

BENEFITS AT-A-GLANCE

and Resource Contact Information 2012



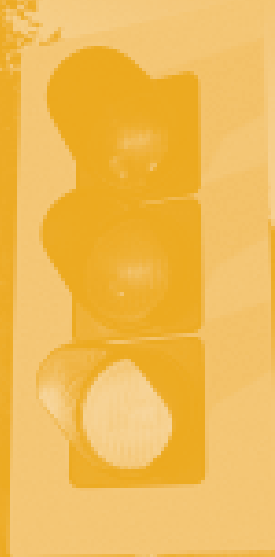
2012 BENEFITS ENROLLMENT

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

2012-BAAG 4

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]).

INSIDE YOU WILL FIND...

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BENEFITS AT-A-GLANCE

WHAT IS THIS?

These charts summarize some features of the 2012 Alcatel-Lucent medical and dental 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)/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 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/Medicare HMO you are considering. Carrier contact information can be found on pages 11 and 12 of this booklet. Or, if you are currently enrolled in an HMO/Medicare HMO, check the back of your HMO/Medicare HMO ID card.

HOW DO THESE CHARTS WORK?

Check and confirm:

1. If the charts apply to you

These charts apply to:

- Formerly represented retirees;
- COBRA beneficiaries of formerly represented retirees, including COBRA survivors; and
- Survivors of formerly represented retirees 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) (If you are not eligible for Medicare) | | Traditional Indemnity (If you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|---|--|--|---|--|
| | In-Network | Out-of-Network | | |
| Choice of Doctors | Select from within a network of providers | Select any eligible provider | Select any eligible provider | Select from within a network of PPO providers or any qualified provider |
| Annual Deductible | Retirees, their dependents and COBRA beneficiaries (excluding survivors): Individual: 1% of annual pension Two-person: 1% of annual pension per individual Family: 1% of annual pension per individual, up to 3% max. Survivors and their dependents: Individual: \$300 Two-person: \$600 Family: \$900 | Retirees, their dependents and COBRA beneficiaries (excluding survivors): Individual: 6% of annual pension (\$600 min.) Two-person: 6% of annual pension per individual (\$1,200 min.) Family: 6% of annual pension per individual, up to 18% max. (\$1,800 min.) Survivors and their dependents: Individual: \$600 Two-person: \$1,200 Family: \$1,800 | Retirees, their dependents and COBRA beneficiaries (excluding survivors): Per individual: 2.5% of annual pension Survivors and their dependents: Individual: \$300 Two-person: \$600 Family: \$900 | \$250/individual (combined with out-of-network) |
| Annual Out-of-Pocket Maximum | Individual: \$1,500 Two-person: \$3,000 Family: \$4,500 Excludes deductible | Individual: \$3,500 Two-person: \$7,000 Family: \$10,500 Excludes deductible | Individual: \$1,500 Two-person: \$3,000 Family: \$4,500 Excludes deductible | \$1,500/individual (includes deductible; combined with out-of-network) |
| Lifetime Maximum Benefit | Unlimited (some exclusions apply) | Unlimited (some exclusions apply) | Unlimited (some exclusions apply); Other Covered Charges are limited to \$50,000 (or buy-up amount) | Unlimited (some exclusions apply) |
| COPAYMENT/COINSURANCE FOR COVERED SERVICES | | | | |
| Acupuncture | You pay \$30 copayment/visit | Plan pays 70% 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 | Plan pays 80% after deductible is satisfied; limited to 30 visits/year |
| Ambulance – Emergency Air Ambulance | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Ambulance – Emergency Use of Ambulance | Plan pays 90% (deductible does not apply) | Plan pays 90% (deductible does not apply) | 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% (deductible does not apply) | Plan pays 90% (deductible does not apply) | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Anesthesia | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Birth Control (prescription birth control or medication only) | See “Prescription Drug Program” | | | |
| Birthing Center | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% 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 11 and 12.

| Feature | Point of Service (POS) (If you are not eligible for Medicare) | | Traditional Indemnity (If you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|--|--|---|---|--|
| | In-Network | Out-of-Network | | |
| Blood and Blood Derivatives | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| Cardiac Rehabilitation (phase three maintenance not covered) | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| Chemotherapy | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Chiropractic | You pay \$30 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% 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% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| Emergency Room – Emergency Use | You pay \$75 copayment/visit (waived if admitted) | You pay \$75 copayment/visit (waived if admitted) | Plan pays 90% 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 \$75 copayment/visit | Plan pays 70% after you pay \$75 copayment/visit | 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% after deductible is satisfied | Plan pays 70% after deductible is satisfied; limited to 60 days/year | Plan pays 90% after deductible is satisfied; limited to 120 days/year | Plan pays 90% after deductible is satisfied; limited to 100 days/benefit period |
| Home Healthcare | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied; limited to 100 visits/year | Plan pays 90% after deductible is satisfied; limited to 200 visits/year | \$0 copayment after deductible is satisfied |
| Hospice Care | Plan pays 90% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined) | Plan pays 70% after deductible is satisfied; limited to 210 days/lifetime (in- and out-of-network combined) | Plan pays 90% after deductible is satisfied; limited to 210 days/lifetime | \$0 copayment, not subject to deductible |
| Inpatient Hospitalization/Surgery | Plan pays 90% after you pay \$100 copayment/admission | Plan pays 70% after deductible is satisfied and you pay \$300 copayment/admission | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Maternity | Plan pays 90% after you pay \$30 copayment for first doctor visit and 90% after you pay \$100 copayment/hospital admission | Plan pays 70% after deductible is satisfied and you pay \$300 copayment/hospital admission | After deductible is satisfied, plan pays 90% for most inpatient and outpatient services and 80% for physician office visits | After deductible is satisfied, plan pays 90% for most inpatient and outpatient services and 80% for physician office visits |
| Mental Health and Chemical Dependency* (for those not eligible for Medicare) | Inpatient: Plan pays 90% after you pay \$100 copayment/admission Outpatient: You pay \$30 copayment/visit | Inpatient: Plan pays 70% after deductible is satisfied and you pay \$300 copayment/admission Outpatient: Plan pays 70% after deductible is satisfied | Inpatient: Plan pays 90% after deductible is satisfied Outpatient: Plan pays 80% after deductible is satisfied | Not applicable |
| Mental Health and Chemical Dependency* (for those Medicare-eligible) | Inpatient or Outpatient: Not applicable | | Inpatient: Plan pays 90% after deductible is satisfied Outpatient: Plan pays 80% after deductible is satisfied | Inpatient: Plan pays 90% after deductible is satisfied Outpatient: Plan pays 80% after deductible is satisfied |

* The POS and Traditional Indemnity deductibles and out-of-pocket maximums apply to Mental Health and Chemical Dependency coverage (they are not separate).

| Feature | Point of Service (POS) (If you are not eligible for Medicare) | | Traditional Indemnity (If you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|--|--|---|---|--|
| | In-Network | Out-of-Network | | |
| Nutritionist | You pay \$30 copayment/visit | Not covered | Not covered | Plan pays 100% for medical nutrition therapy and counseling per Medicare guidelines |
| Outpatient Lab/X-ray | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Physician Hospital Visits and Consultations | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Physician Office Visits (non-preventive) | You pay \$30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| Podiatrist | You pay \$30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 80% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| Private Duty Nursing | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied; limited to 100 shifts/year | Plan pays 90% after deductible is satisfied; limited to 200 shifts/year | Plan pays 90% after deductible is satisfied up to \$2,000/year; in- and out-of-network combined (covered according to Medicare guidelines) |
| Radiation Therapy | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Rehabilitation Therapy (outpatient physical, occupational, speech) | You pay \$30 copayment/visit | Plan pays 70% 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 | Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year |
| Second Surgical Opinion | You pay \$30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 80% after deductible is satisfied |
| Smoking Deterrents (prescription only) | See "Prescription Drug Program" | | | |
| Surgery – In-Office | You pay \$30 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Surgery – Outpatient | Plan pays 90% after deductible is satisfied | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | Plan pays 90% after deductible is satisfied |
| Wigs | Plan pays up to \$300/Plan Year | | | |

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 11 and 12.

| Feature | Point of Service (POS) (If you are not eligible for Medicare) | | Traditional Indemnity (If you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|--|--|---|---|--|
| | In-Network | Out-of-Network | | |
| PREVENTIVE CARE | | | | |
| Routine Physical Exams | You pay \$30 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 | You pay \$30 copayment/visit | Not covered | Not covered | Not covered |
| Childhood Immunizations | You pay \$30 copayment/visit | Not covered | Not covered | Not covered |
| Well-Woman Care (ob/gyn exam) | You pay \$30 copayment/visit | Not covered | Not covered | \$0 copayment (one visit/year) |
| Mammogram Screening (in doctor's office) | You pay \$30 copayment/visit; included with doctor's visit | Plan pays 70% after deductible is satisfied | After deductible is satisfied, plan pays 80% if preventive or 90% if diagnostic | \$0 copayment |
| Pap Smear (in doctor's office) | You pay \$30 copayment/visit; included with doctor's visit | Plan pays 70% after deductible is satisfied | Plan pays 90% 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) | You pay \$30 copayment/visit; included with doctor's visit | Plan pays 70% after deductible is satisfied | Plan pays 90% after deductible is satisfied | \$0 copayment |
| Newborn In-Hospital Care | Plan pays 90% (deductible does not apply) | Plan pays 70% after deductible is satisfied; limited to one visit | Plan pays 90% (deductible does not apply); limited to one visit | Plan pays 90% (deductible does not apply); limited to one visit |
| 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 | No |
| Who Is Responsible for Precertification? | Your primary care physician (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 | 20% reduction in benefits, up to \$400 maximum/occurrence | Not applicable |
| Do You Have to File Claim Forms? | No | Yes | Yes | No |

| Feature | Point of Service (POS) (If you are not eligible for Medicare) | | Traditional Indemnity (If you are or are not eligible for Medicare) | UnitedHealthcare Group Medicare Advantage (PPO) (If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant) |
|--|--|---|---|---|
| | In-Network | Out-of-Network | | |
| COVERAGE THROUGH THE MEDCO PRESCRIPTION DRUG PROGRAM* | | | | |
| Prescription Drug Annual Deductible* | Retail: \$50/individual Mail order: None | Individual: \$100 Two-person: \$200 Family: \$300 | In-network (retail and mail order): Retail: \$50/individual Mail order: None Out-of-network: Individual: \$100 Two-person: \$200 Family: \$300 | In-network (retail and mail order): Retail: \$50/individual Mail order: None Out-of-network: Individual: \$100 Two-person: \$200 Family: \$300 |
| Prescription Drug Annual Out-of-Pocket Maximum* | Retail and mail order: \$1,500/individual Excludes deductible | None | In-network (retail and mail order): \$1,500/individual Out-of-network: None | In-network (retail and mail order): \$1,500/individual Excludes deductible Out-of-network: None |
| Retail Copayments (up to 30-day supply using an in-network pharmacy) | Generic: \$10 Formulary: \$33 Nonformulary: \$55 You will pay the generic copayment, plus the difference in cost between the brand-name and generic prescription, if you purchase a brand-name medication when a generic equivalent is available Also, prescription drug copayments will double after the third time you receive a maintenance medication at an in-network retail pharmacy; for cost savings, use mail order (see below) | Plan pays 70% after deductible is satisfied | In-network: Generic: \$10 Formulary: \$33 Nonformulary: \$55 You will pay the generic copayment, plus the difference in cost between the brand-name and generic prescription, if you purchase a brand-name medication when a generic equivalent is available Also, prescription drug copayments will double after the third time you receive a maintenance medication at an in-network retail pharmacy; for cost savings, use mail order (see below) Out-of-network: Plan pays 70% after deductible is satisfied | In-network: Generic: \$10 Formulary: \$33 Nonformulary: \$55 You will pay the generic copayment, plus the difference in cost between the brand-name and generic prescription, if you purchase a brand-name medication when a generic equivalent is available Also, prescription drug copayments will double after the third time you receive a maintenance medication at an in-network retail pharmacy; for cost savings, use mail order (see below) Out-of-network: Plan pays 70% after deductible is satisfied |
| Mail-Order Copayments (up to 90-day supply) | Generic: \$25** Formulary: \$82.50 Nonformulary: \$137.50 | Not applicable | In-network: Generic: \$25** Formulary: \$82.50 Nonformulary: \$137.50 Out-of-network: Not applicable | In-network: Generic: \$25** Formulary: \$82.50 Nonformulary: \$137.50 Out-of-network: Not applicable |

* The deductibles and out-of-pocket maximums for the Prescription Drug Program are separate from the deductibles and out-of-pocket maximums for POS, Traditional Indemnity and UnitedHealthcare Group Medicare Advantage (PPO) 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.

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 11 and 12.

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 this chart.

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 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>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) POS: 1-800-577-8539 Traditional Indemnity: 1-800-577-8567 www.myuhc.com User ID: ALU Password: ALU</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.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 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.myoptumhealthcomplexmedical.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 (Participants not eligible for Medicare) | UnitedHealthcare Behavioral Health <ul style="list-style-type: none"> • Understand how your mental health and chemical dependency coverage works • Access claims information |
| www.liveandworkwell.com 1-800-577-8567 (Medicare-eligible participants in the UnitedHealthcare Traditional Indemnity option only) | UnitedHealthcare Mental Health and Chemical Dependency <ul style="list-style-type: none"> • Understand how your mental health and chemical dependency coverage works • Access claims information |
| MEDCO PRESCRIPTION DRUG COVERAGE (does not apply to HMO/Medicare 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 |

| 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 (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/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 Web site 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 |

LEGAL NOTICE

Alcatel-Lucent Medical Expense Plan for Retired Employees

Alcatel-Lucent Dental Expense Plan for Retired Employees

(component plans of the Alcatel-Lucent Retiree Welfare Benefits Plan)

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 Web site at www.benefitanswersplus.com. You may also request a copy by calling 1-908-582-4727.

HMOs FOR PARTICIPANTS NOT ELIGIBLE FOR MEDICARE

| 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 | | www.capbluecross.com |
| 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 | |

MEDICARE HMOs

| Medicare HMO Option | Phone Number | Web Site | |
|--|--|--|---|
| 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 | 1-800-HIP-TALK (1-800-447-8255) | www.hipusa.com | |
| Horizon Blue Cross/Blue Shield of New Jersey | 1-800-365-2223 | www.horizonblue.com | |
| Humana Health Plan of Florida Humana Health Plan of Illinois Humana Health Plan of Kansas City | 1-866-396-8810 | 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"> • Toll free: 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 | 1-800-779-6962 | | https://seniorbluehmo.capbluecross.com |
| MVP of New York | 1-800-209-3945 | | www.mvphealthcare.com |
| UnitedHealthcare of Arizona | 1-800-610-2660 | www.securehorizons.com | |
| UnitedHealthcare of California | 1-800-228-2144 | | |
| UnitedHealthcare of Colorado | 1-800-610-2660 | | |
| UnitedHealthcare of Oklahoma | 1-800-950-9355 | | |
| 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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