



2020 Annual Enrollment guide

Annual Enrollment begins Nov. 4, 2019 and ends Nov. 22, 2019

For employees in the classifications below:

Active CenturyLink Non-Represented and CenturyLink Represented
(excludes active employees represented by Qwest/CWA or Qwest/IBEW 206)





Contents

What's new for 2020	4
Enrollment reminders	10
Miscellaneous reminders	15
Medical and prescription drug overview	16
Medical and prescription drug overview - Bind On-Demand	17
Dental	19
Vision	20
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)	21
Life and Accident	22
Short-Term Disability (STD)	23
Long-Term Disability (LTD)	25
Voluntary Lifestyle Benefits	26
Helpful resources	27
Legal and important required notices	29

CenturyLink is committed to green initiatives. You can help by saving this guide as a PDF instead of printing on paper. However, if you would like a paper copy of this guide you may print it, or alternatively, contact the CenturyLink Service Center (referred to hereafter as the Service Center) at **866-935-5011** or **800-729-7526**, Option 1 and then Option 1 to request for one to be mailed to you.

Note: If you leave the company before the end of the year, you should review the Benefits Resource Guide for Departing CenturyLink Employees on InSideLink or **centurylinkbenefits.com** for more information.

Welcome to Annual Enrollment

Annual Enrollment is your opportunity to review the benefits CenturyLink offers and to update you on Plan changes. Please review this guide in its entirety and carefully consider the options that are right for you and your eligible dependents.

Be sure to take the time to view:

- » Your **Personal Benefits Budget Worksheet** on InsideLink to help you plan wisely.
- » **ALEX** at centurylink.com/alex. ALEX can help you learn about Health and Welfare benefits including FSAs and HSA options. Although ALEX provides estimates and suggestions, you make the final decision on which plans you want to enroll in through the Health and Life website.

What you need to do next:

Review your enrollment options on the Health and Life website. If you don't enroll by Nov. 22, 2019, you will be automatically enrolled in the plans and coverage levels listed on the Health and Life website, with the exception of FSAs and/or an HSA. You must re-enroll in an FSA and/or an HSA each year.

Online enrollment

To make online changes or updates to your coverage:

1. Go to centurylink.com/healthandlife (if actively working) or centurylinkhealthandlife.com. We recommend using the latest versions of Chrome, Firefox, Safari and MS Edge for the best performance on the Service Center website, UPoint, during your online enrollment.
2. Click on **Make Your Annual Enrollment Elections**
3. Review your options and premiums and make your elections
4. Confirm your options, and
5. Look for the **Completed Successfully!** message listing your confirmation number.

Once you enroll or make online updates, you will receive an email from the Service Center confirming your elections at your preferred email address on file. You should keep a copy for your records. If you do not make any changes, you will not receive an email confirming your elections. Your 2019 elections will carry over, if applicable, with the exception of FSAs and/or an HSA as you must re-enroll each year.

Note: If you enroll with a Customer Care Representative, you will receive a Confirmation of Enrollment in the mail at your address on file.

If you have questions that are not answered in this guide, Summary Plan Descriptions, or Summary of Material Modifications, contact the Service Center at centurylink.com/healthandlife through one of the below options:

- » Webchat,
- » Schedule an appointment to receive a call when it is convenient for you,
- » Email, or
- » Call 866-935-5011 or 800-729-7526, Option 1 and then Option 1 before Friday, Nov. 22 at 5:30 p.m. Mountain time*

*The highest call volume is usually on the first and last day of Annual Enrollment.

You must enroll between Nov. 4 and Nov. 22. Weekends are available for online enrollment only. Customer Care Representatives are not available on weekends.

November 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

What's new for 2020

The information listed below describes what's new for 2020. This section serves as a Summary of Material Modifications (SMM), pursuant to the requirements of Section 104 of the Employee Retirement Income Security Act of 1974, as amended (ERISA). This SMM notifies you of certain changes to the CenturyLink sponsored Plans (collectively, the "Plan"). For further details, refer to your Summary Plan Descriptions (SPD's) and the Legal and Important Required Notices section of this Guide.

Please keep this SMM with your SPD for future reference. This SMM summarizes only certain provisions of the Plan. If there is any conflict between the terms of the Plan documents and this SMM, the terms of the Plan documents will govern. The company has reserved to the Plan Administrator the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan.

Service Center phone number

You can contact the Service Center for Health and Welfare benefits directly at 866-935-5011. You are still able to reach the Service Center for Health and Welfare benefits by calling 800-729-7526, Option 1 and then Option 1.

Benefit premiums

No premium increase

For the second year in a row, no increases in premiums for medical, dental, vision, life and disability. Based on the great work we've all done participating in our wellness programs, preventive screenings and being good health care consumers, we've been able to contain our costs. Keep up the good work! Consider contributing to or increasing the amount you contribute to the 401(k) retirement plan, a Health Care or Dependent Day Care Flexible Spending Account (FSA) or a Health Savings Account (HSA).

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs)

You must re-enroll each year to take advantage of a Health Care FSA, Dependent Day Care FSA, or an HSA (if enrolled in the Savings High Deductible Health Plan (HDHP)). Refer to the FSA and HSA section of this guide for further information.

Important Change: Your 2020 contribution amount will be divided by 27 pay periods; however, your confirmation of enrollment will reflect a per pay period deduction amount based on 26 pay periods due to system limitations. The difference between the pay periods does not alter the total contribution amount you elected; only your pay period deduction amount. Refer to the Payroll & Benefits Schedule on InsideLink for more information. (This impacts FSAs (Health Care and Dependent Day Care) and HSA only).

IRS limits for Annual Health Savings Account (HSA) contributions*

*To contribute to an HSA, you must be enrolled in the Savings HDHP medical option.

Employee coverage increases from \$3,500 to **\$3,550** and Employee + One or more increases from \$7,000 to **\$7,100**. The catch-up contribution for age 55 and older remains \$1,000 annually.

Note: If you elect to have your HSA (Health Account) as your 2020 Wellness Reward option, you must open an HSA through OptumBank. You can contribute as much as you would like up to the IRS maximums. It's important to note that if you elect your Well Connected rewards to be deposited into your the HSA, these amounts do count toward IRS maximums.

If you are Medicare eligible and planning to retire, you should review the "Medicare and You", the government's Medicare handbook. While each employee's situation will differ, planning and education are key. You can find this handbook on the official [medicare.gov](https://www.medicare.gov) website.

What's new for 2020 (cont.)

Medical

New medical option – Bind On-Demand

As part of your 2020 benefits package, CenturyLink offers you a new plan option called Bind On-Demand. Bind On-Demand is made simple—designed to give you more control of your cost and coverage.

Cost clarity

The Bind On-Demand plan option has a \$0 deductible and straightforward menu-based costs across treatment categories: emergency care, maternity, prescription drugs, preventive, primary care, virtual visit, etc. Like other useful services of our daily lives, the user-friendly Bind On-Demand Mobile App and web experience can provide you with instant answers on what's covered and what things cost, so you can know before you step foot in a doctor's office.

Coverage flexibility

With Bind On-Demand, you have the flexibility to purchase add-in coverage for a small set of procedures you can plan for, like foot bone fusion or knee replacement. Less than 5% of people obtain these services during the year, so Bind On-Demand lets you keep your paycheck deductions lower without coverage you likely won't need, along with the ability to add-in coverage on a post-tax contribution basis if and when you elect to obtain one of these specific procedures.

Helpful support

With Bind On-Demand, you have access to one of the largest in-network doctors, clinics and hospitals. You also have access to a supportive Help Team and online tools that provide instant answers to coverage questions, cost and treatment comparisons, help finding the doctors and clinics you need and answers to any plan questions you may have. Call Bind On-Demand at 833-576-6519.

Learn more about Bind On-Demand

Visit centurylink.com/choosebind (Access Code: **CTL2020**), to explore costs, coverage and providers. Visit InsideLink and ALEX to learn more about Bind On-Demand and how it compares to other plan option offerings. You can also find dates and times for Bind On-Demand information sessions (webcasts and in-person meetings for select locations).

Note: If you are considering this medical plan option, you are advised to read all of the materials available and to ensure you understand what is not covered and how this plan works.

2nd.MD – second opinions expanded to all conditions

(available to employees and their spouse/domestic enrolled in UnitedHealthcare or Bind On-Demand)

We have expanded 2nd.MD's benefit from spine- and joint-only benefits to all conditions! 2nd.MD can connect you and your eligible dependents with board-certified, experienced doctors for free with your UnitedHealthcare or Bind On-Demand medical plan. Get informed advice regarding chronic conditions, medications, new or existing diagnosis, surgery or a treatment plan.

2nd.MD experts are industry leaders across hundreds of thousands of subspecialties and thousands of conditions, such as ankle surgery, cancer, digestive problems, heart disease, hip, immunological disorders (rheumatoid arthritis, type 1 diabetes), infertility, knee, mental health issues, stroke and more.

Back-to-Basics Program – no cost coverage

(for those enrolled in UnitedHealthcare)

You are eligible for three (3) visits for lower back pain with an in-network physical therapist or chiropractor at no cost to you. Visit myuhc.com or call UnitedHealthcare at the number on the back of your medical ID card to find an in-network provider near you.

What's new for 2020 (cont.)

In- and out-of-network providers (for those enrolled in UnitedHealthcare)

You will now have a separate deductible and out-of-pocket maximum when using either an In-Network or Out-of-Network provider, it will no longer be a combined amount. For example, if your dermatologist is out-of-network, the amount you're responsible for will only apply to your out-of-network deductible and out-of-pocket maximum. This amount **will not** apply to your in-network deductible and in-network out-of-pocket limits.

Out-of-network coinsurance (for those enrolled in UnitedHealthcare)

The coinsurance for ALL out-of-network reimbursement is changing from 60% (you pay 40%) to 50% (you pay 50%). You will pay more when you use an out-of-network provider.

Out-of-network providers set their own rates and may bill you for the difference between their rates and what the Plan pays based on eligible rates. This is called above "reasonable and customary charges", ("R&C"). **If you receive a bill for this difference, you are responsible for the cost and it will not apply to your out-of-pocket limit.**

Out-of-network outpatient surgery (for those enrolled in UnitedHealthcare)

Out-of-network outpatient surgery **is not** covered by the Plan. You will be responsible for all associated costs. Before getting care with any of your existing providers or new providers, make sure they are in-network by contacting the provider before your visit. This includes any ambulance transfer services, doctors, hospitals, lab facilities, and outpatient services such as pain injections. Before you get care, use the cost estimator tool at **myuhc.com** or the UnitedHealthcare mobile app to estimate costs on more than 500 services and procedures.

Note: If a provider says they'll accept your insurance plan, this doesn't always mean they're in-network. To get the most out of your plan coverage (and pay less), make sure to ask the provider ahead of time, "Are you in-network with UnitedHealthcare?"

Need help finding an in-network provider?

- » Visit **myuhc.com** and click "Find a Doctor".
- » Download the free UnitedHealthcare mobile app.
- » Call UnitedHealthcare at the number of the back of your medical ID card Monday through Friday, 8 a.m. to 8 p.m. in your time zone.

Emergency room — non-emergency (for those enrolled in UnitedHealthcare)

1. When you use the Emergency Room for non-life-threatening services you will pay more for the visit. If your visit is deemed non-emergent (non-life threatening), the coinsurance plan will only pay 50% of the cost after the annual deductible is met. You will be responsible for meeting your annual deductible and the remaining 50%. This includes both in-network and out-of-network providers.

Here are some examples of when to go to the emergency room: chest pain, difficulty breathing, heavy bleeding, large open wounds, major broken bones, major burns, severe head injury, spinal injuries, sudden change in vision or sudden weakness or trouble talking.

Here are some examples of services that are generally deemed not to be a true emergency: ear infection, minor infections, rashes, small cuts, sore throat, sprains or strains.

2. A \$300 penalty will be charged on your fourth and any subsequent ER visits within the calendar year for each covered family member. The \$300 penalty will not apply towards your annual deductible or out-of-pocket maximums and will not apply if you are admitted to the hospital. The penalty will only apply to participants over the age of 18 and doesn't apply to children under the age of 18. And, the penalty will not apply if the participant is admitted to the hospital.

Note: This penalty resets every calendar year. The penalty will be waived if you contact UHC at the number on the back of your medical ID card within seven days from the ER visit.

What's new for 2020 (cont.)

Virtual Telehealth (for those enrolled in UnitedHealthcare)

UnitedHealthcare members can now take advantage of a Virtual Visit experience using **myuhc.com** or the UnitedHealthcare app. With Virtual Visits, employees and covered family members can see and speak to a doctor anywhere, anytime on a mobile device or computer. No appointment is necessary — and a Virtual Visit usually takes less than 20 minutes. Doctors are able to diagnose a wide range of nonemergency medical conditions and prescribe medications. If needed, a prescription can be sent to your local pharmacy. Virtual Visits are covered subject to deductible and coinsurance and follows standard medical plan rules. You pay full cost of Virtual Visit until deductible is met. Each Virtual Visit cost is generally less than \$50. Once deductible is met, you pay your coinsurance. Once out-of-pocket limit is met, you pay \$0. The UHC Virtual Visits provider groups are aligned with American Medical Association (AMA) and Federation of State Medical Boards (FSMB) guidelines. Contracted provider groups are currently operating in all 50 states and the District of Columbia and include AmWell, Doctors on Demand and Teladoc.

Newborn deductible (for those enrolled in UnitedHealthcare)

If you are expecting a new baby, the Annual Medical Deductible will now apply to all newborn claims regardless if the length of stay in the hospital is the same as the mother's length of stay. Both the baby and the mother will have a separate deductible for all charges. As a reminder, dependent delivery charges are not covered except where required by state law. Refer to the Summary Plan Description (SPD) for more details.

2020 Medical Plan Dependent Audit

As part of CenturyLink's ongoing efforts to ensure our Health Plan meets its own eligibility requirements, we will be conducting a dependent audit to validate whether your spouse/domestic partner or common law spouse remains eligible for coverage under your medical, dental and/or vision plan benefit option.

Note: There are significant consequences for covering someone who isn't eligible such as an ex-spouse or ex-domestic partner (even if you have a court order that indicates you must have health coverage for your ex-spouse or ex-domestic partner.)

- » **Immediate termination of coverage due to ineligibility.** If your enrolled person is determined to be ineligible, they will be removed from medical, dental and/or vision coverage, as applicable. There are also tax consequences; for example, if a person was identified by an employee as a "spouse" now, but is later determined to be a "former spouse", they are not eligible for coverage under the Plan and must be removed. If the "former spouse" also has covered children (the Participant's step-children) under the Plan, the step children will also be removed from the Plan.
- » **Code of Conduct violation.** You are informed every year at Annual Enrollment, and in the Plan document and Summary Plan Descriptions that misrepresenting eligibility and enrolling an ineligible person for coverage or keeping an ineligible person on coverage is a Code of Conduct violation, that is subject to discipline up to and including termination from employment.

What should you do now? Only enroll your eligible dependents in this Annual Enrollment and confirm those already enrolled meet the Plan's definition of eligibility. If you have questions about eligibility, check the Summary Plan Description on InsideLink or contact the CenturyLink Service Center. Remove any ineligible persons. Unless the removal from coverage is coincident with a Qualified Life Event (QLE), COBRA coverage is not available and will not be offered.

What's new for 2020 (cont.)

Documents to validate eligibility. For your spouse/domestic partner or common law spouse whom you wish to maintain as enrolled in your medical, dental and/or vision plan benefit option, you will be required to provide proof of eligibility such as your 2019 Federal Tax Return listing your dependent/s (first page only), proof of joint ownership that was issued within the last 6 months, for example, mortgage statements, joint credit card statements, joint bank statements or residential leasing agreement listing both parties' names as co-owners.

Note: Watch for additional information prior to the Dependent Audit period.

Wellness

Wellness Incentive maximums for eligible employees and their spouse/domestic partner are: \$600 for Employee and \$600 for Spouse/Domestic Partner.

Behavioral support video

(available to all employees. Available to a spouse/domestic partner who is enrolled in a CenturyLink medical plan benefit option)

Rally is bringing a new video in 2020. You can watch the video to earn a \$25 Rally reward.

Financial (SmartPath Activity)

Learn to be financially well with the new SmartPath program. Personalized coaching more than doubles your odds of long-term financial success. Your dedicated coach will help you get it done and celebrate your wins along the way.

- » Get matched with a coach that fits your specific needs
- » Schedule your initial call to set clear goals and a roadmap
- » Use the mobile app to track your money and chat with your coach
- » Get it done and see results – each and every month

Visit centurylink.com/smartpath to meet your coach and earn your one time \$25 Rally reward (Your spouse/domestic partner is not eligible for the \$25 Rally reward).

Get rewarded for estimating a medical cost

(available to all employees. Available to a spouse/domestic partner who is enrolled in a CenturyLink medical plan benefit option)

With Rally, you can search for a doctor, hospital, or treatment wherever you are and get a cost estimate based on your actual health plan—so you'll know in advance what you'll pay. You can also check ratings so you can select the high-quality care that's right for you. Complete a cost estimate and receive a \$25 Rally reward.

Preventive services reward increasing from \$100 to \$150

(available to all employees. Available to a spouse/domestic partner who is enrolled in a CenturyLink medical plan benefit option)

We know the importance of preventive screenings and in 2020 employees and eligible spouses/domestic partners will earn \$150 Rally reward for each preventive screening. The screenings include cervical screening, colon screening, mammogram, and wellness, as applicable.

Safety video (available to employees only)

A new safety reward for 2020 will be available for all employees. Earn a \$25 Rally reward by watching the video Learn about Slips, Trips, and Falls.

Your Cause Platform (available to employees only)

Employees can earn \$25 Rally reward for registering for a wellness event on Your Cause (centurylink.com/yourcause). Search for events in your state by going to the Group section of Your Cause and finding your state's wellness events.

Note: Watch for additional information before the end of the year regarding these programs.

What's new for 2020 (cont.)

Employee Assistance Plan (EAP)

The EAP offered by Beacon Health Options is available to employees or persons that live in the employee's household to resolve personal problems before they negatively affect your health, relationship with others or job performance. Professional counselors will help you decide which counseling option fits your needs. As an employee, the EAP offers up to 8 free confidential Counseling Sessions per problem per year to you or anyone who lives in your household – even if you are not enrolled in a CenturyLink Health Care Plan medical option. The EAP offers FaceTo-Face, Telephonic or Online Counseling Services.

Note: An EAP counselor is unable to complete Short-Term Disability or FMLA documents.

- » **Autism Care Coach** – Autism Care Coach Services assist employees who have a family member affected by autism spectrum disorder (“ASD”). The Autism Care Coach aids in locating resources to assist them with the challenges of ASD. An appointment is made for a conference facilitated by an Autism Care Coach. The Autism Care Coach assesses challenges for both the care recipient and the caregiver, evaluates where additional support is needed, and identifies available resources, creates a detailed care plan, which includes recommendations based on the Autism Care Coach's findings. The Autism Care Coach will follow up with the employee to review the resources and answer additional questions. In addition to the initial conference, the employee has up to three (3) 60-minute additional sessions with the Autism Care Coach.
- » **Beacon Wellbeing Services** – Through a holistic approach, Beacon Wellbeing focuses on all aspects of one's wellbeing—emotional, physical, financial, community and resiliency. Beacon Wellbeing enables employees to engage in services most meaningful to them—online, by phone or in person. Employees will have the opportunity to select a Clinician and self-schedule online and phone appointments with a Counselor. Employees can call to schedule face-to-face counseling sessions in their local area.

Contact Beacon Health Options at centurylink.com/EAP or **800-803-3737**.

Vision

If you are enrolled in vision coverage, Standard Progressive Lenses will be covered in full if you see a VSP doctor or affiliate provider. If you see an open-access provider, all types of Progressive Lenses will be reimbursed up to a maximum of \$50.

Note: Premium and Custom Progressives will continue to be discounted 20%-25%, with the average out-of-pocket cost for Premium Progressives at \$95-\$105 and Custom Progressive Lenses at \$150-\$175 at a VSP doctor or affiliate provider.*

*Costco pricing applies; there are no discounts.



Enrollment reminders

Below is the flow you will experience during your online enrollment on UPoint, the Health and Life website.

Benefit Plan option	Changes that may require action	Action requirement
Dependent Eligibility	Adding a dependent to one or more of your plans.	You will need your dependents' Social Security Number and birthdates before you begin enrollment. A dependent verification packet will be mailed to you to complete and return as part of the dependent verification process. Follow the instructions as you will be required to provide information to the Service Center by the deadline in your packet.
Working Spouse/ Domestic Partner Surcharge	<p>If you cover a spouse/domestic partner who is eligible for an employer's medical plan and they waive their coverage but you elect to cover him/her on your CenturyLink medical plan option, you'll pay a \$100 surcharge per pay period. This surcharge applies unless...</p> <ul style="list-style-type: none"> » Your base pay is less than \$30,000, or; » Your base pay is less than \$100,000 and your spouse/domestic partner's employer has fewer than 50 employees. » CenturyLink medical coverage is secondary to your spouse/domestic partner's group medical plan, meaning your spouse/domestic partner enrolls in their own employer's group medical plan, and you also enroll them in your CenturyLink medical plan option. <p>For a complete list of conditions when a surcharge will apply, review the surcharge section when enrolling online or contact the Service Center.</p>	<p>If you are not sure how to answer this question, reach out to a Customer Care Representative at the Service Center for further assistance to ensure that you answer the question correctly.</p> <p>No action is required unless a change has occurred.</p> <p>If you do not make any changes, your current spouse/domestic partner enrollment election will continue, if applicable.</p>

Enrollment reminders (cont.)

Benefit Plan option	Changes that may require action	Action requirement
Tobacco-Free Discount	<p>Are you a tobacco user? Did you quit or start using tobacco products?</p> <p>CenturyLink offers a tobacco-free discount on the cost of your medical plan option premium deduction. The discount is calculated on the total cost of coverage, not the actual premium deduction. Please refer to Benefits Premiums on InsideLink for Health, Life and Disability deductions, or your online Enrollment Worksheet, EWS. You and your eligible covered dependents enrolled in your medical plan benefit option must all be tobacco-free or enrolled in a company-recognized cessation program to receive the discount.</p>	<p>CenturyLink offers the Quit for Life tobacco cessation program to employees and eligible dependent/s at no cost. You can find more information about Quit for Life on InsideLink.</p> <p>No action required unless a change has occurred, e.g., have you or a covered dependent started smoking, vaping or chewing, or are you and your covered dependents tobacco-free?</p> <p>If you do not make any changes, your current enrollment election will continue, if applicable.</p>
Well Connected Rewards	<p>Wellness reward maximums for eligible employees and their spouse/domestic partner are as follows:</p> <ul style="list-style-type: none"> » \$600 for Employee, (available to all employees) and » \$600 for Spouse/Domestic Partner (must be enrolled in a CenturyLink medical plan option) <p>Completion of the Health Survey and Biometric Screening are required to be completed before you can earn all other rewards. You will be awarded \$150 reward once both are completed.</p> <p>Choose to deposit your wellness rewards into a Health Account such as a Health Savings Account (HSA) or Health Reimbursement Account (HRA) or gift cards, as applicable.</p>	<p>Be sure to review your Well Connected Reward options on the Health and Life website by going to the “Your Benefits Summary” page in the Annual Enrollment event from the Annual Enrollment tile and select “View/Change Well Connected Rewards.” If you do not make any changes, your current enrollment election will continue, if applicable. Changes are not allowed during the year.</p> <p>Below are the “default” options based on the medical plan option you are enrolled in if you do not make updates to this election.</p> <ul style="list-style-type: none"> » Bind On-Demand — Gift Card (Only Option) » CDHP (Standard or Premium) — HRA » Savings HDHP — HSA » Hawaii Medical Services Association (HMSA) — Gift Card (Only Option) » Waive Medical Coverage — Gift Card (Only Option) <p>Note: Spouse/Domestic Partner cannot select a different option from the Employee.</p> <p>If you are enrolled in the Savings HDHP plan option and elect to have your Well Connected Rewards deposited into your HSA, you must open a Health Savings Account with OptumBank. Well Connected Reward deposits count toward IRS maximum limits.</p> <p>Note: If your HSA is with another financial institution, you need to elect Gift Card.</p>

Enrollment reminders (cont.)

Benefit Plan option	Changes that may require action	Action requirement
Health Savings Account (HSA)	<p>You have the option each Annual Enrollment to elect to participate in a Health Savings Account (HSA) when enrolled/enrolling in a HDHP medical option.</p> <p>You may choose to establish your HSA with any financial institution. For direct payroll deduction to the HSA, it must be established through OptumBank.</p> <p>\$3,550 for employee and \$7,100 for Employee + One or more. The catch-up contribution for age 55 and older remains \$1,000.</p>	<p>Action required each annual enrollment!</p> <p>If you enroll in an HSA, payroll deductions will occur each pay period and will process through Optum Bank.</p> <ul style="list-style-type: none"> » Your 2020 contribution amount will be divided by 27 pay periods; however, your Confirmation of Election will reflect a per pay period deduction amount based on 26 pay periods due to system limitations. The difference between the pay periods does not alter the total contribution amount you elected; only your pay period deduction amount. Refer to the Payroll & Benefits Schedule on InsideLink for more information. » If this is the first time you are enrolling in an HSA, you will receive a Welcome Kit from Optum Bank towards the beginning of the year.
Short-Term Disability	<p>Regular full-time employees are eligible for coverage on the first day following one year of continuous service.</p>	<p>CenturyLink provides an enrollment option for you to elect to have your benefit paid on a before- or after-tax basis. If you elect “before-tax”, your STD benefit, if applicable, would be taxed. If you elect “after-tax”, your STD benefit, if applicable, would not be taxed.</p> <p>Changes to this election can only be made during Annual Enrollment. If you do not make any changes, your current enrollment election will continue, if applicable.</p>
Long-Term Disability	<p>You are eligible for coverage after completing one year of service.</p>	<p>CenturyLink provides you with a basic LTD plan which is company-paid. No action is required as you will be automatically enrolled based on the eligibility waiting period.</p>
Supplemental LTD	<p>The Supplemental LTD option is employee-paid and provides a higher level of LTD coverage. You are eligible to elect coverage during the first Annual Enrollment after you have completed one year of service.</p>	<p>If you are eligible for Supplemental LTD for the first time and do not enroll during this Annual Enrollment period, but decide to enroll later, you will be required to complete the Statement of Health/Evidence of Insurability (EOI). See the Disability Summary Plan Description (SPD) for limitations that apply.</p>

Enrollment reminders (cont.)

Benefit Plan option	Changes that may require action	Action requirement
<p>Life Insurance</p> <ul style="list-style-type: none"> • Basic • Supplemental <ul style="list-style-type: none"> • Employee • Spouse/ Domestic Partner • Child/ren 	<p>Coverage and premium deductions may increase throughout the year in certain scenarios (for example, if you have a change in pay or change age brackets, brackets are every 5 years, i.e., 30, 35, 40, 45, etc.)). Refer to the Life Insurance SPD for further information.</p>	<p>Please confirm that you have designated beneficiaries for all your Life Insurance plans by going to centurylink.com/healthandlife. The CenturyLink Service Center is the record keeper of beneficiary designations. Refer to the Life Insurance SPD for Facility of Payment to find out what happens when no beneficiaries are on file.</p>
<p>Health Care Flexible Spending Account (FSA)</p>	<p>You have an option each Annual Enrollment to enroll in the Health Care FSA.</p> <p>\$150-\$2,700 per year. FSA limits are determined by the IRS and are subject to change for 2020.</p>	<p>Action required each annual enrollment!</p> <p>If previously enrolled, your elections do not carry over into the new year.</p> <p>Important Change: Your 2020 contribution amount will be divided by 27 pay periods; however, your confirmation of enrollment will reflect a per pay period deduction amount based on 26 pay periods due to system limitations. The difference between the pay periods does not alter the total contribution amount you elect; only your pay period deduction amount. Refer to the Payroll & Benefits Schedule on InsideLink for more information.</p>



Enrollment reminders (cont.)

Benefit Plan option	Changes that may require action	Action requirement
Dependent Day Care FSA	<p>You have an option each Annual Enrollment to enroll in the Dependent Day Care FSA.</p> <p>\$150-\$5,000 per year. FSA limits are determined by the IRS and are subject to change for 2020.</p>	<p>Action required each annual enrollment!</p> <p>If previously enrolled your elections do not carry over into the new year.</p> <p>Important Change: Your 2020 contribution amount will be divided by 27 pay periods; however, your confirmation of enrollment will reflect a per pay period deduction amount based on 26 pay periods due to system limitations. The difference between the pay periods does not alter the total contribution amount you elected; only your pay period deduction amount. Refer to the Payroll & Benefits Schedule on InsideLink for more information.</p>
Survivor Benefit	<p>The CenturyLink Survivor Benefit Plan will pay your surviving spouse/ domestic partner or eligible dependent children six months of your base salary in the unlikely event of your death as an active employee. If you cover family members in the CenturyLink Health Care Plan and aren't eligible for retiree health coverage at the time of your death, your family members can keep their health coverage for up to six months at no cost.</p>	<p>Action recommended!</p> <p>Enter your designee information through the enrollment process or by calling the Service Center. This is subject to verification and may be different than beneficiaries you have listed for other benefits.</p>
Voluntary Lifestyle Benefits	<p>Refer to the Voluntary Lifestyle Benefits section of this guide for further information.</p>	<p>Visit centurylink.com/voluntarylifestylebenefits to learn about voluntary lifestyle benefits.</p>

See the following page for a few additional reminders.

Miscellaneous reminders

Benefit Plan Option	Changes that may require action	Action Requirement
Medical Premiums	<p>The amount you pay for your medical coverage is dependant on your base pay, medical plan elected, coverage level and tobacco use, see Tobacco-Free Discount on page 11. If your salary increases or decreases during the year, you may see your medical premiums increase or decrease.</p> <p>Pay period 1 includes 2019 health and welfare premium and 2020 FSA and HSA deductions. Pay period 2 includes 2020 health and welfare premium deductions as well as 2020 FSAs and/or HSA deductions. Health care and welfare deductions will continue to process over 26 pay periods.</p>	<p>Refer to the Benefits and Payroll schedule on InsideLink, or the Health and Life website.</p> <p>Any questions related to benefit premiums should be directed to the Service Center. Please do not contact the CenturyLink Payroll department or ask HRconnect, as they will be unable to assist you with benefit premium questions.</p> <p>Be sure to verify your payroll deductions are correct because there is a June deadline to dispute any deductions you believe to be inaccurate. Refer to the General SPD for further information.</p>
Pharmacy	<p>The Prescription Drug List (PDL) is updated in January and July of each year.</p>	<p>For Bind On-Demand: Visit centurylink.com/choosebind to check your pharmacy coverage, estimate costs or obtain further information. Visit mybind.com starting Jan. 1, 2020 if you enroll in the Bind On-Demand Plan.</p> <p>For UnitedHealthcare Plan Options: To reduce costs and make filling medications more convenient, maintenance medications for conditions such as diabetes, cholesterol and high blood pressure must be filled by mail order. You can fill your prescription up to a maximum of 2 times at a retail pharmacy. After that, it will not be covered, and you will pay the full retail price. Note: You cannot opt-out of the prescription drug benefit, including mail order.</p> <p>If you are already enrolled in a UHC medical plan option, you can refer to the pricing tool on myuhc.com to obtain pricing for your prescriptions. Once logged into the site, the pricing tool is available under Prescriptions and Coverage.</p> <p>If you are a new UHC member and would like an estimate of your prescription costs, visit OptumRx.</p>
ZIP Code	<p>Networks are determined by ZIP code area, and those ZIP codes are reviewed each Annual Enrollment as providers come in- and out-of-network.</p>	<p>Be sure to review the medical benefit option available to you as options may change (based on your address on file).</p>

Medical and prescription drug overview

Prescription drug expenses are paid the same as any other medical expense. You will be responsible for the cost of the prescription drugs until you have met or satisfied the deductible under the Standard or Premium CDHP or the Savings HDHP. Any maintenance prescription, after two (2) retail fills, will require future fills through the mail order program through OptumRx. There is only one prescription drug plan, OptumRx, available for enrollment in the Savings HDHP, Standard CDHP or Premium CDHP. "Charges above the allowable amounts not included" refers to reasonable and customary (R&C) charges. Refer to the Summary Plan Description for information on what's not covered or excluded. This chart is only a snapshot summary of your benefits. For specific details on how services are covered or excluded, please contact UnitedHealthcare at the number on the back of your ID card.

Savings HDHP		Standard CDHP		Premium CDHP	
With Employee-Funded HSA (maximum contribution): \$3,550 Employee \$7,100 Employee + One or more enrolled Note: If you are 55 or older, you can contribute an extra \$1,000 "catch-up" contribution.		With Company-Funded HRA Contribution: \$500 Employee \$750 Employee + Spouse/Domestic partner \$750 Employee + Children \$1,000 Family		With Company-Funded HRA Contribution: \$1,000 Employee \$1,500 Employee + Spouse/Domestic partner \$1,500 Employee + Children \$2,000 Family	
You Pay		You Pay		You Pay	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)					
Employee		Employee		Employee	
\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
		Employee + Spouse/Domestic Partner		Employee + Spouse/Domestic Partner	
		\$2,250	\$4,500	\$2,250	\$4,500
Employee + One or more enrolled		Employee + Children		Employee + Children	
\$3,000	\$6,000	\$2,250	\$4,500	\$2,250	\$4,500
		Family		Family	
		\$3,000	\$6,000	\$3,000	\$6,000
Annual Out-of-Pocket Maximum (The Out-of-Pocket Maximums are separate for In-Network and Out-of-Network providers and are not combined)					
Employee		Employee		Employee	
\$3,600	\$7,200	\$3,600	\$7,200	\$3,200	\$6,400
		Employee + Spouse/Domestic Partner		Employee + Spouse/Domestic Partner	
		\$5,400	\$10,800	\$4,800	\$9,600
Employee + One or more enrolled		Employee + Children		Employee + Children	
\$6,850	\$14,400 (charges above allowable amount not included)	\$5,400	\$10,800	\$4,800	\$9,600
		Family		Family	
		\$6,850	\$14,400 (charges above allowable amount not included)	\$6,400	\$12,800 (charges above allowable amount not included)
Plan Pays (After Deductible)		Plan Pays (After Deductible)		Plan Pays (After Deductible)	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care: (No Deductible)					
100%	Not Covered	100%	Not Covered	100%	Not Covered
Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care					
80%	50% of allowable amount	80%	50% of allowable amount	80%	50% of allowable amount

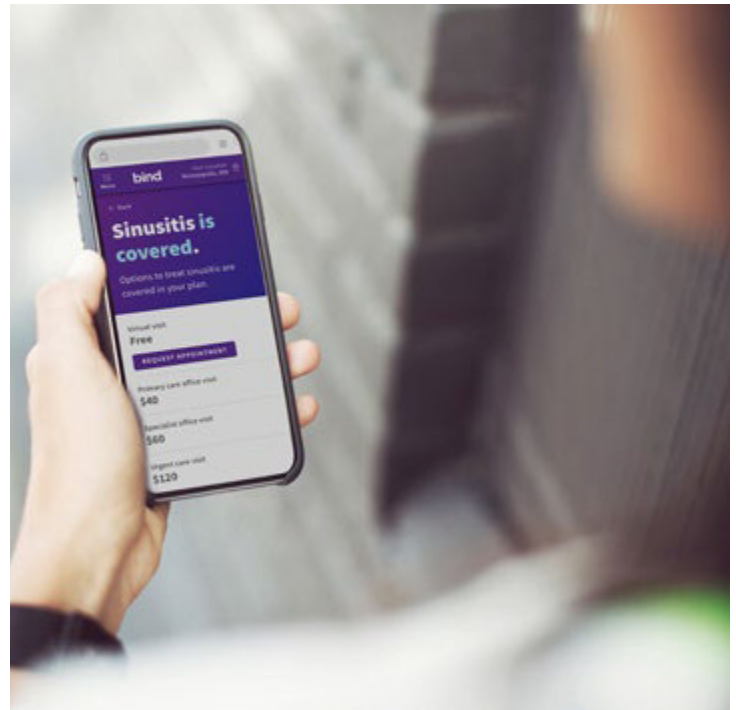
Administrator: UnitedHealthcare, **Group number:** 192086, **Phone number:** 800-842-1219

Medical and prescription drug overview - Bind On-Demand

The Bind On-Demand plan option has a \$0 deductible and straightforward menu-based costs across treatment categories: emergency care, maternity, prescription drugs, preventive, primary care, virtual visits, etc. Bind On-Demand allows you to pay for what you need—not what you don’t—and to adjust your coverage when those needs change. With Bind On-Demand, you have access to one of the largest networks of doctors, clinics and hospitals, which is the same as the UnitedHealthcare Choice Plus Network.

Common Medical and Pharmacy Costs with Bind On-Demand This is the amount you pay, out-of-pocket, directly to the in-network* provider for covered health care services.

Note: Out-of-Network coverage is available. Visit centurylink.com/choosebind or contact the Bind On-Demand Help Team at **833-576-6519** for additional information related to out-of-network coverage.



In-Network Benefits

Preventive care	Free
Virtual visit	Free
Basic imaging (bloodwork, x-rays)	Free
Office visits (primary care or specialist)	\$10-\$70*
Mental health visit	\$35
Urgent care	\$125
Emergency room	\$300
Complex imaging (CT/PET scans/MRI)	\$150-\$575*
Outpatient hospital/ambulatory surgery center	\$750
Maternity/delivery	\$400-\$1,100*
Cancer	\$10-\$70* office visits \$750 outpatient hospital \$1,100 inpatient stay
Inpatient hospital	\$1,100
Prescriptions (30-day supply)	
» Tier 1	\$10
» Tier 2	\$60
» Tier 3	\$90
Out-of-pocket maximum	\$5,000 per person \$10,000 per family

*Visit centurylink.com/choosebind (Access Code: CTL2020) for out-of-network coverage options, 90 day prescription supply prices and costs. The full range of costs may not be available in all areas or for all services. After you are enrolled in the Bind On-Demand plan, visit mybind.com or download the myBind app on your mobile device.

Prefer the phone? Call the Bind On-Demand Help Team at **833-576-6519**, M-F 6:00 a.m.-9:00 p.m. CST.

Group number: 78800186

Medical and prescription drug overview - Bind On-Demand (cont.)

Bind On-Demand Plan

With Bind On-Demand, you have the flexibility to purchase Add-in coverage for a set of procedures you can plan for. Generally, these procedures are needed infrequently by most people during the year, and the premise of the Bind On-Demand plan design is that you keep more of your paycheck without carrying coverage for things you won't use. But, if you do end up needing this coverage*, you can still Add-in coverage for these specific procedures during the year if and when you do. It's simple—keep the coverage out unless you need it. Add it in when you do.

*If you need any of these procedures due to an emergency, you do not need to purchase additional coverage. If you need any of these procedures on a non-emergency basis, the amount you pay to the in-network facility for the procedure will count toward your out-of-pocket maximum. Add-in coverage must be purchased three days prior to the procedure. The additional premium you pay is on an after-tax basis.

What does this coverage cost? You would pay \$0-\$2,500* directly to the in-network facility for the procedure, plus \$50-\$200* per paycheck (after-tax) for 13-26 paychecks*.

- » Adenoidectomy
- » Ankle arthroscopy and ligament repair
- » Ankle and foot bone fusion
- » Back surgery, cervical spine disc decompression
- » Back surgery, cervical spine fusion
- » Back surgery, lumbar spine disc decompression
- » Back surgery, lumbar spine fusion
- » Bariatric surgery
- » Breast reduction surgery
- » Bunionectomy and hammertoe surgery
- » Carotid endarterectomy and stents
- » Carpal tunnel surgery
- » Coronary artery bypass graft surgery
- » Coronary catheterization and percutaneous coronary interventions
- » Ear tubes
- » Ganglion cyst surgery
- » Hernia repair
- » Hip arthroscopy
- » Hip replacement, repair and revision
- » Hysterectomy
- » Hysteroscopy and endometrial ablation
- » Knee arthroscopy and repair
- » Knee replacement and revision
- » Morton's Neuroma surgery
- » Plantar fasciitis surgery
- » Reflux and hiatal hernia surgery
- » Shoulder arthroscopy and repair
- » Shoulder replacement and revision
- » Sinus and nasal septum surgery
- » Sling surgery for female urinary incontinence
- » Tonsillectomy
- » Upper GI endoscopy

* Visit centurylink.com/choosebind (Access Code: CTL2020) for out-of-network coverage options, 90 day prescription supply prices and costs for other covered. After you are enrolled in the Bind On-Demand plan, visit mybind.com or download the myBind app on your mobile device. The full range of costs may not be available in all areas or for all services.

Prefer the phone? Call the Bind On-Demand Help Team at **833-576-6519**, M-F 6:00 a.m.-9:00 p.m. CST.

Group number: 78800186

Note: If you elect the Bind On-Demand option for 2020 and were in enrolled in the one of the CDHP plans in 2019, any remaining CDHP Health Reimbursement Account (HRA) funds from the prior year will become available to you after 90 days, on April 15, 2020. The 90 days allow enough time for prior year claims to process.

Do not use your Health Care Savings Card for the roll-over amount, download a claim form from mybind.com to submit a claim manually or, you may also submit electronically through myuhc.com.

Dental

You can choose between two dental plan options; a Basic Option and an Enhanced Option or, you have the option to waive this coverage. These plan options differ in terms of the amount of the annual benefit maximum, annual deductibles, orthodontia coverage, coverage levels and your share of the cost of coverage. Both of the CenturyLink Dental Plan options are administered by MetLife.

Basic option	Enhanced option (includes orthodontia)
Passive PPO In and Out-of Network Note: Out-of Network benefits are subject to reasonable and customary charges.	
Annual Benefit Maximum (per person)	
\$1,000 (does not include oral surgery)	\$2,000 (does not include oral surgery or orthodontia)
Orthodontia Lifetime Benefit Maximum	
N/A	\$1,500 (separate from annual individual benefit maximum)
You Pay	You Pay
Annual Deductible (per person)	
\$25 for general care and major and restorative; no deductible for diagnostic, preventive or oral surgery	\$50 for general care and major and restorative (does not include orthodontia); no deductible for diagnostic, preventive or oral surgery
Lifetime Orthodontia Deductible (per person)	
N/A	\$50
Plan Pays (after deductible)	Plan Pays (after deductible)
Diagnostic and Preventive (cleanings and exams) — No deductible	
100%* up to maximum allowable amount; two visits per year	100%* up to maximum allowable amount; two visits per year
X-rays	
Full mouth X-rays covered once every 60 months; bitewing X-rays covered once per year, except for dependent children under age 26. Children are eligible for bitewing X-rays twice per year.	Full mouth X-rays covered once every 60 months; bitewing X-rays covered once per year, except for dependent children under age 26. Children are eligible for bitewing X-rays twice per year.
General Care (fillings, root canals and periodontics)	
50%* up to maximum allowable amount	80%* up to maximum allowable amount
Major and Restorative (crowns, dentures and bridges)	
50%* up to maximum allowable amount	50%* up to maximum allowable amount
Oral Surgery — No deductible	
80%* no limit	80%* no limit
Orthodontia (adult and children)	
Not covered	50%* up to the maximum allowable amount after the \$50 lifetime orthodontia deductible (separate from annual deductible)

Administrator: MetLife, **Group number:** 148069, **Phone number:** 866-832-5756

*Up to the plan maximum allowable amount. Subject to MetLife Preferred Dental Provider pre-negotiated fees or reasonable and customary charges if you see an out-of-network provider.

Vision

The CenturyLink vision care benefit option is administered by the Vision Service Plan (VSP) Network. You also have the option to waive this coverage.

VSP Doctor and Affiliate Providers	Open Access Provider (Out-of-Network)
Eye Exams (once every plan year)	
Plan pays 100% after \$10 copayment	VSP reimburses you (after \$10 copayment) up to a maximum of \$45
Lenses (once every plan year)	
<p>Plan pays 100% after \$25 copayment. The \$25 material copayment is charged only once when lenses and frames are purchased at the same visit</p> <ul style="list-style-type: none"> » Single Vision: Covered in full » Lined Bifocals: Covered in full » Lined Trifocals: Covered in full » Lenticular: Covered in full (Includes polycarbonate lenses for children under the age of 26) » Tints/photochromic lenses: Covered in full » Standard Progressive Lenses: Covered in full 	<p>VSP reimburses you (after \$25 copayment) up to the following maximums:</p> <ul style="list-style-type: none"> » Single Vision: \$30 » Lined Bifocals: \$50 » Lined Trifocals: \$65 » Lenticular: \$100 (Does not include polycarbonate lenses for children) » Tints/photochromic lenses: \$5 » Progressive Lenses: \$50
Frames (one pair every plan year)	
<p>Plan pays 100% of VSP allowable amount up to \$160 after \$25 copayment; you will receive a 20% discount on the charges over the VSP allowable amount. Note: The \$25 material copayment is charged only once when lenses and frames are purchased at the same visit. The frame allowance at Costco is up to \$90; however, you must be a Costco member to purchase glasses.</p>	VSP reimburses you up to a maximum of \$70 after \$25 copayment
Contacts (contact lenses may be purchased once every plan year instead of eyeglass frames and lenses)	
Plan pays 100% for routine eye exam after \$10 copayment plus up to \$150 for contact lenses; contact lens fitting and evaluation exam is discounted by 15% and then covered in full after \$40 maximum copayment.	VSP reimburses you up to \$105 for contact lens exam (fitting and evaluation) and contacts
Laser Eye Surgery is not covered, but VSP offers a discounted price. Contact VSP for details	

Administrator: Vision Service Plan (VSP); **Group number:** 30016605; **Phone number:** 800-877-7195

You will not receive an ID card from VSP for your vision plan coverage. When you and/or your covered dependents have an office visit, tell the office staff that you are covered under VSP through CenturyLink.

Note: Coverage with a retail chain affiliate may be different, depending on which affiliate you choose. Visit vsp.com or call VSP at 800-877-7195 for additional information.

Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)

To participate in FSAs or an HSA, you must make an active election each year. Your FSA and/or HSA election will not carry over from one year to the next. HSA and FSA contributions are fully funded by employees and your contributions are pre-tax, meaning, free from federal taxes.

Traditional Health Care FSA	Limited Purpose Health Care FSA (for HDHP Medical Plan)	Health Savings Account (HSA) (for HDHP Medical Plan)	Dependent Day Care FSA (for child day care services)
How much can you contribute?			
\$150–\$2,700 per year Note: FSA limits are determined by the IRS and subject to change for 2020.	\$150–\$2,700 per year Note: FSA limits are determined by the IRS and subject to change for 2020.	\$3,550 Employee-only \$7,100 Employee + one or more Note: If you are age 55 or older, you can contribute an extra \$1,000 “catch-up” contribution annually.	\$150–\$5,000 per year Note: The maximum for highly compensated employees is \$2,000; if you are married and filing taxes separately, the maximum is \$2,500.
What types of expenses can you use it for?			
A range of eligible out-of-pocket health care expenses not covered by a medical, prescription drug, dental or vision care plan can be used for any eligible dependent, even those not covered by a CenturyLink health care plan option.	Only eligible out-of-pocket dental and vision care expenses, including deductibles, copayments and coinsurance not covered by other plans. Medical and prescription drug expenses are not eligible for reimbursement.	Qualified medical, prescription, over-the-counter drugs (with a prescription), dental and vision care expenses.	Eligible out-of-pocket day care expenses for eligible dependents so you (and your spouse, if married) can work or attend school full-time.
How does it work?			
The annual amount you elect to contribute is available for you to use on Jan. 1, 2020.	<ul style="list-style-type: none"> » You can open an HSA with Optum Bank (through payroll deductions), a bank of your choice, or an insurance company or other IRS-approved trustee. » HSA money is available as dollars are deducted from your paycheck and loaded to Optum Bank’s system. » There are no federal taxes on contributions, interest earned or expenses paid from the HSA (except for Alabama, California and New Jersey) 		FSA money is available as dollars are deducted from your paycheck and loaded to UnitedHealthcare’s system..



Reminder: Pay period 1 includes 2019 health and welfare premium deductions and 2020 FSA and HSA deductions. Pay period 2 includes 2020 health and welfare premium deductions, as well as 2020 FSAs and/or HSA deductions, if any.

Note: 2020 FSA funds can be used for eligible expenses incurred from Jan. 1, 2020 to March 15, 2021. You have until April 30, 2021 to file claims, or remaining funds are forfeited. The Internal Revenue Service (IRS) does not allow expenses incurred by domestic partners or their dependents to be reimbursed through an FSA unless you claim your domestic partner’s dependents on your income tax return.

Keep your Health Care Spending Card (HCSC) from 2019, as 2020 elections will be added to your existing card. If your HCSC has expired, you will automatically be mailed a new one.

Life and Accident

Automatic and Company-Paid Plan Benefits

Employee Basic Life Insurance	1x eligible pay (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit. If your Employee Basic Life Insurance is more than \$50,000, the IRS requires you pay taxes on imputed income, which is the cost of company-provided Employee Basic Life Insurance over \$50,000. To avoid paying taxes on imputed income, you have the option to choose a flat \$50,000 in coverage. If you are in this category, you will see the flat \$50,000 as an option when you go online to enroll, as well as your 1x Base Pay + Short-Term Incentive option. You have the option to change your Basic Life Insurance coverage amount to a flat \$50,000 and, therefore, you would not be subject to imputed income. Note: When you turn age 70, your Basic Life Insurance coverage will be reduced by 50%. If you enroll in the flat \$50,000 coverage or choose to enroll in this coverage before turning age 70, there will be no reduction and you will keep the same coverage amount (\$50,000).
Employee Basic Accidental Death & Dismemberment Insurance (AD&D)	1x eligible pay (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit.
Business Travel Accident	3x eligible pay (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$500,000 maximum benefit.

You Pay the Cost

Employee Supplemental Life Insurance (Statement of Health/EOI may be required*)	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x Base Pay rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit.
Employee Supplemental Accidental Death & Dismemberment Insurance (AD&D)	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x eligible (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum.
Spouse/Domestic Partner Supplemental Life Insurance (Statement of Health/EOI may be required*)	\$5,000, \$10,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$200,000 (cannot elect more than 100% of Employee Basic Life + Employee Supplemental Life coverage).
Child Supplemental Life Insurance	Each child: \$3,000, \$5,000, \$10,000 or \$20,000 (cannot elect more than 100% of Employee Basic Life + Employee Supplemental Life coverage).
Spouse/Domestic Partner Supplemental Accidental Death & Dismemberment Insurance (AD&D)	50% of Employee Supplemental AD&D Coverage up to \$750,000 maximum benefit.
Child Supplemental Accidental Death & Dismemberment Insurance (AD&D)	25% of Employee Supplemental AD&D Coverage up to \$100,000 maximum benefit.

Reminders:

- » Please confirm that you have current and up-to-date beneficiaries for all of your Life Insurance plan options by going to centurylink.com/healthandlife or centurylinkhealthandlife.com. The Service Center is the record keeper of beneficiary designations. Refer to the SPD for specific beneficiary information, including how benefits are paid if no beneficiary is living on the date of your death or if you have not elected a beneficiary.
- » Coverage and benefit premium deductions may increase or decrease throughout the year in certain situations (for example, if you have a change in pay or change age brackets; age brackets are every 5 years, i.e., 30, 35, 40, 45, etc.). Refer to the Life Insurance SPD for further information.
- » If both you and your spouse/domestic partner are employed by CenturyLink, or on long-term disability, or there is a parent/child relationship, you cannot be covered for Supplemental Life Insurance as an employee, long-term disability participant and a dependent on each other's benefit coverage. If both you and your spouse/domestic partner are employed by CenturyLink and one of you is not enrolled in the Employee Supplemental Life plan, you may enroll under the Dependent Spouse/Domestic Partner Supplemental Life plan of the other Spouse/Domestic Partner. You cannot be covered for both Employee Supplemental Life and Dependent Supplemental Life. Also, you cannot both purchase Child Supplemental Life and AD&D Insurance coverage for the same dependent children. You must decide which parent will cover the children.

Short-Term Disability (STD)

A brief overview of your STD benefits.

CenturyLink Represented	CenturyLink Non-Represented and Qwest Represented Outside Sales Representatives
Eligibility	
You must have one year of service to be eligible for this benefit.	You must have one year of service to be eligible for this benefit.
Benefit Election Options	
<p>For those employees listed below, refer to the Non-Represented and Qwest Represented Outside Sales Representatives Benefit Election Options columns to the right.</p> <p>New hires, rehires and transfers on or after Jan. 1, 2020 in the following unions:</p> <ul style="list-style-type: none"> » CWA: 1101, 2204, 3176A, 3680, 3680A, 3681, 3682, 3685, 6372, 6372A » IBEW: 199N, 688, 1106, 1181, 1912 <p>For all other employees not listed above, refer to your contract for further information.</p>	<p>You may elect to have STD paid on a before-tax basis, which means if STD benefits are paid, it would be paid subject to tax. Or, you may elect to have STD paid on an after-tax basis, which means your STD benefits are not subject to tax. If you do not make any changes, your current enrollment election will continue, if applicable.</p> <p>No changes can be made until the next Annual Enrollment period.</p>
Maximum Benefit Period (Duration of Benefits)	
Generally 182 days (6 months; see your collective bargaining agreement)	182 days (6 months)
Benefit Amount	
Tier level ranges from 100% to 50% based on years of service. See your collective bargaining agreement for further information.	<p>70% of your base pay</p> <p>If you choose to elect the after-tax option, your STD benefit amount is not taxed if/when the benefit is paid. You are not eligible to supplement your STD with accrued Paid Time Off (PTO) or Flexible Time Off (FTO). Imputed income* is added to your taxable pay so that you will not have to pay taxes on benefits you receive from the Plan.</p> <ul style="list-style-type: none"> » When electing the after-tax option, your Confirmation of Enrollment (COE) will show two lines under Short Term Disability: Pay Period Price and Pay Period STD Credit. » Although these amounts offset, it is based on excluding imputed income as part of your Total Pay Period Cost (at the bottom of your COE). The Pay Period Price will appear as imputed income on your paycheck. <p>If you choose to elect the before-tax option, your STD benefit amount is taxed if/when the benefit is paid. You are eligible to supplement your STD with accrued PTO or FTO only if you elect the before-tax option. When selecting the STD (before-tax) option, there will not be a line item on your paycheck as the cost and credit amount offsets.</p>

Short-Term Disability (STD) (cont.)

CenturyLink Represented	CenturyLink Non-Represented and Qwest Represented Outside Sales Representatives
<p>For those employees listed below, refer to the CTL Non-Represented and Qwest Represented Outside Sales Representatives Benefit Amount column to the right.</p> <p>New hires, rehires and transfers on or after Jan. 1, 2020 in the following unions will receive an STD benefit of 70% of your base pay:</p> <ul style="list-style-type: none"> » CWA: 1101, 2204, 3176A, 3680, 3680A, 3681, 3682, 3685, 6372, 6372A » IBEW: 199N, 688, 1106, 1181, 1912 <p>For all other employees not listed above, refer to your contract for further information.</p> <p>Note: You are not eligible to supplement your STD with accrued Paid Time Off (PTO) or vacation time.</p>	<p>* Imputed income is the term the IRS applies to the value of any benefit or service that should be considered income for the purposes of calculating your federal, state and local taxes. On your paycheck, the STD Benefit in the “Imputed Income” section is the taxable amount that reflects the value of the STD benefit. Refer to the chart on the next page to calculate the Imputed Income amount if you have elected the after-tax option.</p>

If you are enrolled in the STD After-Tax option, to calculate your imputed income per pay period, take your base pay (annual amount) divide by 100, then multiply by \$0.49 (rate) and then divide by 26 (# of pay periods). See example below:

Base Pay	\$60,000
Divide by 100	\$600
Multiply by \$.49	\$294
Divide by 26	\$11.31
The Imputed Income amount is located below the Earnings section on your paycheck.	\$11.31

Long-Term Disability (LTD)

A brief overview of your LTD benefits.

Basic LTD (Fully paid by CenturyLink, basic level of LTD coverage)	Supplemental LTD (Employee-paid, higher level of LTD coverage)
Eligibility	
You are eligible for Basic LTD after you have completed one year of service.	You are eligible for the Supplemental LTD the first Annual Enrollment after completing one year of service. Note: If you were hired in 2019, you are not eligible to enroll in Supplemental LTD until 2021 Annual Enrollment. If you are eligible for Supplemental LTD for the first time and do not enroll during this Annual Enrollment period, but decide to enroll later, you will be required to complete the Statement of Health/Evidence of Insurability (EOI). Refer to the Disability Summary Plan Description (SPD) for limitations that apply.
Benefit Amount	
Maximum of 50% of Pre-disability earnings up to \$12,000 maximum per month.	65% of Pre-disability earnings up to \$25,000 maximum per month.

Rates

If you elect Supplemental LTD, calculate your monthly premium rate by using the table below. Premiums for Supplemental LTD will be deducted per pay period directly from your paycheck. If you do not enroll in Supplemental LTD, subject to eligibility requirements, you will automatically be enrolled under Basic LTD with no premium cost to you.

If you have questions regarding how to determine your earnings, please review the Pre-disability Earnings section in the group insurance certificate at standard.com/eforms/12507_643388c1_C2.pdf

CenturyLink Non-Represented Members, Qwest Represented Outside Sales Representatives, and CenturyLink Represented Members as defined in their collective bargaining agreement:

To calculate your estimated bi-weekly premium for coverage under Supplemental LTD, use the formula below:

1. Enter your bi-weekly Pre-disability Earnings, not to exceed \$17,752. **Line 1:** \$ _____
2. Your bi-weekly premium rate is .00297 **Line 2:** \$ _____
3. Multiply the amount on **Line 1** by the amount on **Line 2**, and enter the total here. **Line 3:** \$ _____

The amount on Line 3 is your estimated bi-weekly premium for coverage under Supplemental LTD.

Review the LTD Highlights Document on [InsideLink](#).

Voluntary Lifestyle Benefits

You must be a full-time employee to enroll in Voluntary Lifestyle Benefits. Information on these programs can be found on InsideLink, and a mailer will be sent to your home.

This Voluntary Lifestyle Benefits program is not a company-sponsored plan or benefit. It is not a plan covered under the federal law known as "ERISA". The company has simply chosen to allow these vendors to make these programs available to employees. Please be advised that this is a voluntary program, and only you can decide whether the benefits provided by this program are appropriate for you and your family. You are encouraged to research all suitable alternatives and consult with your personal advisors. Individuals are encouraged to review the privacy and security policies and the practices of the various vendors and make sure they are comfortable with them prior to entering into any transactions. The company is not able to provide you with advice regarding the program. Your participation is your decision, completely voluntary and at your own expense. CenturyLink does not endorse and is not responsible for any of the products, services or practices promoted on the voluntary lifestyle benefit website, centurylink.com/voluntarylifestylebenefits. Access to this website is provided at no cost to you, and CenturyLink does not benefit from your participation. There are no commissions or incentives paid to CenturyLink as a result of the products or services you may choose to purchase.

Enroll for the following Voluntary Lifestyle Benefits only during Annual Enrollment, Nov. 4-22, 2019	Enroll for the following Voluntary Lifestyle Benefits at any time
<p>Subject to the policy terms:</p> <p>Accident Insurance Helps cover out-of-pocket costs if you are injured in a covered accident.</p> <p>Cancer Program Helps supplement certain traditional medical insurance, which may only cover a small portion of the non-medical expenses that can be incurred.</p> <p>Critical Illness Insurance Pays a lump-sum benefit directly to you if you are diagnosed with a covered condition.</p> <p>Hospital Indemnity Insurance Designed to help offset some of the costs associated with a hospital stay, such as copayments, deductibles or even lost income.</p> <p>Legal Plan* Helps when resolving common legal issues.</p>	<p>Auto and Home Insurance Get competitive quotes on auto and home insurance.</p> <p>Employee Perks A free one-stop-shop program for exclusive discounts to national and local merchants.</p> <p>Identity Protection Provides comprehensive identity, credit and privacy protection with full-service remediation.</p> <p>Pet Insurance Affordable, comprehensive medical plans for your pet that you can use with any veterinarian, anywhere.</p> <p>Purchasing Power Gives you the ability to purchase products such as electronics, appliances, furniture and more through a payroll deduction. Eligible 6 months after employment.</p>







Visit centurylink.com/voluntarylifestylebenefits or call **800-380-0378** (M-F, 7:00 a.m.-4:00 p.m., MST)

Benefits elected during the annual enrollment period will be effective Jan. 1, 2020. If you have any questions after annual enrollment, please call **800-380-0378**.



***Note:** You can only cancel participation in the Legal Plan during the Annual Enrollment period.

Helpful resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs located on InsideLink, or the CenturyLink Health and Life website. If you would like a paper copy of these materials, contact the Service Center. Please be advised that mailing time can take up to two weeks.

Benefit Option	Phone	Online
Health Care		
CenturyLink Service Center	866-935-5011 or 800-729-7526, Option 1 and the Option 1 M-F, 7:30 a.m. - 5:30 p.m., MST	centurylink.com/healthandlife  Search: UPoint Mobile HR App , available for Free in the App Store and Google Play
Medical	<p>UnitedHealthcare: 800-842-1219 Group Number: 192086</p> <p>Bind On-Demand: 833-576-6519 M-F 6:00 a.m. - 9:00 p.m., CST Group Number: 78800186</p> <p>Blue Cross/Blue Shield: Hawaii Medical Services Association (HMSA) 800-776-4672</p> <p>International/Global Health Plan for Expatriates (dental and vision included in this plan, UnitedHealthcare): 877-844-0280</p>	<p>UnitedHealthcare: myuhc.com  Search: Health4Me, available for Free in the App Store and Google Play</p> <p>centurylink.com/choosebind Access Code: CTL2020  Search: MyBind, available for Free in the App Store and Google Play</p> <p>HMSA: hmsa.com</p>
Prescription Drug Program	<p>UnitedHealthcare: 800-842-1219 for OptumRx prescription questions</p> <p>Bind On-Demand: 833-576-6519 M-F 6:00 a.m. - 9:00 p.m., CST</p>	<p>UnitedHealthcare: myuhc.com for OptumRx prescription questions</p> <p>centurylink.com/choosebind</p>
Telemedicine	<p>MDLive (UnitedHealthcare): 888-632-2738</p> <p>Doctor On-Demand (Bind On-Demand): 833 576-6519</p>	<p>centurylink.com/MDLive  Search: MDLive, available for Free in the App Store and Google Play</p> <p>patient.doctorondemand.com</p>
Dental Plans	MetLife: 866-832-5756 Group Number: 148069	metlife.com/mybenefits
Vision Care Plan	Vision Service Plan: 800-877-7195 Group Number: 30016605	vsp.com
Flexible Spending Accounts	UnitedHealthcare: 877-311-7849 Group Number: 199383	myuhc.com
Optum Bank	Optum Bank: 866-234-8913	optumbank.com/resources

Helpful resources (cont.)

Benefit Option	Phone	Online
2nd.MD—Second opinions expanded to all conditions	866-842-1151	centurylink.com/2ndmd  Search: 2nd.MD , available for Free in the App Store and Google Play
Virtual Telehealth	UnitedHealthcare: 800-842-1219	UnitedHealthcare: myuhc.com
Advocacy Services (free assistance with health and life claims and accessing health care services if enrolled in any health care benefit options through the CenturyLink Health Care Plan)	CenturyLink Service Center: 866-935-5011 or 800-729-7526, Option 1 and then Option 1	Service Center Advocacy Services: centurylink.com/healthandlife , select Advocacy Services from UPoint, or alight.com/advocacy
Life Insurance & Disability		
Life, Accident, & Business Travel Accident (BTA)	CenturyLink Service Center: 866-935-5011 or 800-729-7526, Option 1 then Option 1	centurylink.com/healthandlife
Short-Term Disability	Sedgwick: 844-223-7153	centurylink.com/mydisability
Long-Term Disability	The Standard: 855-290-9480	N/A
Retirement		
CenturyLink Dollars and Sense 401(k) Plan	Retirement Service Center: 877-379-0118	centurylink.com/my401k  Search: Wells Fargo Mobile , available for Free in the App Store and Google Play
CenturyLink Combined Pension Plan	CenturyLink Service Center: 800-729-7526, Option 1, then Option 3	centurylink.com/mypension
Wellness		
Employee Assistance Program	Beacon Well-Being: 800-803-3737	centurylink.com/EAP
Real Appeal	844-344-7325	centurylink.com/realappeal
Well Connected, Rally, and Coaching Programs	877-818-5826	centurylink.com/iamwellconnected
Fitness Reimbursement Program	N/A	Access on InsideLink
Voluntary Lifestyle Benefits		
Voluntary Lifestyle Benefits	Mercer: 800-380-0378 (M-F, 7:00 a.m.-4:00 p.m., MST)	centurylink.com/voluntarylifestylebenefits

Summary of benefits & coverage availability

CenturyLink offers an array of resources to help you understand and choose your benefits. This section notifies you of an additional resource required by Health Care Reform—a Summary of Benefits and Coverage Availability (SBC)—that summarizes important information about any health coverage options in a standard format, to help you compare features across Plan options. Look for the SBC on the CenturyLink Health and Life website anytime. You can view the SBC by opening the Plan Information page. Here's how:

1. Log onto the Health and Life website at **centurylink.com/healthandlife** or **centurylinkhealthandlife.com**
2. Click on the **Health & Insurance** tab
3. Select **Summary of Benefits and Coverage** under the **More Resources** section
4. Choose the Summary of Benefits and Coverage you'd like to review. A paper copy is also available, free of charge, by calling the Service Center at **866-935-5011** or 800-729-7526, Option 1 then Option 1. Representatives are available Monday through Friday from 7:30 a.m. to 5:30 p.m., MST.

Legal and important required notices

A note about privacy

Keeping your personal information secure is of primary importance to CenturyLink. That's why we, along with the benefits administrators, have implemented various security measures and policies to help reduce the risk of unauthorized processing or disclosure of your personal information. You can also help by keeping confidential your User ID and password for accessing the CenturyLink Health and Life website. Please keep this information safe and don't share it with anyone. Never use your Social Security number as your password. Together, we can make sure your personal information stays safe and secure. Please be advised that using an email that is not secured may increase your risk of unauthorized disclosure.

Notice of Privacy Practices

You can review the complete notice on the Company intranet, **InsideLink**, or at centurylink.com/healthandlife, or call the CenturyLink Service Center at **866-935-5011** or 800-729-7526, Option 1 and then Option 1 to request a copy.

Coverage is not advice

Health Plan coverage is not health care advice. Please keep in mind that the sole purpose of the Plan is to provide payment for certain eligible health care expenses – not to guide or direct the course of treatment for any employee, inactive retiree or eligible dependent. If your health care provider recommends a course of treatment, be sure to check with the Plan to determine whether or not that course of treatment is covered under the Plan. However, only you and your health care provider can decide what the right health care decision is for you. Decisions by a claims administrator or the Plan Administrator are solely decisions with respect to Plan coverage and do not constitute health care recommendations or advice.

Right to amend and/or discontinue

The company and its delegate, the CenturyLink Plan Design Committee, each has reserved the right in its sole discretion, to change, modify, discon-

tinue or terminate the Plan and/or any of the benefits under the Plan and/or contribution levels, with respect to all participants classes, retired or otherwise, and their beneficiaries at any time without prior notice or consultation, subject to applicable law, specific written agreement and the terms of the Plan Document. The CenturyLink Employee Benefits Committee, as the Plan Administrator, may adopt, at any time, rules and procedures that it determines to be necessary or desirable with respect to the operation of the Plan. The Plan Administrator has the authority, discretion and the right to interpret and resolve any ambiguities in the Plans or any document relating to the Plans.

Company's reserved rights

This document summarizes certain provisions of the CenturyLink Health Care Plan, the CenturyLink Life Insurance Plan and the CenturyLink Disability Plan (collectively referred to as the "Plan"). For specific employee benefit Plan information, refer to the respective official Plan Documents, including the applicable Summary Plan Description and Summaries of Material Modifications, if any. If there is any conflict between the terms of the official Plan Documents and this document, the terms of the official Plan Documents will govern. The Plan Administrator has the authority, discretion and the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan, to supply omissions and resolve conflicts. Benefits and contribution obligations, if any, are determined by CenturyLink in its sole discretion or by collective bargaining, if applicable.

Note: While the Plan has processes in place to prevent errors and mistakes, if a clerical error or mistake happens (however occurring) such error or mistake does not create a right to a Benefit or level of contribution rate under the Plan. You have an obligation to correct any errors or omissions that come to your attention by calling the Service Center to correct the error or omission.

Important note regarding your Annual Enrollment elections

By electing to participate in the Plans (the CenturyLink Health Care Plan, the CenturyLink Life Insurance Plan, CenturyLink Business Travel Accident Insurance Plan, the CenturyLink Disability Plan, or if applicable, CenturyLink Retiree and Inactive Health Plan), by your submission of information, you have agreed to be bound to and by the provisions of each of the Plans and their administrative practices, including, but not limited to with respect to the recovery of over and underpayments, terms and conditions for eligibility and Benefits. You certify that the submission of information by you in this enrollment process is true and accurate to the best of your knowledge; you agree that you'll submit new information timely as changes occur. You understand that if you are found to have falsified any document in support of a claim for eligibility or reimbursement, the Plan Administrator may, subject to and as may be permitted under the requirements of law, without anyone's consent, terminate your and/ or your dependent(s) coverage, and the Claims Administrator may refuse to honor any claim you or your dependent(s) may have made or will make under the Plans if applicable. You understand that you are liable and bear the full financial responsibility for the misappropriation of Plan funds through the filing of false documentation under any of the Plans; You certify that you or your dependent(s) are eligible to enroll in a benefit option, including voluntary or supplemental coverages. Please refer to the applicable Plan document or SPD for details about eligibility for coverage or call the Claims Administrator - limitations may apply including, but not limited to, being actively at work in order to be eligible for coverage. You understand that it is your responsibility to confirm your eligibility to enroll in a benefit option, including voluntary or supplemental coverages; enrolling in and paying for coverage for which you are ineligible will not entitle you to Benefits; you understand that it is your

Legal and important required notices (cont.)

responsibility to terminate benefit coverage once you or your dependent(s) become ineligible, such as when a dependent is no longer eligible for coverage. This excludes dependents who turn age 26, as they are automatically removed from coverage.

For specific employee benefit plan information, including terms and conditions for eligibility, limitations and Benefits refer to the respective Plan Documents, including the applicable Summary Plan Description and Summaries of Material Modifications, if any. If there is any conflict between the terms of the Plan Documents and this correspondence, the terms of the Plan Documents will govern.

Women's Health and Cancer Rights Act

This notice is provided to you in compliance with the federal law entitled the Women's Health and Cancer Rights Act of 1998 (the "Act"). The Plan provides medical and surgical benefits in connection with a mastectomy. In accordance with the requirements of the Act, the Plan also provides benefits for certain reconstructive surgery.

In particular, the Plan will provide, to an eligible participant who is receiving (or who presents a claim to receive) benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for: (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and treatment of physical complications associated with all the stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

As with other benefit coverages under the Plan, this coverage is subject to each medical benefit option's annual deductible (if any), required coinsurance payments, benefit maximums, and copay provisions that may apply under each of the benefit options available under the Plan.

You should carefully review the provisions of the Plan, the medical benefit option in which you elect to participate, and its SPD and SMM (if any) regarding any applicable restrictions. Contact the Claims Administrator of your medical benefit option for more information.

Health Insurance Portability and Accountability Act (HIPAA)

Under the Special Enrollment rules under HIPAA, you may enroll yourself and eligible dependents in the Health Plan upon the loss of other coverage, referred to as the "other plan," to include the following:

- » Termination of employer contribution toward other coverage;
- » Moving out of a service area if the other plan does not offer other coverage;
- » Ceasing to be a dependent, as defined in the other plan;
- » Loss of coverage to a class of similarly situated individuals under the other plan (for example, when the other plan does not cover temporary/contractors).

If your spouse/domestic partner or other dependents have special enrollment rights, you may enroll and make changes to your enrollment in any health plan benefit option available to you based upon your home ZIP code and plan service areas within 45 days following the qualifying event. For example, if you have Employee Only coverage in a CenturyLink benefit option, and your spouse/ domestic partner loses coverage under his/ her employer's plan and has special enrollment rights, both you and your spouse/domestic partner may enroll in any of the CenturyLink benefit options available to you, provided you verify your spouse's/domestic partner's eligibility for the Plan.

What happens to your benefits if you return to work directly for the company as an active employee or work for a supplier on assignment to the company after you retire or leave employment

If you are eligible for retiree health care

or life insurance from the company, refer to the applicable section below to see how your retiree benefits may be impacted.

Note: If you had VEBA Life Insurance, that coverage will not be impacted.

If you are rehired in a status that is eligible for active benefits, you will be offered the same benefits as other similarly situated CenturyLink employees based on your employee classification. If you had retiree supplemental life insurance coverage, you will be eligible to elect active supplemental life insurance coverage. If there is a loss of supplemental life coverage between what you previously had prior to your rehire date and the amount as an active employee, you may convert the difference with Metropolitan Life Insurance Company. If you continued your supplemental life coverage through Metropolitan Life Insurance Company, you will be required to surrender this policy when you return to retiree status in order to resume your retiree supplemental life insurance coverage, if applicable.

If you return to work for a supplier on assignment to the company, you are not eligible to continue your CenturyLink retiree health care benefits, so this means that while you are working for the supplier, your retiree health care benefits will be suspended. You will, however, be offered the opportunity to continue your retiree medical and/or dental options under COBRA. Your retiree basic and supplemental life coverage, if applicable, will continue under the terms of the CenturyLink Life Insurance Plan ("the Plan"). In addition, please be advised that as a worker for a supplier or company contractor, you are not eligible for CenturyLink active employee health care benefits. Retiree health care benefits are reinstated once your work with the supplier/ contractor for the company has ended. You will need to call the Service Center to get your benefits reinstated.

Legal and important required notices (cont.)

Once your employment or assignment ends, you may resume your retiree health care, basic and supplemental life insurance coverage, if applicable, in accordance with terms of the Plan by calling the Service Center at **866-935-5011** or **800-729-7526**, Option 1 and then Option 1. If you returned to work for a supplier on assignment to the company, CenturyLink will validate that your assignment has ended before you will be allowed to resume your retiree health care coverage.

Note: If you are Medicare eligible and have enrolled in an individual Medicare policy, you may need to complete a disenrollment process to be released by that carrier from the individual plan (which can take up to 60 days).

If you voluntarily elect to drop coverage

If you voluntarily drop coverage for yourself or a dependent during Annual Enrollment, without there being a Qualified Life Event (QLE), you and/or your dependent will not be eligible for continuation of health care coverage under the federal law known as COBRA. Eligibility for COBRA continuation coverage occurs only in cases of QLEs. For more information on what is a QLE, refer to the Summary Plan Description

Continuation of coverage

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of employment. 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. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information. Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses/domes-

tic partners or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare, divorce or legal separation of the covered employee, death of the covered employee, and the loss of dependent status under the plan rules. If a QB chooses to continue group benefits under COBRA, they must timely enroll and make their premium payment by the due date. Upon receipt of premium payment, the coverage will be reinstated. Thereafter, premiums are due on the first of the month. If premium payments are not received in a timely manner, federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Service Center at **866-935-5011** or **800-729-7526**, Option 1 and then Option 1.

Other coverage options

There may be other, more affordable coverage options for you and your family through the **Health Insurance Marketplace**, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period," even if the plan generally doesn't accept late enrollees. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA doesn't limit your eligibility for coverage for a tax credit through the Marketplace.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under COBRA, because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your

choice, it can be difficult or impossible to switch to another coverage option.

More information on health insurance options through the Marketplace can be found at **healthcare.gov**.

California employees

The Employee Assistance Program (EAP) provider, Beacon Health Options/Value Options of California (VOC) has a grievance procedure in place for California employees. This notice is required to comply with California Department of Mental Health Care (DMHC) regulations. You can find it on the VOC website at **valueoptionsofcalifornia.com**, under the Member tab. If you have questions, contact VOC at **800-228-1286**.

