any medical provider	Select from within a network of medical providers	Select any medical provider	Select from within a network of Preferred Provider Organization (PPO) providers or any medical provider	Select from within a network of PPO providers or any qualified provider
Annual Deductible	Not applicable	Individual: \$500 Two-person: \$1,000 Family: \$1,500	Not applicable	Not applicable	See table below	\$290/individual (combined with out-of-network)
Annual Out-of-Pocket Maximum	Individual: \$1,200 Two-person: \$2,400 Family: \$3,600	Individual: \$3,000 Two-person: \$6,000 Family: \$9,000 (excludes deductible)	Individual: \$4,000 Family: \$8,000	\$7,500/individual	Individual: \$1,500 Two-person: \$3,000 Family: \$4,500 (excludes deductible)	\$3,290/individual (includes deductible; combined with out-of-network)

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19.
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Annual Deductible for the Traditional Indemnity Plan

Participant	Deductible
Former Lucent service and disability retirees (excludes their survivors) and <ul style="list-style-type: none"> Their non-survivor COBRA beneficiaries 	<ul style="list-style-type: none"> Individual: \$150 plus 1% of annual pension (\$175 min. and \$300 max.) Two-person: 2x individual deductible Family: 3x individual deductible
COBRA and FSP survivors of former Lucent service and disability retirees and <ul style="list-style-type: none"> Their COBRA beneficiaries 	<ul style="list-style-type: none"> Individual: \$300 Two-person: \$600 Family: \$900
Former Lucent and former Alcatel account balance/access to retiree healthcare participants (excludes former Lucent service and disability retirees) and <ul style="list-style-type: none"> Their COBRA beneficiaries Their COBRA and FSP survivors and these survivors' COBRA beneficiaries 	
Former AGCS retirees and <ul style="list-style-type: none"> Their COBRA beneficiaries Their COBRA and FSP survivors and these survivors' COBRA beneficiaries 	<ul style="list-style-type: none"> Individual: \$200 Two-person: \$400 Family: \$600

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	(If you are not eligible for Medicare)				(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Lifetime Maximum Benefit	Unlimited (some exclusions apply)					
Annual Maximum Benefit	Not applicable					
COPAYMENT/COINSURANCE FOR COVERED SERVICES						
Acupuncture	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance — Emergency Use of Air or Ground Ambulance	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Ambulance from Hospital to Hospital (if admitted to first hospital)	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Anesthesia	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Birth Control (prescription birth control or medication only)	See “Prescription Drug Program”					
Birthing Center	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$500 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19.					

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	(If you are not eligible for Medicare)					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chiropractic	You pay \$25 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 70% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 60%; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year	Plan pays 80%, not subject to deductible (covered according to Medicare guidelines)
Durable Medical Equipment	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Emergency Room — Emergency Use	You pay \$50 copayment (waived if admitted)	You pay \$50 copayment (waived if admitted)	You pay \$100 copayment (waived if admitted)	You pay \$100 copayment (waived if admitted)	Plan pays 80% after deductible is satisfied	You pay \$50 copayment/visit, not subject to deductible (waived if admitted within 24 hours)
Emergency Room — Nonemergency Use	Plan pays 70% after you pay \$50 copayment/visit	Plan pays 70% after you pay \$50 copayment/visit	Plan pays 60%	Plan pays 60%	Plan pays 80% after deductible is satisfied	You pay \$50 copayment/visit, not subject to deductible (payment of emergency room services follows Medicare guidelines)
Extended Care Facility (or Skilled Nursing Facility)	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 60 days/year	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to 120 days/year	Plan pays 80%; limited to 100 days/benefit period

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	(If you are not eligible for Medicare)				(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Home Healthcare	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 visits/year	Plan pays 80%	Plan pays 60%; limited to 100 visits/year	Plan pays 80% after deductible is satisfied; limited to 200 visits/year	\$0 copayment after deductible is satisfied
Hospice Care	Plan pays 90%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 70%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 60%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 210 days/lifetime	\$0 copayment, not subject to deductible
Inpatient Hospitalization	Plan pays 90%	Plan pays 70% after you pay \$200 copayment/admission	Plan pays 80% after you pay \$500 copayment/admission	Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Maternity <ul style="list-style-type: none">Office visits (pre/postnatal)In-hospital delivery services	Office visits: Plan pays 90% after you pay \$25 copayment for first office visit In-hospital delivery services: Plan pays 90%	Plan pays 70% after deductible is satisfied	Office visits: You pay \$15 copayment In-hospital delivery services: Plan pays 80% after you pay \$500 copayment/admission	Office visits: Plan pays 60% In-hospital delivery services: Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Nutritionist	You pay \$25 copayment/visit	Not covered	You pay \$40 copayment/visit	Plan pays 60%	Not covered	Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines
Outpatient Lab/X-ray	Plan pays 90% (or you pay \$25 copayment when included as part of office visit)	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60% after you pay \$200 copayment	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied

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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	(If you are not eligible for Medicare)					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Physician Hospital Visits and Consultations	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Physician Office Visits	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	Primary care physician (PCP): You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	Primary doctor: You pay \$15 copayment/visit after deductible is satisfied Specialist: Plan pays 80% after deductible is satisfied
Podiatrist	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)
Private Duty Nursing	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to 100 shifts/year	Plan pays 80%	Plan pays 60%; limited to 100 shifts/year	Plan pays 80% after deductible is satisfied; limited to 200 shifts/year	Plan pays 80% after deductible is satisfied
Radiation Therapy	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Rehabilitation Therapy (outpatient physical, occupational, speech)	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied; speech therapy limited to 30 visits/year	You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year	Plan pays 80% after deductible is satisfied
Second Surgical Opinion	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied

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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	(If you are not eligible for Medicare)					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Smoking Deterrents (prescription only)	See “Prescription Drug Program”					
Surgery — In-Office	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$250 copayment	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery — Inpatient	Plan pays 90%	Plan pays 70% after you pay \$200 copayment/admission	Plan pays 80% after you pay \$500 copayment/admission	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Surgery — Outpatient	Plan pays 90%	Plan pays 70% after deductible is satisfied	Plan pays 80% after you pay \$250 copayment/individual, per procedure	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Urgent Care Clinic Visit	Check with Plan	Check with Plan	Check with Plan	Check with Plan	Check with Plan	\$50 copay per visit, not subject to deductible (waived if admitted to hospital within 24 hours)
Wigs	Plan pays up to \$300/Plan Year					
PREVENTIVE CARE						
Routine Physical Exams	You pay \$25 copayment/visit	Not covered	PCP: You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Not covered	Not covered	\$0 copayment for Medicare-covered wellness exam to develop/update a personalized prevention plan based on current health and risk factors; contact plan for details
Well-Child Care (including immunizations)	You pay \$25 copayment/visit	Not covered	You pay \$15 copayment/visit	Not covered	Not covered	Not covered

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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	(If you are not eligible for Medicare)					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Well-Woman Care (ob/gyn exam)	You pay \$25 copayment/visit	Not covered	PCP: You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Not covered	Not covered	\$0 copayment (one visit/year)
Mammogram Screening (in doctor's office)	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	PCP: You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	\$0 copayment
Pap Smear (in doctor's office)	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	PCP: You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	\$0 copayment
Digital Rectal Exam and Blood Test for PSA (in doctor's office — prostate cancer screening for men age 50 and older)	Plan pays 90%	Plan pays 70% after deductible is satisfied	PCP: You pay \$15 copayment/visit Specialist: You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	\$0 copayment
Newborn In-Hospital Care	Plan pays 90%	Plan pays 70% after deductible is satisfied; limited to one visit	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied; limited to one visit	Not covered

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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity (If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	(If you are not eligible for Medicare)					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
MENTAL HEALTH AND CHEMICAL DEPENDENCY (BENEFITS FOR THOSE WHO ARE NOT ELIGIBLE FOR MEDICARE*)						
Inpatient	Plan pays 90%	Plan pays 70% after you pay \$200 copayment/admission	Plan pays 80% after you pay \$500 copayment/admission	Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied	Not applicable
Outpatient	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	You pay \$15 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	Not applicable
MENTAL HEALTH AND CHEMICAL DEPENDENCY (BENEFITS FOR THOSE WHO ARE MEDICARE-ELIGIBLE*)						
Inpatient	Not applicable				Plan pays up to a total of 80% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; chemical dependency benefits are limited to 30 days/confinement and two confinements/lifetime	Plan pays 80% after deductible is satisfied, subject to 190-day lifetime maximum (covered according to Medicare guidelines)
Outpatient	Not applicable				Plan pays up to a total of 50% of the Medicare-approved amount (including any amounts payable by Medicare) and is secondary to Medicare; limited to 50 visits/year	Plan pays 80% after deductible is satisfied (covered according to Medicare guidelines)

*The Enhanced POS, Standard POS, Traditional Indemnity and Medicare Advantage PPO deductibles and out-of-pocket maximums (if any) also apply to Mental Health and Chemical Dependency coverage (they are not separate).

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19.
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Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity	UnitedHealthcare Group Medicare Advantage (PPO)
	(If you are not eligible for Medicare)					(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)
	In-Network	Out-of-Network	In-Network	Out-of-Network	(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)	
COST						
2015 Monthly premium Costs	Visit the YBR website at http://resources.hewitt.com/alcatel-lucent or call the Alcatel-Lucent Benefits Center at 1-888-232-4111.					
Are You Responsible for Charges in Excess of the Allowable Amount?	No	Yes	No	Yes	Yes	No
Who Is Responsible for Precertification?	Your PCP	You	Your PCP	You	You	Not applicable
What Is the Penalty for Failure to Precertify Care?	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence	Not applicable
Do You Have to File Claim Forms?	No	Yes	No	Yes	Yes	No

REMEMBER	You may not be eligible for all of the coverage options shown in this chart. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19.
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Prescription Drug Program

If You Are Not Eligible for Medicare

Express Scripts Prescription Drug Coverage for Enhanced and Standard Point of Service (POS) and Traditional Indemnity	
✓	Annual Deductible: None
✓	Annual Out-of-Pocket Maximum: None

Coinsurance/Copayments		
In-Network	Retail (up to a 30-day supply using an in-network pharmacy)	Mail Order (up to a 90-day supply)
Level One Generic drugs	\$10 copayment	\$20 copayment*
Level Two Lower-cost formulary brand-name drugs	50% coinsurance <ul style="list-style-type: none">\$25 minimum\$225 maximum	50% coinsurance <ul style="list-style-type: none">\$50 minimum\$450 maximum
Level Three Higher-cost formulary brand-name drugs	50% coinsurance <ul style="list-style-type: none">\$45 minimum\$275 maximum	50% coinsurance <ul style="list-style-type: none">\$90 minimum\$550 maximum
Level Four Nonformulary brand-name drugs	50% coinsurance <ul style="list-style-type: none">\$60 minimum\$300 maximum	50% coinsurance <ul style="list-style-type: none">\$120 minimum\$600 maximum
Member Pays the Difference	You will pay the generic copayment, plus the difference in cost between the brand-name and generic drug, if you purchase a brand-name drug when a generic equivalent is available	
Out-of-Network (retail only)		
You will incur an additional cost for drugs received at an out-of-network pharmacy; please contact the Plan for details.		

*You may be eligible for up to a 90-day supply of a generic drug for \$10 or less. To find out if your medication qualifies, visit www.express-scripts.com/lowcostgenerics or call 1-800-336-5934.

HMO/Medicare HMO prescription drug coverage varies by HMO/Medicare HMO. For HMO/Medicare HMO information, contact the HMO/Medicare HMO. Carrier contact information is on pages 18 and 19.

If You Are Medicare-Eligible*

Express Scripts Medicare (PDP) for Alcatel-Lucent — Prescription Drug Coverage for UnitedHealthcare Group Medicare Advantage (PPO) and Traditional Indemnity	
How It Works	
Annual Deductible	You pay a \$320/individual annual deductible for the cost of your prescription drugs. (There is no annual out-of-pocket maximum.)
Total Prescription Drug Cost Limit	Once you reach the \$320/individual deductible, the Plan begins to contribute and you pay a copayment for the cost of the drug (see the copayment structure below) until you reach a total prescription drug cost limit (including the copayments and deductible, plus the Plan's cost for the drugs) of \$2,960/individual.
Coverage Gap (or "Donut Hole")	After you reach the total prescription drug cost limit of \$2,960/individual (including the copayments and deductible, plus the Plan's cost for the drugs), you pay 65% of the cost of generic drugs and 45% of the cost of most brand-name drugs until you reach \$4,700 in out-of-pocket costs. (While you are in this "donut hole," either the Plan pays the rest of the cost for these covered drugs, or they are paid for by drug manufacturers' discounts.)
Coinsurance or Copayments	After you reach \$4,700/individual in out-of-pocket costs, you pay the greater of 5% of the cost or a copayment of \$2.65 for generics/\$6.60 for brand-name drugs, per prescription, for the remainder of the year.
Note: Only drugs included on the Express Scripts standard Medicare Part D formulary are covered. Out-of-pocket expenses for drugs not covered will not count toward total prescription drug costs or total out-of-pocket costs.	

Copayments		
In-Network	Retail (up to a 34-day supply)**	Mail Order (up to a 90-day supply)
Level One Generic drugs on Express Scripts standard Medicare Part D formulary	\$10 copayment	\$20 copayment
Level Two Plan-preferred brand-name drugs on Express Scripts standard Medicare Part D formulary	\$25 copayment	\$50 copayment
Level Three Non-plan-preferred brand-name drugs on Express Scripts standard Medicare Part D formulary	\$45 copayment	\$90 copayment
Level Four Specialty drugs with average costs of more than \$500/month on Express Scripts standard Medicare Part D formulary	\$60 copayment	\$120 copayment
Out-of-Network (retail only)		
Available only in the event of an emergency, as defined by the Centers for Medicare & Medicaid Services (CMS). If an out-of-network pharmacy is used for a non-qualifying emergency, no benefits will be applied.		

*The deductibles for the Prescription Drug Program are separate from the deductibles for Enhanced POS, Standard POS, Traditional Indemnity and UnitedHealthcare Group Medicare Advantage (PPO).

**60- and 90-day supplies are available at double and triple copayments; for cost savings, use mail order.

Dental

Feature	Dental Preferred Provider Organization (PPO) Option		Dental Maintenance Organization (DMO) Option (Participating Providers)*
	In-Network	Out-of-Network	
Annual Deductible	<ul style="list-style-type: none"> \$50/individual \$100/family Applies to basic and major services only	<ul style="list-style-type: none"> \$75/individual \$150/family Applies to diagnostic, preventive, basic and major services	Generally not applicable
Diagnostic and Preventive Care (for example: exams, cleanings and routine X-rays)	Plan pays 100% of negotiated rate	Plan pays 100% of reasonable and customary (R&C) fees	Plan pays 100%
Basic Services (for example: fillings)	Plan pays 60% of negotiated rate	Plan pays 40% of R&C fees	Plan pays 100%
Major Services (for example: crowns)	Plan pays 60% of negotiated rate	Plan pays 40% of R&C fees	Plan pays 75%
Orthodontia	Plan pays 60% up to a lifetime maximum of \$1,500/individual	Plan pays 50% up to a lifetime maximum of \$1,500/individual	Plan pays 50%; in general, no lifetime maximum applies
Annual Maximum Benefit (in- and out-of-network combined)	\$1,250 (excluding orthodontia)	\$1,000 (excluding orthodontia)	Generally not applicable

*If you visit a non-participating dentist after you enroll in the DMO option, your benefit will generally be lower since it will be limited to a specific dollar amount.

How to Find Your 2015 Dental Coverage Options and Their Monthly Premium Costs

During the annual open enrollment period, visit the YBR website at <http://resources.hewitt.com/alcatel-lucent> or call the Alcatel-Lucent Benefits Center at 1-888-232-4111.

Important Information Regarding the DMO Option

The DMO option is available in a limited area. If it does not appear as a coverage option on the YBR website during the annual open enrollment period, it may be because you live in an area with limited access to dentists in the DMO network.

How to Enroll

If you wish to enroll in the DMO option and are comfortable with the distance between you and the dentists who participate in the DMO network, contact the Alcatel-Lucent Benefits Center at 1-888-232-4111.

Questions?

For questions about dental coverage or if you are looking for a provider in the PPO or DMO networks, please contact Aetna:

- www.aetna.com
- PPO option: 1-800-220-5470
- DMO option: 1-800-220-5479

REMEMBER

You may not be eligible for all of the coverage options shown in this chart.

Resource Contact Information

For information about your benefits coverage, contact these resources.

Where	What You Will Find
ALCATEL-LUCENT RESOURCES	
http://resources.hewitt.com/alcatel-lucent 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., Eastern Time (ET)	The Your Benefits Resources (YBR) website <ul style="list-style-type: none"> View your current coverage Review and compare your 2015 healthcare options and premium costs Enroll in coverage for 2015 Make changes to your default coverage for 2015 Waive your 2015 coverage Find a doctor or healthcare provider Learn more about Alcatel-Lucent's benefits Review dependent eligibility rules Review, add or change your dependent(s)' information on file Understand how a Life Event may change your benefits
1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) <ul style="list-style-type: none"> Standard hours: Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET 	Alcatel-Lucent Benefits Center <ul style="list-style-type: none"> If you do not have Internet access: <ul style="list-style-type: none"> Enroll in coverage for 2015 Make changes to your default coverage for 2015 Waive your 2015 coverage Review dependent eligibility rules Review, add or change your dependent(s)' information on file Resolve a unique benefits issue that you have not been able to solve on your own Notify Alcatel-Lucent if: <ul style="list-style-type: none"> Imputed income applies You or your eligible dependent(s) will become Medicare-eligible due to a disability
www.benefitanswersplus.com	The Alcatel-Lucent BenefitAnswers Plus website <ul style="list-style-type: none"> Learn more about Alcatel-Lucent's benefits, including benefits news and updates (no password required) Obtain electronic copies of your enrollment materials Find carrier contact information during the year
UNITEDHEALTHCARE	
Group Medicare Advantage (PPO): www.UHCRetiree.com/alcatel-lucent 1-888-980-8117 (TTY: 711) (8:00 a.m. to 8:00 p.m., local time, seven days a week) Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567 www.myuhc.com	General information about your coverage and dedicated Customer Care (Member Services) <ul style="list-style-type: none"> Understand how your UnitedHealthcare medical coverage works Find network physicians, specialists and facilities in your community Compare average treatment costs and hospitals in your area for medical procedures you may be considering Manage your healthcare choices and costs through a Plan Comparison Calculator Access claims information Speak with an experienced customer care representative who understands your plan and can answer questions quickly

Where	What You Will Find
www.myuhc.com 1-866-444-3011 (24 hours a day, seven days a week)	UnitedHealthcare OptumHealthSM Nurseline and Live Nurse Chat <ul style="list-style-type: none"> ▪ Speak with a registered nurse at any time ▪ Get information about health and welfare topics ▪ Participate in live online Nurse Chat ▪ Both English- and Spanish-speaking registered nurses are available
www.myoptumhealthcomplexmedical.com 1-866-936-6002 (7:00 a.m. to 7:00 p.m., Central Time [CT], Monday through Friday, excluding holidays)	UnitedHealthcare Cancer Resource Services (CRS) <ul style="list-style-type: none"> ▪ Get information regarding a cancer diagnosis and treatment ▪ Find cancer centers or physicians
www.healthy-pregnancy.com 1-800-411-7984	Healthy Pregnancy Program <ul style="list-style-type: none"> ▪ 24-hour access to experienced maternity nurses ▪ Education and support for women through all stages of pregnancy and delivery
www.myoptumhealthcomplexmedical.com (click the "Congenital Heart Disease" link or call the phone number on the back of your medical ID card)	Congenital Heart Disease Program (CHD) <ul style="list-style-type: none"> ▪ Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease
www.myoptumhealthcomplexmedical.com (click the "Transplantation" link or call the phone number on the back of your medical ID card)	Transplant Resource Services <ul style="list-style-type: none"> ▪ Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants
www.liveandworkwell.com Enhanced and Standard POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	UnitedHealthcare Behavioral Health and Chemical Dependency <ul style="list-style-type: none"> ▪ Understand how your mental health and chemical dependency coverage works ▪ Access claims information
EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (does not apply to HMO/Medicare HMO coverage)	
Participants not eligible for Medicare: www.express-scripts.com 1-800-336-5934 Medicare-eligible participants: 1-800-230-0512 (TTY: 1-800-716-3231)	Express Scripts <ul style="list-style-type: none"> ▪ Understand how your prescription drug coverage works ▪ Prescription drug coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail ▪ Access claims information ▪ Find an in-network pharmacy ▪ Order medications from the Express Scripts Pharmacy for savings opportunities
www.express-scripts.com/choices 1-800-336-5934	Express Scripts My Rx Choices <ul style="list-style-type: none"> ▪ Find lower-cost options for the medications you currently take on an ongoing basis
www.express-scripts.com/lowcostgenerics 1-800-336-5934	Express Scripts Low Cost Generics <ul style="list-style-type: none"> ▪ Determine if your medications are eligible for an additional discount through mail order
AETNA DENTAL	
www.aetna.com PPO: 1-800-220-5470 DMO: 1-800-220-5479	Aetna Dental <ul style="list-style-type: none"> ▪ Understand how your dental coverage works ▪ Find network dentists ▪ Access claims information

Where	What You Will Find
METLIFE	
1-888-201-4612	MetLife Life Insurance <ul style="list-style-type: none"> Understand how your life insurance coverage works
1-800-984-8651	MetLife Long-Term Care Insurance (LTCI) <ul style="list-style-type: none"> Understand how your LTCI coverage works Note: Plan closed to new entrants as of December 31, 2011
HMO/MEDICARE HMO (See Carrier Contact Information on Next Pages)	
Contact information is also available: <ul style="list-style-type: none"> On the back of your ID card, if you are currently enrolled in an HMO/Medicare HMO; By visiting the YBR website at http://resources.hewitt.com/alcatel-lucent; or By calling the Alcatel-Lucent Benefits Center at 1-888-232-4111. 	Your HMO/Medicare HMO carrier <ul style="list-style-type: none"> Understand how your HMO/Medicare HMO coverage works Access claims information

Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

If you are a participant in the Alcatel-Lucent Medical Expense Plan for Retired Employees and/or the Alcatel-Lucent Dental Expense Plan for Retired Employees (collectively, the “Plans”), your personal health information is private. HIPAA requires the Plans to inform you of the availability of a notice about the Plans’ privacy practices, legal duties and your rights concerning your health information received and/or created by the Plans. You can print a copy of the Plans’ Notice of Privacy Practices for your records at any time from the BenefitAnswers Plus website at www.benefitanswersplus.com. You may also request a copy by calling 1-908-582-4727.

Women’s Health and Cancer Rights Act of 1998 Notice

The Women’s Health and Cancer Rights Act of 1998 ensures that medical plans that cover mastectomies also cover certain related reconstructive surgery. A covered woman who has a mastectomy can elect the following procedures after consulting with her physician and be assured of plan coverage for these expenses:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment required as a result of physical complications for all stages of mastectomy, including lymphedemas.

Coverage is subject to all of the terms of the plan, including applicable copayments, deductibles and/or coinsurance provisions. For more information, contact your health plan’s Member Services.

HMOs for Participants Not Eligible for Medicare

HMO Option	Phone Number	Website
Aetna Pennsylvania	1-800-323-9930	www.aetna.com
Blue Advantage of Illinois Blue Cross/Blue Shield of Illinois	1-800-892-2803	www.bcbsil.com
HIP Health Plan of New York	<ul style="list-style-type: none"> Members: 1-800-447-8255 Prospective members: 1-800-447-8632 	www.emblemhealth.com
Horizon Blue Cross/Blue Shield of New Jersey	1-800-355-2583	www.horizonblue.com
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> Washington, D.C.: 1-301-468-6000 Outside the Washington, D.C. metro area: 1-800-777-7902 TDD: 1-301-879-6380 	http://my.kp.org/alcatellucent
Kaiser Northwest	<ul style="list-style-type: none"> Portland, OR area only: 1-503-813-2000 1-800-813-2000 	
Kaiser of Northern California Kaiser of Southern California	1-800-464-4000	
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> 1-800-632-9700 Southern Colorado: 1-888-681-7878 	
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> 1-888-865-5813 Local: 1-404-261-2590 	
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> Oahu: 1-808-432-5955 Other islands: 1-800-966-5955 	
Keystone Health Plan Central	<ul style="list-style-type: none"> 1-800-669-7061 TDD: 1-800-669-7075 	www.capbluecross.com
UnitedHealthcare Choice of Arizona	1-866-633-2446	www.unitedhealthcare.com
UnitedHealthcare of California	1-800-624-8822	www.uhcwest.com
UnitedHealthcare of Oklahoma	1-800-825-9355	

Medicare HMOs

Medicare HMO Option	Phone Number	Website
Aetna Health Plans of New Jersey	1-800-282-5366	www.aetna.com
Aetna Health Plans of Pennsylvania		
Blue Advantage of Illinois Blue Cross/Blue Shield of Illinois	1-800-892-2803	www.bcbsil.com
BlueCross BlueShield of North Carolina	1-888-310-4110	www.bcbsnc.com/member/medicare
Group Health of Puget Sound	1-888-901-4636	www.ghc.org
HIP Health Plan of New York	<ul style="list-style-type: none"> Members: 1-800-447-8255 Prospective members: 1-800-447-8632 	www.emblemhealth.com
Horizon Blue Cross/Blue Shield of New Jersey	<ul style="list-style-type: none"> Members: 1-800-365-2223 Prospective members: 1-800-224-1234 	www.horizonblue.com
Humana Health Plan of Florida Humana Health Plan of Illinois Humana Health Plan of Kansas City	<ul style="list-style-type: none"> Members: 1-866-396-8810 Prospective members: 1-800-824-8242 	www.humana.com
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> 1-888-777-5536 TTY: 1-866-513-0008 	http://my.kp.org/alcatellucent
Kaiser Northwest	<ul style="list-style-type: none"> Portland, OR area only: 1-503-813-2000 1-800-813-2000 	
Kaiser of Northern California Kaiser of Southern California	1-800-443-0815	
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> 1-800-476-2167 TTY: 1-866-513-9964 	
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> 1-800-232-4404 Local: 1-404-233-3700 	
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> Oahu: 1-808-432-5955 Other islands: 1-800-966-5955 	
Keystone Health Plan Central	<ul style="list-style-type: none"> 1-800-779-6962 TDD: 1-800-779-6961 	https://seniorbluehmo.capbluecross.com
UnitedHealthcare of Arizona	1-800-610-2660	www.securehorizons.com
UnitedHealthcare of California	1-800-610-2660	
UnitedHealthcare of Colorado	1-800-610-2660	
UnitedHealthcare of Oklahoma	1-800-950-9355	

This communication is intended to highlight some of the benefits provided by Alcatel-Lucent to its eligible participants. More detailed information is provided in the official plan documents. In the event of a conflict between any information contained in this communication and the terms of the plans as reflected in the official plan documents, the official plan documents shall control. The Board of Directors of Alcatel-Lucent USA Inc. (or its delegate) reserves the right to modify, suspend, change or terminate any of its benefit plans at any time. Participants should make no assumptions about any possible future changes unless a formal announcement is made by the Company. The Company cannot be bound by statements about the plans made by unauthorized personnel.

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