AVAYA | Experiences That Matter

2023 Benefits
Annual Enrollment Guide

Enrollment Period October 6 – October 19, 2022

Retired Represented Employees

Annual Enrollment for 2023 has arrived! Annual Enrollment is your once-a-year opportunity to review your dental coverage and select the coverage that works best for you and your family.

Annual Enrollment 2023
October 6 – 19, 2022

Benefits selected during this enrollment period will be effective January 1, 2023.

You will not need to actively enroll in dental benefits for 2023 during Annual Enrollment if you do not wish to make changes. **However, if you are enrolled in the Dental DMO in 2022 and want to continue your DMO coverage in to 2023, you will need to call Aetna at 1-877-508-6927 in January to re-enroll.** Your DMO election does not carry over from year to year.

Please review this Guide in its entirety. You and your family are eligible to enroll in or make changes to your dental coverage and update beneficiary information with Avaya during this Annual Enrollment period. We encourage you to review the available online resources to become familiar with the benefits choices available to you.

If you are enrolled in medical through Via Benefits, you will receive separate enrollment information from them.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 5 for more details.

Your Health
Your Benefits
Take Charge
ANNUAL ENROLLMENT

AVAYA

Click on a topic below to go directly to the information you need.

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What's New for 2023

Avaya knows how important health and insurance plans are for you and your family. The following pages include a summary of medical benefit changes for the year ahead. Additional details are available in later sections of this Guide and at https://my.adp.com. If you have questions or need assistance, contact the Avaya Health & Benefits Decision Center at 1-800-526-8056 option 1 (TDD 1-800-952-0450) or via e-mail at avayaservicecenter@adp.com.

Dental PPO under the Freedom of Choice Plan (FOC)

The dental indemnity plan is transitioning to a dental PPO plan. The Dental PPO provides access to in-network dentists with discounted fees which may lower the costs you pay for services. You will still have access to all the same providers under the Dental PPO as under the dental indemnity plan. It is your decision whether to use an in-network dentist or not. If seeing a non-network provider, your benefits will not change from 2022. If seeing a network provider, billed charges will be discounted (on average 35%).

Examples of the New Dental Benefits

Service	**Current and 2023 Non-Network Benefit**	**FOC PPO 2023 In-Network Benefit** (assuming 35% average discount)
Cleaning – provider's charge $100	The plan pays 100% of allowed charges of $90 Plan pays $90 Member pays $10 balance billed as provider charges are more than allowance	The provider discounts their services by 35% leaving a balance due of $65. The Plan pays 100% of the discounted rate of $65 Plan pays $65 Member pays $0 and cannot be balance billed
Filling – provider's charge $200, assume scheduled allowance of $65	The plan pays 100% of allowed charges of $65 Plan pays $65 Member pays $135 balance billed as provider charges are more than allowance	The provider discounts their services by 35% leaving a balance due of $130. The Plan pays 100% of the allowed charges of $65. Plan pays $65 Member pays $65 and cannot be balance billed for the amounts above the discounted rate.
Crown – provider's charge $1000, assume scheduled allowance of $300	The plan pays 100% of allowed charges of $300 Plan pays $300 Member pays $700 balance billed as provider charges are more than allowance	The provider discounts their services by 35% leaving a balance due of $650. The Plan pays 100% of the allowed charges of $300. Member pays $350 and cannot be balance billed for the amounts above the discounted rate.

Important Reminders

Dental DMO

If you are enrolled in the Dental DMO in 2022 and want to continue your DMO coverage into 2023, you need to call Aetna at **1-877-508-6927** in **January** to re-enroll. Your DMO election does not carry over from year to year.

Dependent Verification

If you choose to enroll an eligible dependent(s) that is not currently covered under Avaya's retiree dental plan, you will be required to provide proof that they are your eligible dependent(s) per the dental plan guidelines. **Dependent coverage will be pended until the appropriate documentation is received by ADP**, our Dependent Verification vendor. Upon completion of your enrollment, you will receive a verification link to submit your dependent documentation. Within the link will be a list of eligible documents. Verification is due by the deadline listed on the link.

2023 Mid-Year Changes

Once Annual Enrollment ends you will not be able to make changes to your dental benefits unless you have a qualified status change. Information on qualified status changes is available in the dental Summary Plan Description (SPD) at **https://www.avaya.com/benefitanswers**.

Helpful Links & Tools to Take Control of Your Health

Taking Control of Your Health	Tool (click link)	Description
• **Enroll in or change your dental benefits**	**https://my.adp.com**	Your one-stop-shop for all of your benefit needs.
Locate Aetna in-network dentists where you need them	Current Aetna members may log on to their account at **www.aetna.com.** Potential members may log on to **www.aetna.com** > Find a doctor > Under "Guests", select "Plan from an employer" > When asked to Select a Plan, choose Aetna Choice POS II (Open Access)	Aetna's online participating directory allows you to locate dentists in your area. Try the *Aetna Mobile App* for quick and convenient access to in-network providers.
Avaya Discount Marketplace	**https://avayaret.savings.beneplace.com**	Avaya Discount Marketplace brings you some of the best deals of the year.
Via Benefits Marketplace	**https://my.viabenefits.com/avaya** **Phone: 1-855-535-7157 (TTY: 711)** **Monday through Friday, 8:00 a.m. until 9:00 p.m. Eastern time**	

Notice of Availability: Avaya Inc. Health Reimbursement Arrangement Plan for Represented Retirees, a component of The Avaya Inc. Health and Welfare Benefits Plan for Retirees, Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION

The Avaya Inc. Health Reimbursement Arrangement Plan for Represented Retirees, a component of The Avaya Inc. Health and Welfare Benefits Plan for Retirees, (the "Plan") provides health benefits to eligible employees of Avaya Inc. (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact Avaya's Health Plan Administrator, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at: 4655 Great America Parkway, Santa Clara, CA 95054, or via e-mail at **hwplanadmin@avaya.com**.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under The Women's Health and Cancer Rights Act ("WHCRA") of 1998. If you (or a covered dependent) are receiving mastectomy-related services, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses, and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Company Medical Plan.

Notice of Non-Creditable Coverage – Prescription Drug Coverage and Medicare

If this Non-Creditable Coverage notice has been delivered to you by electronic means, you have the right to receive a written notice and may request a copy of this notice on a written paper document at no charge by contacting the person listed below. Also, if you are the participant under Avaya Inc.'s group health plan, you are responsible for providing a copy of this notice to each of your Medicare Part D eligible dependents covered under the plan.

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Avaya Inc. (Avaya) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan when you become eligible for such coverage. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Legal Reminders

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Avaya has determined that the prescription drug coverage offered by the Avaya Medical Plans* for retirees is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than when you had prescription drug coverage from the Avaya Medical Plans*. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from the Avaya Medical Plans* until you are eligible for Medicare. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When Can You Join A Medicare Drug Plan?

When you become eligible for Medicare, you will be ineligible to participate in the Avaya Medical Plans*. You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

When your current coverage with Avaya ends on account of you becoming eligible for Medicare, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Avaya Medical Plans*.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under the Avaya Medical Plans* is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

Your current Avaya coverage will generally end when you become Medicare eligible. Details on the level of benefits can be found in the Summary Plan Description for the Avaya Medical Plans* which is available online at **www.avaya.com/benefitanswers**.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Call the Avaya Health & Benefits Decision Center at **1-800-526-8056** for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Avaya changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 1, 2022

Name of Entity/Sender: Avaya Inc.
Contact: Avaya HR Benefits
Address: 350 Mount Kemble Avenue Morristown, NJ 07960
Phone Number: 1-800-526-8056

*The "Avaya Medical Plans" are comprised of the Avaya Inc. Retiree Health Reimbursement Arrangement Plan (a component of the Avaya Inc. Health and Welfare Benefits Plan for Salaried Retirees) and the Avaya Inc. Retiree Health Reimbursement Arrangement Plan for Represented Retirees (a component of the Avaya Inc. Health and Welfare Benefits Plan for Retirees).

General Notice of COBRA Continuation Coverage Rights

Introduction

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage in most cases.

Legal Reminders

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to an Avaya Participating Company, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: HealthEquity at 1-800-526-2720.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. You must contact HealthEquity at 1-800-526-2720 within 60 days of the determination of your disability by the Social Security Administration and within the initial 18-month continuation coverage period. This notice should be in writing and should include a copy of the Social Security Administration's disability determination. If HealthEquity determines that you or your Covered Dependents are not eligible for an extension of the COBRA continuation period, you will be provided a written explanation of why extended COBRA continuation coverage is not available.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov.**

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

-The month after your employment ends; or

-The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

Legal Reminders

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov.**

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Avaya Inc.
Health and Welfare Plan Administrator
350 Mount Kemble Avenue
Morristown, NJ 07960
Phone: 1-908-953-2385
E-mail: **hwplanadmin@avaya.com**

The Plan Administrator is responsible for administering COBRA continuation coverage.

Important Contacts

Print this contact list and post it at your work or home

If your BENEFIT question relates to...	and this Provider...	call this number...	or log on to this website...
Dental	Aetna PPO or DMO	1-877-508-6927 M–F, 8 AM - 6 PM ET	**https://www.aetna.com**
Life Insurance	MetLife / ADP	Metlife 1-866-492-6983 M-F, 8 AM - 11 PM ET (if you retired before March 27, 2021)	**https://my.adp.com** (If you retired on or after March 27, 2021)
Pension	Pension Service Center	1-844-868-6236 M–F, 9 AM - 6 PM ET	**www.upointhr.com/avaya**
401(k)	Fidelity	1-877-208-0783 M–F, 8:30 AM - 12 AM ET (excluding NYSE holidays)	**www.401k.com**
Long Term Care Insurance (closed to new enrollments)	Genworth	1-800-416-3624 M–F, 8 AM - 8 PM ET SU, 12 PM - 9 PM ET	**www.genworth.com/groupltc** (Enter Group ID: avaya ; Code: groupltc)
	MetLife	1-800-438-6388 M–F, 8 AM - 11 PM ET	
	Prudential	1-800-732-0416 M–F, 8 AM - 8 PM ET e-mail: **ltc4me@prudential.com**	
Medicare Coverage	Via Benefits	1-855-535-7157 1-844-669-3681 (non-Medicare) M-F, 8 AM - 9 PM ET	**my.viabenefits.com/avaya**

*This Guide is a Summary of Material Modifications for the Avaya Inc. Health Reimbursement Arrangement Plan for Represented Retirees, and the Avaya Inc. Retiree Dental Expense Plan, and supplements the Summary Plan Descriptions posted on **http://www.Avaya.com/BenefitAnswers**. You should retain this document with the Summaries.*