

BENEFITS AT-A-GLANCE

and Resource Contact Information 2012



2012 BENEFITS ENROLLMENT

For Participants in the Active Represented Plan Design,
Including COBRA Participants and Survivors in the Family Security Program (FSP)

NOTE

that 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...



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

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BENEFITS AT-A-GLANCE

WHAT IS THIS?

These charts summarize some features of the 2012 Alcatel-Lucent medical, dental and vision plan options. Use them:

- **During the annual open enrollment period** –

To compare plan options and coverage amounts before making your enrollment decisions.

- **All year** –

Whenever you need information about your plan or to determine whether a particular service or supply is covered.

Need Information on a Health Maintenance Organization (HMO)?

Due to the number of HMO options offered, HMO coverage information is not shown in these charts.

Medical and prescription drug coverage levels and costs vary by individual HMO option.

To review and print specific plan details for the coverage options available to you, visit the YBR Web site 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 you are considering. Carrier contact information can be found on page 12 of this booklet. Or, if you are currently enrolled in an HMO, check the back of your HMO ID card.

HOW DO THESE CHARTS WORK?

Check and confirm:

1. If the charts apply to you

These charts apply to:

- Active represented employees;
- Represented participants on sickness or accident disability, Long-Term Disability (LTD) or workers' compensation;
- Inactive represented employees in COBRA active medical coverage;
- COBRA beneficiaries of represented employees, including COBRA survivors; and
- Survivors of represented employees in the Family Security Program (FSP).

2. 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:

- Check your personalized enrollment worksheet;
- Visit the YBR Web site at <http://resources.hewitt.com/alcatel-lucent>; or
- Call the Alcatel-Lucent Benefits Center at 1-888-232-4111.

3. 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.

MEDICAL

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
Choice of Doctors	Select from within a network of providers	Select any eligible provider	Select any eligible provider
Annual Deductible	None	Individual: \$600 Two-person: \$1,200 Family: \$1,800	Individual: \$300 Two-person: \$600 Family: \$900
Annual Out-of-Pocket Maximum	Individual: \$1,250 Two-person: \$2,500 Family: \$3,750	Individual: \$3,500 Two-person: \$7,000 Family: \$10,500 Excludes deductible	Individual: \$1,500 Two-person: \$3,000 Family: \$4,500 Excludes deductible
Lifetime Maximum Benefit	Unlimited (some exclusions apply)		
COPAYMENT/COINSURANCE FOR COVERED SERVICES			
Acupuncture	You pay \$30 copayment/visit	Plan pays 75% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year
Ambulance – Emergency Air Ambulance	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Ambulance – Emergency Use of Ambulance	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 80% after deductible is satisfied
Ambulance from Hospital to Hospital (if admitted to first hospital)	Plan pays 95%	Plan pays 95% (deductible does not apply)	Plan pays 95% after deductible is satisfied
Anesthesia	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Birth Control (prescription birth control or medication only)	See "Prescription Drug Program"		
Birthing Center	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Blood and Blood Derivatives	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Cardiac Rehabilitation (phase three maintenance not covered)	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Chemotherapy	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Chiropractic	You pay \$30 copayment/visit; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 75% after deductible is satisfied; limited to 30 visits/year (in- and out-of-network combined)	Plan pays 80% after deductible is satisfied; limited to 30 visits/year

REMEMBER

You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 12.

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
Durable Medical Equipment	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Emergency Room – Emergency Use	You pay \$60 copayment/visit (waived if admitted)	You pay \$60 copayment/visit (waived if admitted)	Plan pays 95% after deductible is satisfied
Emergency Room – Nonemergency Use	Plan pays 75% after you pay \$60 copayment/visit	Plan pays 75% after you pay \$60 copayment/visit	Plan pays 80% after deductible is satisfied
Extended Care Facility (or Skilled Nursing Facility)	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 60 days/year	Plan pays 95% after deductible is satisfied; limited to 120 days/year
Home Healthcare	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 visits/year	Plan pays 95% after deductible is satisfied; limited to 200 visits/year
Hospice Care	Plan pays 95%; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 75% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined)	Plan pays 95% after deductible is satisfied; limited to 210 days/lifetime
Inpatient Hospitalization/Surgery	Plan pays 95% after you pay \$100 copayment/admission	Plan pays 75% after deductible is satisfied and you pay \$300 copayment/admission	Plan pays 95% after deductible is satisfied
Maternity	Plan pays 95% after you pay \$30 copayment for first visit	Plan pays 75% after deductible is satisfied	After deductible is satisfied, plan pays 95% for most inpatient and outpatient services and 80% for physician office visits
Nutritionist	You pay \$30 copayment/visit	Not covered	Not covered
Outpatient Lab/X-ray	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Physician Hospital Visits and Consultations	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Physician Office Visits (non-preventive)	You pay \$30 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Podiatrist	You pay \$30 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 80% after deductible is satisfied
Private Duty Nursing	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to 100 shifts/year	Plan pays 95% after deductible is satisfied; limited to 200 shifts/year
Radiation Therapy	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Rehabilitation Therapy (outpatient physical, occupational, speech)	You pay \$30 copayment per office visit; otherwise plan pays 95%	Plan pays 75% after deductible is satisfied; speech therapy limited to 30 visits/year	Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year
Second Surgical Opinion	You pay \$30 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
Smoking Deterrents (prescription only)	See "Prescription Drug Program"		
Surgery - In-Office	You pay \$30 copayment/visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Surgery - Outpatient	Plan pays 95%	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Wigs	Plan pays up to \$300/Plan Year		
PREVENTIVE CARE			
Routine Physical Exams	You pay \$30 copayment/visit	Not covered	Not covered
Well-Child Care	You pay \$30 copayment/visit	Not covered	Not covered
Childhood Immunizations	You pay \$30 copayment/visit	Not covered	Not covered
Well-Woman Care (ob/gyn exam)	You pay \$30 copayment/visit	Not covered	Not covered
Mammogram Screening (in doctor's office)	You pay \$30 copayment/visit; included with doctor's visit	Plan pays 75% after deductible is satisfied	After deductible is satisfied, plan pays 80% if preventive or 95% if diagnostic
Pap Smear (in doctor's office)	You pay \$30 copayment/visit; included with doctor's visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Digital Rectal Exam and Blood Test for PSA (in doctor's office - prostate cancer screening for men age 50 and older)	You pay \$30 copayment/visit; included with doctor's visit	Plan pays 75% after deductible is satisfied	Plan pays 95% after deductible is satisfied
Newborn In-Hospital Care	Plan pays 95%	Plan pays 75% after deductible is satisfied; limited to one visit	Plan pays 95% (deductible does not apply); limited to one visit

REMEMBER

You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 12.

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
COST			
2012 Monthly Premium Costs	During the annual open enrollment period, refer to your personalized enrollment worksheet, visit the YBR Web site 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	Yes
Who Is Responsible for Precertification?	Your primary care physician (PCP)	You	You
What Is the Penalty for Failure to Precertify Care?	Not applicable	20% reduction in benefits, up to \$400 maximum/occurrence	20% reduction in benefits, up to \$400 maximum/occurrence
Do You Have to File Claim Forms?	No	Yes	Yes
COVERAGE THROUGH THE MEDCO PRESCRIPTION DRUG PROGRAM*			
Prescription Drug Annual Deductible*	Retail and mail order: None	Individual: \$100 Two-person: \$200 Family: \$300	In-network (retail and mail order): None Out-of-network: Individual: \$100 Two-person: \$200 Family: \$300
Prescription Drug Annual Out-of-Pocket Maximum*	Retail and mail order: \$1,250/individual	None	In-network (retail and mail order): \$1,250/individual Out-of-network: None
Retail Copayments (up to 30-day supply using an in-network pharmacy)	Level One (Generic): \$10 Level Two (Formulary Brand): \$25 Level Three (Formulary Brand): \$35 Level Four (Nonformulary Brand): \$40	Plan pays 70% after deductible is satisfied	In-network Level One (Generic): \$10 Level Two (Formulary Brand): \$25 Level Three (Formulary Brand): \$35 Level Four (Nonformulary Brand): \$40 Out-of-network: Plan pays 70% after deductible is satisfied
Mail-Order Copayments (up to 90-day supply)	Level One (Generic): \$20** Level Two (Formulary Brand): \$50 Level Three (Formulary Brand): \$70 Level Four (Nonformulary Brand): \$80	Not applicable	Level One (Generic): \$20** Level Two (Formulary Brand): \$50 Level Three (Formulary Brand): \$70 Level Four (Nonformulary Brand): \$80

* The deductibles and out-of-pocket maximums for the Prescription Drug Program are separate from the deductibles and out-of-pocket maximums for POS and Traditional Indemnity benefits.

** 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.medco.com/lowcostgenerics or call the phone number on the back of your Medco ID card.

Feature	Point of Service (POS)		Traditional Indemnity
	In-Network	Out-of-Network	
MENTAL HEALTH AND CHEMICAL DEPENDENCY*			
Mental Health and Chemical Dependency Annual Deductible*	None	\$200/individual	In-network: None Out-of-network: \$200/individual
Mental Health and Chemical Dependency Annual Out-of-Pocket Maximum*	\$1,250/individual	Individual: \$3,500 Two-person: \$7,000 Family: \$10,500	In-network: \$1,250/individual Out-of-network: Individual: \$3,500 Two-person: \$7,000 Family: \$10,500
Inpatient	You pay \$30 copayment/day (limited to 120 days/year)	Plan pays 50% after deductible is satisfied and you pay a \$500 copayment/admission (limited to 30 days/year)	In-network: You pay \$30 copayment/day (limited to 120 days/year) Out-of-network: Plan pays 50% after deductible is satisfied and you pay a \$500 copayment/admission (limited to 30 days/year)
Outpatient	Plan pays 100% for first three visits/year; you pay \$30 copayment/visit thereafter (limited to 60 visits/year)	Plan pays 50% after deductible is satisfied (limited to 60 visits/year)	In-network: Plan pays 100% for first three visits/year; you pay \$30 copayment/visit thereafter (limited to 60 visits/year) Out-of-network: Plan pays 50% after deductible is satisfied (limited to 60 visits/year)
Alternative Treatment (partial hospitalization, residential treatment and services of a halfway house or group home)	You pay \$30 copayment/day (limited to 120 days/year)	Not covered	In-network: You pay \$30 copayment/day (limited to 120 days/year) Out-of-network: Not covered

* The deductibles and out-of-pocket maximums for the Mental Health and Chemical Dependency benefits are separate from the deductibles and out-of-pocket maximums for POS and Traditional Indemnity benefits.

REMEMBER

You may not be eligible for all of the coverage options shown in this chart. For HMO information, contact the HMO. Carrier contact information is on page 12.

VISION

FEATURE	VISION COVERAGE
Deductible and Out-of-Pocket Maximum	None
Exam (with dilation as necessary)	In-network: \$0 copayment Out-of-network: Up to \$30 reimbursement
Frames (any available at provider location)	In-network: You pay 80% of amount over \$70 Out-of-network: Up to \$40 reimbursement
Standard Plastic Lenses	In-network copayments: <ul style="list-style-type: none"> • \$0 for single vision, bifocal, trifocal or lenticular • \$35 for standard progressive Out-of-network reimbursements up to: <ul style="list-style-type: none"> • \$30 for single vision • \$50 for bifocal • \$60 for trifocal • \$80 for lenticular • \$55 for standard progressive
Contact Lenses	<p><i>Conventional</i></p> In-network: You pay 85% of amount over \$80 Out-of-network: Up to \$80 reimbursement <p><i>Disposable</i></p> In-network: You pay amount over \$80 Out-of-network: Up to \$80 reimbursement <p><i>Medically Necessary</i></p> In-network: \$0 copayment Out-of-network: Up to \$80 reimbursement
Frequency of Exams, Frames, Lenses or Contacts	Once every 24 months

Vision Coverage Is Offered Through EyeMed
 For information about how your vision coverage works and to access claims information, contact EyeMed Vision Care at:

- www.eyemedvisioncare.com
- 1-800-334-7591

REMEMBER

You may not be eligible for all of the coverage options shown in these charts.

DENTAL

Feature	Traditional Option	Dental Maintenance Organization (DMO) Option (Participating Providers)*
Diagnostic and Preventive Care (for example: exams, cleanings and routine X-rays)	100% of reasonable and customary (R&C) fees	100%
Minor Restorative Services (for example: fillings, repairs of inlays, onlays, crowns and root canals)	Based on a geographic schedule	100%
Major Restorative Services (for example: inlays, onlays, crowns and root canals)	Based on a geographic schedule	75%
Orthodontia	Based on a geographic schedule	50%
Orthodontia Lifetime Maximum	\$1,500/individual	Generally not applicable
Deductible	Lifetime deductible of \$50/individual	Generally not applicable
Annual Maximum Benefit	\$1,500/individual	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.

TO FIND YOUR 2012 DENTAL COVERAGE OPTIONS AND THEIR MONTHLY PREMIUM COSTS:

During the annual open enrollment period, refer to your personalized enrollment worksheet, visit the YBR Web site 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 FOR 2012

The DMO option is available in a limited area. It is not available in Alabama, Alaska, Arkansas, Louisiana, Maine, Mississippi, New Hampshire and South Carolina.

How to enroll

Even if you are currently enrolled in the DMO option, it will not appear as a coverage option on your personalized enrollment worksheet or on the YBR Web site during the annual open enrollment period. To enroll in the DMO option, you must first enroll in the Aetna Traditional option (if you are eligible) and then switch to the Aetna DMO option during the year. You will only be able to enroll in this option if it is available where you live.

For more information about the DMO option or to switch to the DMO option, contact Aetna directly at 1-800-220-5470.

QUESTIONS?

For questions about coverage for a specific procedure, please contact Aetna:

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

REMEMBER

You may not be eligible for all of the coverage options shown in these charts.

RESOURCE CONTACT INFORMATION

WHAT IS THIS?

For information about your benefits coverage during the year, contact these resources.

Where:	What You Will Find:
ALCATEL-LUCENT RESOURCES	
<p>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)</p>	<p>The Your Benefits Resources (YBR) Web site</p> <ul style="list-style-type: none"> • View your current coverage • Review and compare your 2012 healthcare options and premium costs • Enroll in coverage for 2012 • Make changes to your default coverage for 2012 • Waive your 2012 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
<p>1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) • Standard hours: Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET</p>	<p>Alcatel-Lucent Benefits Center</p> <ul style="list-style-type: none"> • If you do not have Internet access: <ul style="list-style-type: none"> - Enroll in coverage for 2012 - Make changes to your default coverage for 2012 - Waive your 2012 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
<p>www.benefitanswersplus.com</p>	<p>The Alcatel-Lucent BenefitAnswers Plus Web site</p> <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 • Access a short video about the YBR Web site
AETNA DENTAL	
<p>www.aetna.com</p> <p>Traditional Option: 1-800-220-5470 DMO: 1-800-220-5479</p>	<p>Aetna Dental</p> <ul style="list-style-type: none"> • Understand how your dental coverage works • Find network dentists • Access claims information
UNITEDHEALTHCARE	
<p>www.myuhc.com User ID: ALU Password: ALU POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567</p>	<p>General information about your coverage and dedicated Customer Care (Member Services)</p> <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.myoptumhealth.complexmedical.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.myoptumhealth.complexmedical.com (click on 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.myoptumhealth.complexmedical.com (click on 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 POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567	UnitedHealthcare Behavioral Health <ul style="list-style-type: none"> • Understand how your mental health and chemical dependency coverage works • Access claims information
CERIDIAN (FLEXIBLE SPENDING ACCOUNTS)	
www.ceridian-benefits.com 1-877-799-8820; 8:00 a.m. to 8:00 p.m., ET, Monday through Friday <i>(Active employees only)</i>	Ceridian (Health Care and/or Dependent Care Flexible Spending Accounts) <ul style="list-style-type: none"> • Obtain your account balance • Learn about what qualifies as an eligible expense • Check the status of your claims
EYEMED VISION CARE	
www.evemedvisioncare.com 1-800-334-7591	EyeMed <ul style="list-style-type: none"> • Understand how your vision coverage works • Access claims information
HYATT GROUP LEGAL PLAN	
www.legalplans.com 1-800-821-6400 (TDD: 1-800-821-5955)	Hyatt Legal Plans, Inc. For: <ul style="list-style-type: none"> • Legal advice and consultation by telephone • Adoption assistance • Consumer debt collection defense • Document preparation • Juvenile matters • Living trusts • Real estate sale or purchase or the refinancing of your home • Separation, divorce and annulment • Wills

Where:	What You Will Find:
MAYO CLINIC	
www.alcatel-lucenthealth.com	Mayo Clinic EmbodyHealth Web Site <ul style="list-style-type: none"> • Access valuable Web-based health programs and tools all year
MEDCO PRESCRIPTION DRUG COVERAGE (does not apply to HMO coverage)	
www.medco.com 1-800-336-5934	Medco Health Solutions <ul style="list-style-type: none"> • Understand how your prescription drug coverage works • Prescription 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 Medco Pharmacy for savings opportunities
www.medco.com/choices 1-800-319-7750	Medco My Rx Choices <ul style="list-style-type: none"> • Find lower-cost options for the medications you currently take on an ongoing basis
www.medco.com/lowcostgenerics (or call the phone number on the back of your Medco ID card)	Medco Low Cost Generics <ul style="list-style-type: none"> • Determine if your medications are eligible for an additional discount through mail order • 24/7 access to specialist pharmacists
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 (LTC) <ul style="list-style-type: none"> • Understand how your LTC coverage works • Access interactive tools, such as a cost-of-LTC-services tool and a rate calculator • Obtain an enrollment package and apply for coverage
OTHER RESOURCES (UNION CONTACTS)	
1-678-502-1442 E-mail: sbrumbelow@att.net	CWA Managed Care Program Coordinator – Steve Brumbelow <ul style="list-style-type: none"> • Not a representative of Alcatel-Lucent medical plans • Assists current and former union members
1-877-878-5957 E-mail: bryan1599@att.net	IBEW Managed Care Program Coordinator – Bryan Flickinger <ul style="list-style-type: none"> • Not a representative of Alcatel-Lucent medical plans • Assists current and former union members
HMO (see carrier contact information on next page)	
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; • By visiting the YBR Web site at http://resources.hewitt.com/alcatel-lucent; or • By calling the Alcatel-Lucent Benefits Center at 1-888-232-4111. 	Your HMO carrier <ul style="list-style-type: none"> • Understand how your HMO coverage works • Access claims information

HMOs

HMO Option	Phone Number	Web Site
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	1-800-HIP-TALK (1-800-447-8255)	www.hipusa.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 	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 • Colorado Springs: 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 	
MVP of New York	1-888-687-6277	www.mvphealthcare.com
UnitedHealthcare Choice of Arizona	1-866-633-2446	www.unitedhealthcare.com
UnitedHealthcare of California	1-800-624-8822	www.uhctest.com
UnitedHealthcare of Oklahoma	1-800-825-9355	
Univera Health of Western NY	1-800-337-3338	www.univerahealthcare.com

This communication is merely 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, which are the final authority. In all instances, the relevant plan documents will control and govern the operation of all the benefit plans mentioned or described in this communication. 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, subject to the terms of applicable bargaining agreements. 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.

This information is not a contract of employment, either expressed or implied, and does not create contractual rights of any kind between the company and its employees or former employees.

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