

# BENEFITS AT-A-GLANCE

and Resource Contact Information 2012



## 2012 BENEFITS ENROLLMENT

For Participants in the Management Retiree 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 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 15 and 16 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 U.S.:

- Management retirees;
- Non-represented retirees covered under the management plan design;
- Formerly represented retirees covered under the management plan design;
- COBRA beneficiaries of retirees covered under the management plan design, including COBRA survivors; and
- Survivors of retirees covered under the management plan design 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	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity <small>(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)</small>	UnitedHealthcare Group Medicare Advantage (PPO) <small>(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)</small>
	(If you are not eligible for Medicare)					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
<b>Choice of Doctors</b>	Select from within a network of providers	Select any qualified provider	Select from within a network of providers	Select any qualified provider	Select from within a network of Preferred Provider Organization (PPO) providers or any qualified provider	Select from within a network of PPO providers or any qualified provider
<b>Annual Deductible</b>	Not applicable	Individual: \$500 Two-person: \$1,000 Family: \$1,500	Not applicable	Not applicable	Retirees and their dependent(s): <b>Individual:</b> \$150 plus 1% of annual pension (\$175 min. and \$300 max.) <b>Two-person:</b> 2x individual deductible <b>Family:</b> 3x individual deductible For account balance/ access to healthcare participants and survivors: <b>Individual:</b> \$300 <b>Two-person:</b> \$600 <b>Family:</b> \$900	\$290/individual (combined with out-of-network)
<b>Annual Out-of-Pocket Maximum</b>	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)
<b>Lifetime Maximum Benefit</b>	Unlimited (some exclusions apply)					
<b>Annual Maximum Benefit</b>	Not applicable					
<b>COPAYMENT/COINSURANCE FOR COVERED SERVICES</b>						
<b>Acupuncture</b>	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
<b>Ambulance – Emergency Use of Air or Ground Ambulance</b>	Plan pays 90%	Plan pays 90%	Plan pays 80%	Plan pays 60%	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Ambulance from Hospital to Hospital</b> (if admitted to first hospital)	Plan pays 90%	Plan pays 90%	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 15 and 16.

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		
<b>Anesthesia</b>	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
<b>Birth Control</b> (prescription birth control or medication only)	See "Prescription Drug Program"					
<b>Birthing Center</b>	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
<b>Blood and Blood Derivatives</b>	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
<b>Cardiac Rehabilitation</b> (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
<b>Chemotherapy</b>	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
<b>Chiropractic</b>	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)
<b>Durable Medical Equipment</b>	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
<b>Emergency Room – Emergency Use</b>	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)
<b>Emergency Room – Nonemergency Use</b>	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

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		
<b>Extended Care Facility</b> (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% after deductible is satisfied; limited to 100 days/benefit period
<b>Home Healthcare</b>	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
<b>Hospice Care</b>	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
<b>Inpatient Hospitalization</b>	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
<b>Maternity</b> • Office visits: pre/postnatal • In-hospital delivery services	<b>Office visits:</b> Plan pays 90% after you pay \$25 copayment for first office visit <b>In-hospital delivery services:</b> Plan pays 90%	Plan pays 70% after deductible is satisfied	<b>Office visits:</b> You pay \$15 copayment <b>In-hospital delivery services:</b> Plan pays 80% after you pay \$500 copayment/admission	<b>Office visits:</b> Plan pays 60% <b>In-hospital delivery services:</b> Plan pays 60% after you pay \$200 copayment/admission	Plan pays 80% after deductible is satisfied	Plan pays 80% after deductible is satisfied
<b>Nutritionist</b>	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
<b>Outpatient Lab/X-ray</b>	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
<b>Physician Hospital Visits and Consultations</b>	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
<b>Physician Office Visits</b>	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	<b>Primary care physician (PCP):</b> You pay \$15 copayment/visit <b>Specialist:</b> You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	<b>Primary doctor:</b> You pay \$15 copayment/visit after deductible is satisfied <b>Specialist:</b> 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 15 and 16.

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		
<b>Podiatrist</b>	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)
<b>Private Duty Nursing</b>	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 (covered according to Medicare guidelines)
<b>Radiation Therapy</b>	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
<b>Rehabilitation Therapy</b> (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
<b>Second Surgical Opinion</b>	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
<b>Smoking Deterrents</b> (prescription only)	See "Prescription Drug Program"					
<b>Surgery – In-Office</b>	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
<b>Surgery – Inpatient</b>	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
<b>Surgery – Outpatient</b>	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
<b>Wigs</b>	Plan pays up to \$300/Plan Year					

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		
<b>PREVENTIVE CARE</b>						
<b>Routine Physical Exams</b>	You pay \$25 copayment/visit	Not covered	You pay \$15 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
<b>Well-Child Care</b> (including immunizations)	You pay \$25 copayment/visit	Not covered	You pay \$15 copayment/visit	Not covered	Not covered	Not covered
<b>Well-Woman Care</b> (ob/gyn exam)	You pay \$25 copayment/visit	Not covered	<b>Primary care physician (PCP):</b> You pay \$15 copayment/visit <b>Specialist:</b> You pay \$40 copayment/visit	Not covered	Not covered	\$0 copayment (one visit/year)
<b>Mammogram Screening</b> (in doctor's office)	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	<b>PCP:</b> You pay \$15 copayment/visit <b>Specialist:</b> You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	\$0 copayment
<b>Pap Smear</b> (in doctor's office)	You pay \$25 copayment/visit	Plan pays 70% after deductible is satisfied	<b>PCP:</b> You pay \$15 copayment/visit <b>Specialist:</b> You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	\$0 copayment
<b>Digital Rectal Exam and Blood Test for PSA</b> (in doctor's office – prostate cancer screening for men age 50 and older)	Plan pays 90%	Plan pays 70% after deductible is satisfied	<b>PCP:</b> You pay \$15 copayment/visit <b>Specialist:</b> You pay \$40 copayment/visit	Plan pays 60%	Plan pays 80% after deductible is satisfied	\$0 copayment
<b>Newborn In-Hospital Care</b>	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

**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 15 and 16.



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				
<b>MENTAL HEALTH AND CHEMICAL DEPENDENCY (BENEFITS FOR THOSE WHO ARE NOT ELIGIBLE FOR MEDICARE*)</b>								
<b>Inpatient</b>	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		
<b>Outpatient</b>	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		
<b>MENTAL HEALTH AND CHEMICAL DEPENDENCY (BENEFITS FOR THOSE WHO ARE MEDICARE-ELIGIBLE*)</b>								
<b>Inpatient</b>	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)		
<b>Outpatient</b>	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 and Traditional Indemnity deductibles and out-of-pocket maximums (if any) also apply to Mental Health and Chemical Dependency coverage (they are not separate).

Feature	Enhanced Point of Service (POS)		Standard POS		Traditional Indemnity <small>(If you are not eligible for Medicare or if you are a Medicare-eligible dependent of a non-Medicare-eligible participant)</small>	UnitedHealthcare Group Medicare Advantage (PPO) <small>(If you are a Medicare-eligible participant or Medicare-eligible dependent of a Medicare-eligible participant)</small>		
	(If you are not eligible for Medicare)							
	In-Network	Out-of-Network	In-Network	Out-of-Network				
<b>COST</b>								
<b>2012 Monthly Premium Costs</b>	During the annual open enrollment period, refer to your personalized enrollment worksheet, visit the YBR Web site at <a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a> or call the Alcatel-Lucent Benefits Center at 1-888-232-4111.							
<b>Are You Responsible for Charges in Excess of the Allowable Amount?</b>	No	Yes	No	Yes	Yes	No		
<b>Who Is Responsible for Precertification?</b>	Your PCP	You	Your PCP	You	You	Not applicable		
<b>What Is the Penalty for Failure to Precertify Care?</b>	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		
<b>Do You Have to File Claim Forms?</b>	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 15 and 16.

# PRESCRIPTION DRUG PROGRAM

## IF YOU ARE NOT ELIGIBLE FOR MEDICARE

### Medco 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)
<b>Level One</b> Generic drugs	\$10 copayment	\$20 copayment*
<b>Level Two</b> Lower-cost formulary brand-name drugs	50% coinsurance • \$25 minimum • \$225 maximum	50% coinsurance • \$50 minimum • \$450 maximum
<b>Level Three</b> Higher-cost formulary brand-name drugs	50% coinsurance • \$45 minimum • \$275 maximum	50% coinsurance • \$90 minimum • \$550 maximum
<b>Level Four</b> Nonformulary brand-name drugs	50% coinsurance • \$60 minimum • \$300 maximum	50% coinsurance • \$120 minimum • \$600 maximum
<b>Out-of-Network (retail only)</b>		
Same benefits as at an in-network pharmacy, but you will also be responsible for the difference in the cost of the drug purchased at an out-of-network pharmacy compared to the cost of the drug at an in-network pharmacy.		





\*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](http://www.medco.com/lowcostgenerics) or call the phone number on the back of your Medco ID card.

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 15 and 16.

## IF YOU ARE MEDICARE-ELIGIBLE\*

### Medco 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 \$2,930/individual.
- 
**Coverage gap (or “donut hole”)** – After you reach the total prescription drug cost limit of \$2,930/individual (including the copayments and deductible, plus the Plan's cost for the drugs), you pay 86% of the cost of generic drugs and about 50% 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 \$2.60 for generics/\$6.50 for brand-name drugs, per prescription, for the remainder of the year.

**Note:** Only drugs included on the Medco 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.

#### COINSURANCE/COPAYMENTS

In-Network	Retail (up to a 31-day supply)**	Mail Order (up to a 90-day supply)
<b>Level One:</b> Generic drugs on Medco standard Medicare Part D formulary	\$10 copayment	\$20 copayment
<b>Level Two:</b> Plan-preferred brand-name drugs on Medco standard Medicare Part D formulary	\$25 copayment	\$50 copayment
<b>Level Three:</b> Non-plan-preferred brand-name drugs on Medco standard Medicare Part D formulary	\$45 copayment	\$90 copayment
<b>Level Four:</b> Specialty drugs with average costs of more than \$500/month on Medco standard Medicare Part D formulary	\$60 copayment	\$120 copayment
<b>Out-of-Network (retail only)</b>		

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 and out-of-pocket maximums 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.

#### REMEMBER

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# DENTAL

Feature	Dental Preferred Provider Organization (PPO) Option		Dental Maintenance Organization (DMO) Option (Participating Providers)*
	In-Network	Out-of-Network	
<b>Diagnostic and Preventive Care</b> (for example: oral exams and cleanings, X-rays and fluoride treatment)	100% of negotiated rate	100% of reasonable and customary (R&C) fees	100%
<b>Basic Services</b> (for example: fillings, root canals, treatment on front teeth, non-surgical periodontal treatments and uncomplicated extractions)	60% of negotiated rate	40% of R&C fees	100%
<b>Major Services</b> (for example: crowns and bridgework, dentures and denture repairs, removal of impacted teeth)	60% of negotiated rate	40% of R&C fees	75%
<b>Orthodontia</b>	60% up to a lifetime maximum	50% up to a lifetime maximum	50%
<b>Orthodontia Lifetime Maximum</b> (All enrollees receive full orthodontia lifetime coverage up to a lifetime maximum)	\$1,500/individual	\$1,500/individual	Generally not applicable
<b>Annual Deductible</b> (The in-network annual deductible applies to basic and major services only; the out-of-network annual deductible applies to diagnostic, preventive, basic and major services)	<ul style="list-style-type: none"> <li>• \$50/individual</li> <li>• \$100/family</li> </ul>	<ul style="list-style-type: none"> <li>• \$75/individual</li> <li>• \$150/family</li> </ul>	Generally not applicable
<b>Annual Maximum Benefit</b> (cumulative under the Dental PPO option)	\$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.

## 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. If it does not appear as a coverage option on your personalized enrollment worksheet or on the YBR Web site during the annual open enrollment period, it may be because you live in an area with limited access to dentists in the DMO network.

### To enroll

If you wish to enroll in the DMO 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?

To find in-network dentists or for questions about coverage for a specific procedure, please contact Aetna:

- [www.aetna.com](http://www.aetna.com)
- PPO: 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:
<b>ALCATEL-LUCENT RESOURCES</b>	
<p><a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a> 24 hours a day, every day, except on Sunday between midnight and 1:00 p.m., Eastern Time (ET)</p>	<p><b>The Your Benefits Resources (YBR) Web site</b></p> <ul style="list-style-type: none"> <li>• View your current coverage</li> <li>• Review and compare your 2012 healthcare options and premium costs</li> <li>• Enroll in coverage for 2012</li> <li>• Make changes to your default coverage for 2012</li> <li>• Waive your 2012 coverage</li> <li>• Find a doctor or healthcare provider</li> <li>• Learn more about Alcatel-Lucent's benefits</li> <li>• Review dependent eligibility rules</li> <li>• Review, add or change your dependent(s)' information on file</li> <li>• Understand how a Life Event may change your benefits</li> </ul>
<p>1-888-232-4111 (1-212-444-0994 if calling from outside of the United States, Puerto Rico or Canada) • <b>Standard hours:</b> Monday through Friday, from 9:00 a.m. to 5:00 p.m., ET</p>	<p><b>Alcatel-Lucent Benefits Center</b></p> <ul style="list-style-type: none"> <li>• <b>If you do not have Internet access:</b> <ul style="list-style-type: none"> <li>- Enroll in coverage for 2012</li> <li>- Make changes to your default coverage for 2012</li> <li>- Waive your 2012 coverage</li> <li>- Review dependent eligibility rules</li> <li>- Review, add or change your dependent(s)' information on file</li> </ul> </li> <li>• Resolve a unique benefits issue that you have not been able to solve on your own</li> <li>• Notify Alcatel-Lucent if:           <ul style="list-style-type: none"> <li>- Imputed income applies</li> <li>- You or your eligible dependent(s) will become Medicare-eligible due to a disability</li> </ul> </li> </ul>
<p><a href="http://www.benefitanswersplus.com">www.benefitanswersplus.com</a></p>	<p><b>The Alcatel-Lucent BenefitAnswers Plus Web site</b></p> <ul style="list-style-type: none"> <li>• Learn more about Alcatel-Lucent's benefits, including benefits news and updates (no password required)</li> <li>• Obtain electronic copies of your enrollment materials</li> <li>• Find carrier contact information during the year</li> <li>• Access a short video about the YBR Web site</li> </ul>
<b>AETNA DENTAL</b>	
<p><a href="http://www.aetna.com">www.aetna.com</a></p> <p><b>PPO:</b> 1-800-220-5470 <b>DMO:</b> 1-800-220-5479</p>	<p><b>Aetna Dental</b></p> <ul style="list-style-type: none"> <li>• Understand how your dental coverage works</li> <li>• Find network dentists</li> <li>• Access claims information</li> </ul>
<b>UNITEDHEALTHCARE</b>	
<p><b>Group Medicare Advantage (PPO):</b> <a href="http://www.UHCRetiree.com/alcatel-lucent">www.UHCRetiree.com/alcatel-lucent</a> 1-888-980-8117 (TTY: 711) (8:00 a.m. to 8:00 p.m., local time, seven days a week)</p> <hr/> <p><b>Enhanced and Standard POS:</b> 1-800-577-8539</p> <p><b>Traditional Indemnity:</b> 1-800-577-8567 <a href="http://www.myuhc.com">www.myuhc.com</a> User ID: ALU Password: ALU</p>	<p><b>General information about your coverage and dedicated Customer Care (Member Services)</b></p> <ul style="list-style-type: none"> <li>• Understand how your UnitedHealthcare medical coverage works</li> <li>• Find network physicians, specialists and facilities in your community</li> <li>• Compare average treatment costs and hospitals in your area for medical procedures you may be considering</li> <li>• Manage your healthcare choices and costs through a Plan Comparison Calculator</li> <li>• Access claims information</li> <li>• Speak with an experienced customer care representative who understands your plan and can answer questions quickly</li> </ul>

Where:	What You Will Find:
<p><a href="http://www.myuhc.com">www.myuhc.com</a> 1-866-444-3011 (24 hours a day, seven days a week)</p> <p><a href="http://www.myoptumhealth.complexmedical.com">www.myoptumhealth.complexmedical.com</a> 1-866-936-6002 (7:00 a.m. to 7:00 p.m., Central Time [CT], Monday through Friday, excluding holidays)</p>	<p><b>UnitedHealthcare OptumHealth<sup>SM</sup> Nurseline and Live Nurse Chat</b></p> <ul style="list-style-type: none"> <li>• Speak with a registered nurse at any time</li> <li>• Get information about health and welfare topics</li> <li>• Participate in live online Nurse Chat</li> <li>• Both English- and Spanish-speaking registered nurses are available</li> </ul> <p><b>UnitedHealthcare Cancer Resource Services (CRS)</b></p> <ul style="list-style-type: none"> <li>• Get information regarding a cancer diagnosis and treatment</li> <li>• Find cancer centers or physicians</li> </ul>
<p><a href="http://www.healthy-pregnancy.com">www.healthy-pregnancy.com</a> 1-800-411-7984</p>	<p><b>Healthy Pregnancy Program</b></p> <ul style="list-style-type: none"> <li>• 24-hour access to experienced maternity nurses</li> <li>• Education and support for women through all stages of pregnancy and delivery</li> </ul>
<p><a href="http://www.myoptumhealth.complexmedical.com">www.myoptumhealth.complexmedical.com</a> (click on the “Congenital Heart Disease” link or call the phone number on the back of your medical ID card)</p>	<p><b>Congenital Heart Disease Program (CHD)</b></p> <ul style="list-style-type: none"> <li>• Clinical consultants can provide information to assist parents, family members, case managers and physicians in making decisions about congenital heart disease</li> </ul>
<p><a href="http://www.myoptumhealth.complexmedical.com">www.myoptumhealth.complexmedical.com</a> (click on the “Transplantation” link or call the phone number on the back of your medical ID card)</p>	<p><b>Transplant Resource Services</b></p> <ul style="list-style-type: none"> <li>• Services and access to medical professionals renowned for providing quality treatment in solid organ or blood/marrow transplants</li> </ul>
<p><a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> <b>Enhanced and Standard POS:</b> 1-800-577-8539 <b>Traditional Indemnity:</b> 1-800-577-8567</p>	<p><b>UnitedHealthcare Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Understand how your mental health and chemical dependency coverage works</li> <li>• Access claims information</li> </ul>
<p><a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> <b>Traditional Indemnity:</b> 1-800-577-8567 <b>(Medicare-eligible participants in the UnitedHealthcare Traditional Indemnity option only)</b></p>	<p><b>UnitedHealthcare Mental Health and Chemical Dependency</b></p> <ul style="list-style-type: none"> <li>• Understand how your mental health and chemical dependency coverage works</li> <li>• Access claims information</li> </ul>
<p><b>MEDCO PRESCRIPTION DRUG COVERAGE</b> (does not apply to HMO/Medicare HMO coverage)</p>	
<p><b>Participants not eligible for Medicare:</b> 1-800-336-5934 <a href="http://www.medco.com">www.medco.com</a> <b>Medicare-eligible participants:</b> 1-800-230-0512 (TTY: 1-800-716-3231) <a href="http://www.medco.com/medd/alu">www.medco.com/medd/alu</a></p>	<p><b>Medco Health Solutions</b></p> <ul style="list-style-type: none"> <li>• Understand how your prescription drug coverage works</li> <li>• Prescription coverage and pricing information, including comparisons for brand-name and generic medications received through mail order and retail</li> <li>• Access claims information</li> <li>• Find an in-network pharmacy</li> <li>• Order medications from the Medco Pharmacy for savings opportunities</li> </ul>
<p><a href="http://www.medco.com/choices">www.medco.com/choices</a> 1-800-319-7750</p> <p><a href="http://www.medco.com/lowcostgenerics">www.medco.com/lowcostgenerics</a> (or call the phone number on the back of your Medco ID card)</p>	<p><b>Medco My Rx Choices</b></p> <ul style="list-style-type: none"> <li>• Find lower-cost options for the medications you currently take on an ongoing basis</li> </ul> <p><b>Medco Low Cost Generics</b></p> <ul style="list-style-type: none"> <li>• Determine if your medications are eligible for an additional discount through mail order</li> <li>• 24/7 access to specialist pharmacists</li> </ul>

Where:	What You Will Find:
<b>METLIFE</b>	
1-888-201-4612	<b>MetLife Life Insurance</b> <ul style="list-style-type: none"> <li>• Understand how your life insurance coverage works</li> </ul>
<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> 1-800-984-8651	<b>MetLife Long-Term Care (LTC)</b> <ul style="list-style-type: none"> <li>• Understand how your LTC coverage works</li> </ul>
<b>HMO/MEDICARE HMO</b> (see carrier contact information on next pages)	
Contact information is also available: <ul style="list-style-type: none"> <li>• On the back of your ID card, if you are currently enrolled in an HMO/Medicare HMO;</li> <li>• By visiting the YBR Web site at <a href="http://resources.hewitt.com/alcatel-lucent">http://resources.hewitt.com/alcatel-lucent</a>; or</li> <li>• By calling the Alcatel-Lucent Benefits Center at 1-888-232-4111.</li> </ul>	<b>Your HMO/Medicare HMO carrier</b> <ul style="list-style-type: none"> <li>• Understand how your HMO/Medicare HMO coverage works</li> <li>• Access claims information</li> </ul>

## 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](http://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	<a href="http://www.aetna.com">www.aetna.com</a>	
Blue Advantage of Illinois Blue Cross/Blue Shield of Illinois	1-800-892-2803	<a href="http://www.bcbsil.com">www.bcbsil.com</a>	
HIP Health Plan of New York	1-800-HIP-TALK (1-800-447-8255)	<a href="http://www.hipusa.com">www.hipusa.com</a>	
Horizon Blue Cross/Blue Shield of New Jersey	1-800-355-2583	<a href="http://www.horizonblue.com">www.horizonblue.com</a>	
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> <li>• Washington, D.C.: 1-301-468-6000</li> <li>• Outside the Washington, D.C. metro area: 1-800-777-7902</li> </ul>	<a href="http://my.kp.org/alcatellucent">http://my.kp.org/alcatellucent</a>	
Kaiser Northwest	<ul style="list-style-type: none"> <li>• Portland, OR area only: 1-503-813-2000</li> <li>• 1-800-813-2000</li> </ul>		
Kaiser of Northern California Kaiser of Southern California	1-800-464-4000		
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> <li>• 1-800-632-9700</li> <li>• Colorado Springs: 1-888-681-7878</li> </ul>		
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> <li>• 1-888-865-5813</li> <li>• Local: 1-404-261-2590</li> </ul>		
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> <li>• Oahu: 1-808-432-5955</li> <li>• Other islands: 1-800-966-5955</li> </ul>		
Keystone Health Plan Central	<ul style="list-style-type: none"> <li>• 1-800-669-7061</li> <li>• TDD: 1-800-669-7075</li> </ul>		<a href="http://www.capbluecross.com">www.capbluecross.com</a>
MVP of New York	1-888-687-6277		<a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>
UnitedHealthcare Choice of Arizona	1-866-633-2446	<a href="http://www.unitedhealthcare.com">www.unitedhealthcare.com</a>	
UnitedHealthcare of California	1-800-624-8822	<a href="http://www.uhctest.com">www.uhctest.com</a>	
UnitedHealthcare of Oklahoma	1-800-825-9355		
Univera Health of Western NY	1-800-337-3338	<a href="http://www.univerahealthcare.com">www.univerahealthcare.com</a>	

# MEDICARE HMOs

Medicare HMO Option	Phone Number	Web Site	
Aetna Health Plans of New Jersey	1-800-282-5366	<a href="http://www.aetna.com">www.aetna.com</a>	
Aetna Health Plans of Pennsylvania			
Blue Advantage of Illinois Blue Cross/Blue Shield of Illinois	1-800-892-2803	<a href="http://www.bcbsil.com">www.bcbsil.com</a>	
BlueCross BlueShield of North Carolina	1-888-310-4110	<a href="http://www.bcbsnc.com/member/medicare">www.bcbsnc.com/member/medicare</a>	
Group Health of Puget Sound	1-888-901-4636	<a href="http://www.ghc.org">www.ghc.org</a>	
HIP Health Plan of New York	1-800-HIP-TALK (1-800-447-8255)	<a href="http://www.hipusa.com">www.hipusa.com</a>	
Horizon Blue Cross/Blue Shield of New Jersey	1-800-365-2223	<a href="http://www.horizonblue.com">www.horizonblue.com</a>	
Humana Health Plan of Florida Humana Health Plan of Illinois Humana Health Plan of Kansas City	1-866-396-8810	<a href="http://www.humana.com">www.humana.com</a>	
Kaiser Mid-Atlantic	<ul style="list-style-type: none"> <li>• 1-888-777-5536</li> <li>• TTY: 1-866-513-0008</li> </ul>	<a href="http://my.kp.org/alcatellucent">http://my.kp.org/alcatellucent</a>	
Kaiser Northwest	<ul style="list-style-type: none"> <li>• Portland, OR area only: 1-503-813-2000</li> <li>• 1-800-813-2000</li> </ul>		
Kaiser of Northern California Kaiser of Southern California	1-800-443-0815		
Kaiser Permanente of Colorado	<ul style="list-style-type: none"> <li>• 1-800-476-2167</li> <li>• TTY: 1-866-513-9964</li> </ul>		
Kaiser Permanente of Georgia	<ul style="list-style-type: none"> <li>• Toll free: 1-800-232-4404</li> <li>• Local: 1-404-233-3700</li> </ul>		
Kaiser Permanente of Hawaii	<ul style="list-style-type: none"> <li>• Oahu: 1-808-432-5955</li> <li>• Other islands: 1-800-966-5955</li> </ul>		
Keystone Health Plan Central	1-800-779-6962		<a href="https://seniorbluehmo.capbluecross.com">https://seniorbluehmo.capbluecross.com</a>
MVP of New York	1-800-209-3945		<a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>
UnitedHealthcare of Arizona	1-800-610-2660	<a href="http://www.securehorizons.com">www.securehorizons.com</a>	
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		<a href="http://www.univerahealthcare.com">www.univerahealthcare.com</a>



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. 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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