



# Amazing People. Amazing Benefits.

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**2024 Retiree Healthcare and Life Benefits Matrix**  
(U.S. employees)



# 2024 Retiree Healthcare and Life Benefits Matrix

## Active employee to retirement

- **Eligibility:** Eligibility for retiree healthcare/life benefits is defined within each group. Temporary Part-Time and Temporary Full-Time service does not count towards eligibility.
- **Rehired Employees:** The company Bridging of Service Policy does not apply towards retiree healthcare/life eligibility. Instead, each Group lists information and dates for rehired employees. This can impact your eligibility for retiree healthcare/life benefits as well as any Lumen subsidy offering at the time of re-retiring.
- **Transfers:** See the Transfer Rules (back of document) to determine if a transfer impacts your eligibility for retiree healthcare/life benefits as well as any Lumen subsidy offering at the time of retirement.
- **Effective 1/1/2024:** Group 10 (Qwest Union Represented) To be eligible, you must be hired, rehired or transferred on/ before 12/31/2023.
- **Effective 1/1/2024 -** Any new hires, rehires, or transfers are not eligible for retiree healthcare.

### Helpful Notes:

**Medical** refers to both Medical and Prescription Drug coverage; " **L**" refers to Legacy Company.

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their dependents and beneficiaries, without prior notice to or consultation with Participants, dependents and beneficiaries — subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. The Plan Administrator may adopt, at any time, rules and procedures that it determines to

| Group       | Legacy Company Non-Union and Union Represented Employees or Represented Local  | Eligibility Definition and Benefits  |
|-------------|--|--|
| <b>1-ZM</b> | <b>CenturyTel Non-Union Employees, Union Represented:</b> <ul style="list-style-type: none"> <li>• CWA 4370 OH</li> <li>• CWA 7818 WA</li> <li>• CWA 7906 OR</li> <li>• IBEW 89 OR</li> <li>• IBEW 89 WA</li> <li>• IBEW 768 MT</li> <li>• IBEW 1106 MI</li> </ul> | <b>1-ZM Eligibility:</b> <ul style="list-style-type: none"> <li>• Non-Union Employees or Union Represented Employees represented by a collective bargaining agreement listed at left</li> <li>• Hired, rehired or, transferred on or before <b>12/31/2002</b></li> <li>• Age 55+ with 10+ years of service</li> <li>• If terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination and the adjusted service date (also known as service date) will be used to determine eligibility for retiree benefits.</li> </ul> |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

|  |   |                             |                            |
|--|---|-----------------------------|----------------------------|
| 1-ZM<br>cont.  | <b>Benefits &amp; Company Subsidy:</b><br><b>Non-Medicare Retiree Medical and Dental</b> – The retiree’s cost is based on “Points” = age (years and months) plus service (years and months) as follows: |                             |                            |
|  | <b>Non-Medicare Points (Age + Service)</b>  | <b>Medical Retiree Pays</b> | <b>Dental Retiree Pays</b> |
|  | 65 – 69   | 80%                         | 80%                        |
|  | 70 – 74   | 70%                         | 70%                        |
|  | 75 – 79   | 60%                         | 60%                        |
|  | 80 – 84   | 40%                         | 50%                        |
|  | 85 – 89   | 20%                         | 50%                        |
| 90+  | 10%   | 50%                         |                            |
| <b>Example 1:</b> Age – 57 years and 4 months plus Service – 17 years and 4 months = 74 years and 8 months = 74 Points (rounded down to 74 because partial service years don’t count)  |   |                             |                            |
| <b>Example 2:</b> Age – 57 years and 6 months plus Service – 17 years and 6 months = 74 years and 12 months = 75 Points (rounded up to 75 for full year)   |   |                             |                            |
| <ul style="list-style-type: none"> <li>• <b>Medicare Eligible Retirees</b> - Retirees are eligible to enroll in the Medicare Advantage PPO + Dental plan (MAPD) or choose the Retiree HRA option. (See Medicare HRA chart below or appendix for more information and costs for MAPD plan).</li> <li>• <b>Retiree Basic Life Insurance</b> equal to 50% of your active basic life insurance coverage as of 12/31/2007.</li> </ul> |   |                             |                            |

**Retiree Annual Subsidy Caps:** Retiree receives an annual Company-funded Non-Medicare Subsidy (for Company funded medical/dental coverage only) or if Medicare eligible the retiree is eligible to enroll in the new Medicare Advantage PPO + Dental plan (MAPD) effective 1/1/2024. Or, a Company-funded Medicare Health Reimbursement Account (HRA) to reimburse for private Medicare Supplemental coverage or other eligible healthcare expenses up to the Cap. The annual caps do not increase. Unused Medicare HRA funds do not rollover to the next Plan year.

| CTE/PTI Post '03<br>(Includes Group ZM)                      | Retiree Only | Spouse/DP Only | Retiree and Spouse/DP | Retiree and Child(ren) | Spouse/DP and Child(ren) | Retiree and Family | Child(ren) Only |
|--|--------------|----------------|-----------------------|------------------------|--------------------------|--------------------|-----------------|
| <b>Non-Medicare Medical (annual caps currently in place)</b> |              |                |                       |                        |                          |                    |                 |
| 65-69 Points (20% of full cap)                               | \$2,400.00   | \$2,400.00     | \$4,800.00            | \$4,800.00             | \$4,800.00               | \$7,200.00         | \$4,800.00      |
| 70-74 Points (30% of full cap)                               | \$3,600.00   | \$3,600.00     | \$7,200.00            | \$7,200.00             | \$7,200.00               | \$10,800.00        | \$7,200.00      |
| 75-79 Points (40% of full cap)                               | \$4,800.00   | \$4,800.00     | \$9,600.00            | \$9,600.00             | \$9,600.00               | \$14,400.00        | \$9,600.00      |
| 80-84 Points (60% of full cap)                               | \$7,200.00   | \$7,200.00     | \$14,400.00           | \$14,400.00            | \$14,400.00              | \$21,600.00        | \$14,400.00     |
| 85-89 Points (80% of full cap)                               | \$9,600.00   | \$9,600.00     | \$19,200.00           | \$19,200.00            | \$19,200.00              | \$28,800.00        | \$19,200.00     |
| 90+ Points (90% of full cap)                                 | \$10,800.00  | \$10,800.00    | \$21,600.00           | \$21,600.00            | \$21,600.00              | \$32,400.00        | \$21,600.00     |
| <b>Non-Medicare Dental (annual caps currently in place)</b>  |              |                |                       |                        |                          |                    |                 |
| 65-69 Points (20% of full cap)                               | \$86.40      | \$86.40        | \$172.80              | \$153.60               | \$153.60                 | \$259.20           | \$67.20         |
| 70-74 Points (30% of full cap)                               | \$129.60     | \$129.60       | \$259.20              | \$230.40               | \$230.40                 | \$388.80           | \$100.80        |
| 75-79 Points (40% of full cap)                               | \$172.80     | \$172.80       | \$345.60              | \$307.20               | \$307.20                 | \$518.40           | \$134.40        |
| 80+ Points (50% of full cap)                                 | \$216.00     | \$216.00       | \$432.00              | \$384.00               | \$384.00                 | \$648.00           | \$168.00        |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

| CTE/PTI Post '03<br>(Includes Group ZM) cont.        | Retiree Only | Spouse/DP Only | Retiree and Spouse/DP | Retiree and Child(ren) | Spouse/DP and Child(ren) | Retiree and Family | Child(ren) Only |
|--|--------------|----------------|-----------------------|------------------------|--------------------------|--------------------|-----------------|
| <b>Medicare HRA (annual caps currently in place)</b> |              |                |                       |                        |                          |                    |                 |
| 65-69 Points (20% of full cap)                       | \$792.00     | \$792.00       | \$1,584.00            | \$1,735.20             | \$1,735.20               | \$2,527.20         | \$943.20        |
| 70-74 Points (30% of full cap)                       | \$1,188.00   | \$1,188.00     | \$2,376.00            | \$2,602.80             | \$2,602.80               | \$3,790.80         | \$1,414.80      |
| 75-79 Points (40% of full cap)                       | \$1,584.00   | \$1,584.00     | \$3,168.00            | \$3,470.40             | \$3,470.40               | \$5,054.40         | \$1,886.40      |
| 80-84 Points (60% of full cap)                       | \$2,376.00   | \$2,376.00     | \$4,752.00            | \$5,205.60             | \$5,205.60               | \$7,581.60         | \$2,829.60      |
| 85-89 Points (80% of full cap)                       | \$3,168.00   | \$3,168.00     | \$6,336.00            | \$6,940.80             | \$6,940.80               | \$10,108.80        | \$3,772.80      |
| 90+ Points (90% of full cap)                         | \$3,564.00   | \$3,564.00     | \$7,128.00            | \$7,808.40             | \$7,808.40               | \$11,372.40        | \$4,244.40      |

| <p><b>2-AZ</b></p>   | <p><b>KMC/Lightcore Non-Union Employees</b></p>  | <p><b>Eligibility:</b><br/>Hired, rehired or, transferred on or before <b>06/30/2005</b></p> <ul style="list-style-type: none"> <li>• Age 55+ with 10+ years of service</li> <li>• If terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination and the adjusted service date (also known as service date) will be used to determine eligibility for retiree benefits.</li> </ul> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Medicare Retiree Medical and Dental – eligible for Access Only coverage –</b> Retiree must pay the full cost (100%) of the monthly cost for Non-Medicare Retiree Medical and Dental coverage. No Company subsidy is available for Non-Medicare coverage or the Medicare HRA. Retiree Medicare HRA subsidy, Medicare Medical, and Dental is not available after becoming Medicare eligible.</li> <li>• <b>Medicare Eligible</b> - no longer eligible for Lumen retiree healthcare benefits when you become Medicare eligible. I.e. medical (MAPD), HRA, CDHP HRA or Dental.</li> <li>• <b>Retiree Basic Life Insurance</b> equal to 50% of your active basic life insurance coverage as of 12/31/2007</li> </ul> |                  |              |         |     |         |     |         |     |     |     |
|----------------------|--|---|------------------|--------------|---------|-----|---------|-----|---------|-----|-----|-----|
| <p><b>3 - Z4</b></p> | <p><b>CenturyTel Union Represented (Special Grandfathered):</b></p> <p><b>CWA 3971, 3972, 3974 Alabama:</b> Retire at any age with 76 points (age + service) with a minimum of 15 years of service. Must meet this requirement by <b>12/31/2008</b>. If a rehire or transfer, must be on/ before <b>12/31/2005</b>.</p> <p><b>CWA 6171 Central Arkansas:</b> Retire at any age with 76 points (age + service) with a minimum of 15 years of service. Must meet this requirement by <b>08/16/2007</b>. If a rehire or transfer, must be on/ before <b>08/16/2004</b>.</p> | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Represented by a collective bargaining agreement listed to the left</li> <li>• Hired, rehired or, transferred on or before date listed for each Represented local (listed to the left)</li> <li>• Refer to the collective bargaining agreement listed to the left for eligibility rules related to age and years of service for each Union. If terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination and the adjusted service date (also known as service date) will be used to determine eligibility for retiree benefits.</li> </ul> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Medicare Retiree Medical and Dental –</b> Retiree is eligible for the better of the following matrices:<br/><b>Years of Service Matrix</b></li> </ul> <table border="1" data-bbox="620 1549 1088 1738"> <thead> <tr> <th>Years of Service</th> <th>Retiree Pays</th> </tr> </thead> <tbody> <tr> <td>15 - 19</td> <td>60%</td> </tr> <tr> <td>20 - 24</td> <td>40%</td> </tr> <tr> <td>25 - 29</td> <td>20%</td> </tr> <tr> <td>30+</td> <td>10%</td> </tr> </tbody> </table>      | Years of Service | Retiree Pays | 15 - 19 | 60% | 20 - 24 | 40% | 25 - 29 | 20% | 30+ | 10% |
| Years of Service     | Retiree Pays   |   |                  |              |         |     |         |     |         |     |     |     |
| 15 - 19              | 60%  |   |                  |              |         |     |         |     |         |     |     |     |
| 20 - 24              | 40%  |   |                  |              |         |     |         |     |         |     |     |     |
| 25 - 29              | 20%  |   |                  |              |         |     |         |     |         |     |     |     |
| 30+                  | 10%  |   |                  |              |         |     |         |     |         |     |     |     |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

**3-Z4  
cont.**

**CWA 6171 Northwest Arkansas:** Retire at any age with 76 points (age + service) with a minimum of 15 years of service. Must meet this requirement by **12/31/2008**. If a rehire or transfer, must be on or before **12/31/2005**.

**CWA 6300, 6310A, 6301, 6311, 6312, 6312A, 6373 Missouri:** Retire at any age with 76 points (age + service) with a minimum of 15 years of service. Must meet this requirement by **12/31/2008**. If a rehire or transfer, must be on/ before **12/31/2005**.

**IBEW 257A Missouri:** Retire at any age with 76 points (age + service) with a minimum of 15 years of service. Must meet this requirement by **12/31/2009**. If a rehire or transfer, must be on or before **12/31/2003**.

**Note:** If you meet the dates for rehire or transfer from the Unions within this group but you do not meet the **Group 3** Union eligibility requirements in the column to the right under **Group 3**, you move to **Group 1**.

**Points Matrix** - Retiree cost based on "Points" = age (yrs and months) plus service (yrs and months) as follows:

| Non-Medicare Points (Age + Service) | Medical Retiree Pays | Dental Retiree Pays |
|-------------------------------------|----------------------|---------------------|
| 75 - 79                             | 60%                  | 60%                 |
| 80 - 84                             | 40%                  | 50%                 |
| 85 - 89                             | 20%                  | 50%                 |
| 90+                                 | 10%                  | 50%                 |

**Example 1:** Age - 58 years and 4 months plus Service - 18 years and 4 months = 76 years and 8 months = 76 Points (rounded down to 76 because partial service years don't count)

**Example 2:** Age - 58 years and 6 months plus Service - 18 years and 6 months = 76 years and 12 months = 77 Points (rounded up to 77 for the full year)

- **Medicare Eligible Retirees** - Retirees are eligible to enroll in the Medicare Advantage PPO + Dental plan (MAPD) or choose the Retiree HRA option. (See Medicare HRA chart below or appendix for more information and costs for MAPD plan).
- **Retiree Basic Life Insurance** equal to 50% of your active basic life insurance coverage as of 12/31/2007 with a maximum of \$50,000.

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

| CenturyTel Union Represented (Special Grandfathered) (Includes Group ZM) Cont. | Retiree Only | Spouse/DP Only | Retiree and Spouse/DP | Retiree and Child(ren) | Spouse/DP and Child(ren) | Retiree and Family | Child(ren) Only |
|--|--------------|----------------|-----------------------|------------------------|--------------------------|--------------------|-----------------|
| <b>Non-Medicare Medical (annual caps currently in place)</b>                   |              |                |                       |                        |                          |                    |                 |
| 75-79 Points (40% of full cap)   | \$4,800.00   | \$4,800.00     | \$9,600.00            | \$9,600.00             | \$9,600.00               | \$14,400.00        | \$9,600.00      |
| 80-84 Points (60% of full cap)   | \$7,200.00   | \$7,200.00     | \$14,400.00           | \$14,400.00            | \$14,400.00              | \$21,600.00        | \$14,400.00     |
| 85-89 Points (80% of full cap)   | \$9,600.00   | \$9,600.00     | \$19,200.00           | \$19,200.00            | \$19,200.00              | \$28,800.00        | \$19,200.00     |
| 90+ Points (90% of full cap)   | \$10,800.00  | \$10,800.00    | \$21,600.00           | \$21,600.00            | \$21,600.00              | \$32,400.00        | \$21,600.00     |
| <b>Non-Medicare Dental (annual caps currently in place)</b>                    |              |                |                       |                        |                          |                    |                 |
| 75-79 Points (40% of full cap)   | \$172.80     | \$172.80       | \$345.60              | \$307.20               | \$307.20                 | \$518.40           | \$134.40        |
| 80+ Points (50% of full cap)   | \$216.00     | \$216.00       | \$432.00              | \$384.00               | \$384.00                 | \$648.00           | \$168.00        |
| <b>Medicare HRA (annual caps currently in place)</b>                           |              |                |                       |                        |                          |                    |                 |
| 75-79 Points (40% of full cap)   | \$1,584.00   | \$1,584.00     | \$3,168.00            | \$3,470.40             | \$3,470.40               | \$5,054.40         | \$1,886.40      |
| 80-84 Points (60% of full cap)   | \$2,376.00   | \$2,376.00     | \$4,752.00            | \$5,205.60             | \$5,205.60               | \$7,581.60         | \$2,829.60      |
| 85-89 Points (80% of full cap)   | \$3,168.00   | \$3,168.00     | \$6,336.00            | \$6,940.80             | \$6,940.80               | \$10,108.80        | \$3,772.80      |
| 90+ Points (90% of full cap)   | \$3,564.00   | \$3,564.00     | \$7,128.00            | \$7,808.40             | \$7,808.40               | \$11,372.40        | \$4,244.40      |

| Group               | Legacy Company Non-Union and Union Represented Employees or Represented Local   | Eligibility Definition and Benefits  |                  |              |         |     |         |     |         |     |     |     |
|---------------------|---|--|------------------|--------------|---------|-----|---------|-----|---------|-----|-----|-----|
| <b>4 - Z4 or Z9</b> | <p><b>CenturyTel Union Represented (Special Grandfathered):</b><br/>There are <b>two</b> categories within <b>Group 4</b> - review both</p> <ul style="list-style-type: none"> <li>CWA 4671, 4672, 4674, 4675 WI</li> </ul> <p><b>Note:</b> If hired, rehired, or transferred on or before <b>12/31/2005</b> and you do not meet the <b>Group 4s</b> eligibility requirements in the column to the right under <b>Z4</b> or <b>Z9</b>: You move to <b>Group 1</b>.</p> <p><b>Additional Note:</b><br/>If hired, rehired, transferred or transitioned on or after <b>01/01/2006</b> you do not meet the requirements of <b>Group 4</b>: You move to <b>Group 12</b>.</p> | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>Represented by a collective bargaining agreement listed at left</li> <li>Hired, rehired or, transferred on or before <b>12/31/2005</b></li> <li><b>Z4:</b> Retire at any age with 76 points (age + service) and a minimum of 15 years of years of service as of <b>02/02/2008</b>.</li> <li><b>Z9:</b> Retire at age 60+ and have 76 points (age + service) with a minimum of 15 years of years of service as of <b>02/02/2006</b>. Must meet <b>both</b> the age &amp; service requirements by <b>02/02/2006</b>.</li> <li>If terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination and the adjusted service date (also known as service date) will be used to determine eligibility for retiree benefits.</li> </ul> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li><b>Z4 - Non-Medicare Retiree Medical and Dental</b> - Retiree is eligible for the better of the following matrices:<br/><b>Years of Service Matrix</b></li> </ul> <table border="1"> <thead> <tr> <th>Years of Service</th> <th>Retiree Pays</th> </tr> </thead> <tbody> <tr> <td>15 - 19</td> <td>60%</td> </tr> <tr> <td>20 - 24</td> <td>40%</td> </tr> <tr> <td>25 - 29</td> <td>20%</td> </tr> <tr> <td>30+</td> <td>10%</td> </tr> </tbody> </table> | Years of Service | Retiree Pays | 15 - 19 | 60% | 20 - 24 | 40% | 25 - 29 | 20% | 30+ | 10% |
| Years of Service    | Retiree Pays  |  |                  |              |         |     |         |     |         |     |     |     |
| 15 - 19             | 60%   |  |                  |              |         |     |         |     |         |     |     |     |
| 20 - 24             | 40%   |  |                  |              |         |     |         |     |         |     |     |     |
| 25 - 29             | 20%   |  |                  |              |         |     |         |     |         |     |     |     |
| 30+                 | 10%   |  |                  |              |         |     |         |     |         |     |     |     |

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**4 - Z4 or Z9 cont.**

**CenturyTel Union Represented (Special Grandfathered):**

There are two categories within Group 4 - review both

- CWA 4671, 4672, 4674, 4675 WI

**Note:**

If hired, rehired, or transferred on or before **12/31/2005** and you do not meet the Group 4s eligibility requirements in the column to the right under Z4 or Z9: You move to **Group 1.**

**Additional Note:**

If hired, rehired, transferred or transitioned on or after **01/01/2006** you do not meet the requirements of Group 4: You move to **Group 12.**

**Points Matrix** - Retiree cost based on "Points" = age (yrs and months) plus service (yrs and months) as follows:

| Non-Medicare Points (Age + Service) | Medical Retiree Pays | Dental Retiree Pays |
|-------------------------------------|----------------------|---------------------|
| 75 - 79                             | 60%                  | 60%                 |
| 80 - 84                             | 40%                  | 50%                 |
| 85 - 89                             | 20%                  | 50%                 |
| 90+                                 | 10%                  | 50%                 |

**Example 1:** Age - 58 years and 4 months plus Service - 18 years and 4 months = 76 years and 8 months = 76 Points (rounded down to 76 because partial service years don't count)

**Example 2:** Age - 58 years and 6 months plus Service - 18 years and 6 months = 76 years and 12 months = 77 Points (rounded up to 77 for the full year)

- **Retiree Basic Life Insurance** equal to 50% of your active basic life insurance coverage as of 12/31/2007 with a maximum of \$50,000.
- **Z4- Medicare Eligible** - Retirees are eligible to enroll in the Medicare Advantage PPO + Dental plan (MAPD) or choose the Retiree HRA option. (See Medicare HRA chart below or appendix for more information and costs for MAPD plan). Retiree pays the full cost for Retiree Dental.

**Benefits & Company Subsidy:**

- **Z9 - Non-Medicare Retiree Medical** - The Company pays 100% of the total cost of Non-Medicare medical for you and your eligible Spouse/Domestic Partner.
- **Z9 - Non-Medicare Retiree Dental**
- **Points Matrix** - Retiree cost based on "Points" = age (yrs and months) plus service (yrs and months) as follows:

| Non-Medicare Points (Age + Service) | Dental Retiree Pays |
|-------------------------------------|---------------------|
| 75 - 79                             | 60%                 |
| 80 - 84                             | 50%                 |
| 85 - 89                             | 50%                 |
| 90+                                 | 50%                 |

**Example 1:** Age - 58 years and 4 months plus Service - 18 years and 4 months = 76 years and 8 months = 76 Points (rounded down to 76 because partial service years don't count)

**Example 2:** Age - 58 years and 6 months plus Service - 18 years and 6 months = 76 years and 12 months = 77 Points (rounded up to 77 for the full year)

- **Z9 - Medicare Eligible** - Retirees are eligible to enroll in the Retiree HRA or the Medicare Advantage PPO + Dental plan (MAPD) or choose to enroll in the Retiree HRA option. (See Medicare HRA chart below or appendix for more information and costs for MAPD plan). Retiree pays the full cost for Retiree Dental.

| Retiree Only or Spouse/Domestic Partner (DP) Only Annual HRA Cap | Retiree & Spouse or Retiree & Domestic Partner (DP) Annual HRA Cap |
|--|--|
| \$3,780  | \$7,560  |

- **Retiree Basic Life Insurance** equal to 50% of your active basic life insurance coverage as of 12/31/2007 with a maximum of \$50,000.

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

**Retiree Annual Subsidy Caps: Special Grandfathered Z4 and Z9**

For medical subsidies described below, the retiree receives the better subsidy percentage among their points placement in the Z4 or Z9 table below. Retiree receives an annual Company-funded Non-Medicare Subsidy (for Company funded medical/dental coverage only). Once retiree is medicare eligible, retiree has the option to enroll in the new Medicare Advantage PPO + Dental plan (MAPD) effective 1/1/2024. Or, enroll in a Company-funded Medicare Health Reimbursement Account (HRA) to reimburse for private Medicare Supplemental coverage or other eligible healthcare expenses up to the Cap. The annual caps do not increase. Unused Medicare HRA funds do not rollover to the next calendar year.

| Special Grandfathered Z4                              | Retiree Only | Spouse/DP Only | Retiree and Spouse/DP | Retiree and Child(ren) | Spouse/DP and Child(ren) | Retiree and Family | Child(ren) Only |
|---|--------------|----------------|-----------------------|------------------------|--------------------------|--------------------|-----------------|
| <b>Non-Medicare Medical (Full Subsidy Annual Cap)</b> | \$12,000     | \$12,000       | \$24,000              | \$24,000               | \$24,000                 | \$36,000           | \$24,000        |
| 75-79 Pts / 15-19 YOS (40% of full cap)               | \$4,800.00   | \$4,800.00     | \$9,600.00            | \$9,600.00             | \$9,600.00               | \$14,400.00        | \$9,600.00      |
| 80-84 Pts/20-24 YOS (60% of full cap)                 | \$7,200.00   | \$7,200.00     | \$14,400.00           | \$14,400.00            | \$14,400.00              | \$21,600.00        | \$14,400.00     |
| 85-89 Pts / 25-29 YOS (80% of full cap)               | \$9,600.00   | \$9,600.00     | \$19,200.00           | \$19,200.00            | \$19,200.00              | \$28,800.00        | \$19,200.00     |
| 90+ Pts / 30+ YOS (90% of full cap)                   | \$10,800.00  | \$10,800.00    | \$21,600.00           | \$21,600.00            | \$21,600.00              | \$32,400.00        | \$21,600.00     |
| <b>Non-Medicare Dental (Full Subsidy Annual Cap)</b>  |              |                |                       |                        |                          |                    |                 |
| 75-79 Points (40% of full cap)                        | \$172.80     | \$172.80       | \$345.60              | \$307.20               | \$307.20                 | \$518.40           | \$134.40        |
| 80+ Points (50% of full cap)                          | \$216.00     | \$216.00       | \$432.00              | \$384.00               | \$384.00                 | \$648.00           | \$168.00        |
| <b>Medicare HRA (Full Subsidy Annual Cap)</b>         |              |                |                       |                        |                          |                    |                 |
| 75-79 Pts / 15-19 YOS (40% of full cap)               | \$1,584.00   | \$1,584.00     | \$3,168.00            | \$3,470.40             | \$3,470.40               | \$5,054.40         | \$1,886.40      |
| 80-84 Pts / 20-24 YOS (60% of full cap)               | \$2,376.00   | \$2,376.00     | \$4,752.00            | \$5,205.60             | \$5,205.60               | \$7,581.60         | \$2,829.60      |
| 85-89 Pts / 25-29 YOS (80% of full cap)               | \$3,168.00   | \$3,168.00     | \$6,336.00            | \$6,940.80             | \$6,940.80               | \$10,108.80        | \$3,772.80      |
| 90+ Pts / 30+ YOS (90% of full cap)                   | \$3,564.00   | \$3,564.00     | \$7,128.00            | \$7,808.40             | \$7,808.40               | \$11,372.40        | \$4,244.40      |

**Special Grandfathered Z9**

Note for Medicare HRA - Differentiation for 1 child versus 2+ children based on offset at \$15/month per person, max 2 children

| Special Grandfathered Z9                               | Retiree Only | Spouse/DP Only | Retiree and Spouse/DP | Retiree + Child(ren) | Spouse + Child(ren) | Retiree + Spouse/DP1 Child | Retiree + Spouse/DP + 2+ Children | Child(ren) Only |
|--|--------------|----------------|-----------------------|----------------------|---------------------|----------------------------|-----------------------------------|-----------------|
| <b>Non-Medicare Medical—Full Subsidy Annual Cap</b>    | \$12,000     | \$12,000       | \$24,000              | \$24,000             | \$24,000            | \$36,000                   | \$36,000                          | \$24,000        |
| <b>Non-Medicare Dental - (Full Subsidy Annual Cap)</b> |              |                |                       |                      |                     |                            |                                   |                 |
| 75-79 Points (40% of full cap)                         | \$172.80     | \$172.80       | \$345.60              | \$307.20             | \$307.20            | \$518.40                   | \$518.40                          | \$134.40        |
| 80+ Points (50% of full cap)                           | \$216.00     | \$216.00       | \$432.00              | \$384.00             | \$384.00            | \$648.00                   | \$648.00                          | \$168.00        |
| Medicare HRA - (Full Subsidy Cap)                      | \$3,780      | \$3,780        | \$7,560               | \$8,316              | \$8,316             | \$12,096                   | \$11,916                          | \$4,536         |

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| Group  | Legacy Company Non-Union and Union Represented Employees or Represented Local  | Eligibility Definition and Benefits   |
|--------|--|---|
| 5      | <b>GTE/Verizon Non-Union Employees</b>   | Non-Union Employee who was part of a 2000 GTE/Verizon acquisition and has been identified in the purchase agreement will return to Verizon for Retiree benefit coverage (if eligible). Employees should contact the Verizon Benefit Service Center at (855) 489-2367 for information about Verizon benefit options (if eligible).   |
| 6 - MZ | <b>Madison River Non-Union Employees hired or rehired:</b> <ul style="list-style-type: none"> <li>• <b>Coastal Utilities:</b><br/>From 01/01/2001 to 12/31/2007</li> <li>• <b>Gallatin River:</b><br/>From 11/01/1998 to 12/31/2007</li> <li>• <b>GulfTel:</b><br/>From 10/01/1999 to 12/31/2007</li> <li>• <b>Madison River:</b><br/>From 01/01/1998 to 12/31/2007</li> <li>• <b>MebTel:</b><br/>From 01/01/1998 to 12/31/2007</li> </ul> | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Non-Union Employee listed at left</li> <li>• Hired, rehired or, transferred on or before <b>12/31/2007</b></li> <li>• Age 55+ with 10+ years of service</li> <li>• If terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination and the adjusted service date (also known as service date) will be used to determine eligibility for retiree benefits.</li> </ul> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Medicare Retiree Medical and Dental</b> – Retiree receives an annual Company-funded subsidy credit equal to \$10 per month for each year of service listed. Years of service after 12/31/2007 do not count towards subsidy credit.</li> <li>• <b>Medicare Eligible Medical and Dental</b> - Retirees are eligible to enroll in the Medicare Advantage PPO + Dental plan (MAPD) or choose to enroll in the Retiree HRA option. (See Medicare HRA chart below or appendix for more information and costs for MAPD plan). Retiree HRA is a Company-funded subsidy in the form of a (HRA) to reimburse for private Medicare Supplemental coverage and dental. The Company contribution amount equals 50 percent of your annual non-Medicare subsidy credit. Once Medicare eligible the retiree pays 100% of the total monthly cost for dental coverage.</li> </ul> <p><b>Retiree Basic Life Insurance</b></p> <ul style="list-style-type: none"> <li>• <b>Coastal Utilities</b> – Equal to \$10,000.</li> <li>• <b>Gallatin River, Madison River and MebTel</b> - Equal to the lesser of \$25,000 or 50% of active basic life coverage as of <b>12/31/2007</b>.</li> <li>• <b>GulfTel</b> – Equal to \$10,000.</li> </ul> |
| 7 - MU | <b>Madison River/ Gallatin River Union Represented Employees</b><br>Must be hired/rehired/ transferred between dates listed: <ul style="list-style-type: none"> <li>• <b>CWA 4217</b></li> </ul> <p><b>Galesburg</b><br/>From 11/01/1998 to 12/31/2007</p> <p><b>IBEW 21 Dixon/Pekin</b><br/>From 11/01/1998 to 12/31/2007</p>   | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Employees represented by a collective bargaining agreement listed at left.</li> <li>• Hired, rehired or, transferred between <b>11/01/1998</b> to <b>12/31/2007</b>.</li> <li>• Age 55+ with 10+ years of service.</li> <li>• If terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination and the adjusted service date (also known as service date) will be used to determine eligibility for retiree benefits.</li> </ul> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Medicare Retiree Medical and Dental</b> – Retiree receives an annual Company-funded subsidy credit equal to \$10 per month for each year of service listed. Years of service after 12/31/2007 do not count toward the subsidy credit.</li> <li>• <b>Medicare Eligible Medical and Dental</b> - Retirees are eligible to enroll in the Medicare Advantage PPO + Dental plan (MAPD) or choose to enroll in the Retiree HRA option. (See Medicare HRA chart or appendix for more information and costs for MAPD plan). Retiree HRA is Company-funded subsidy in the form of a HRA to reimburse for private Medicare Supplemental coverage and dental. The Company contribution amount equals 50 percent of your annual non-Medicare subsidy credit. Once Medicare eligible the retiree pays 100% of the total monthly cost for dental coverage.</li> <li>• <b>Retiree Basic Life Insurance</b> – Equal to the lesser of \$25,000 or 50% of active basic lifecoverage as of 12/31/2007.</li> </ul>   |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

**Retiree Annual Subsidy Caps:** Retiree receives an annual Company-funded Non-Medicare Subsidy (for Company funded medical/dental coverage only) or if Medicare eligible the retiree is eligible to enroll in the new Medicare Advantage PPO + Dental plan (MAPD). Or, a Company-funded Medicare Health Reimbursement Account (HRA) to reimburse for private Medicare Supplemental coverage or other eligible healthcare expenses up to the Cap. The annual caps do not increase. Unused Medicare HRA funds do not rollover to the next calendar year.

**Note:** If there are more than 2 people eligible for the HRA in a household, they are also eligible for an HRA equivalent to 50% even if the household total exceeds 100% of the original MR credit amount. Example: if the annual credit amount shown is \$1,080, divide by 2 so the HRA amount per person is \$540. Retiree Only = \$540. Retiree + Spouse/DP = \$1080. If a Retiree, Spouse/DP and Child are all three eligible (Retiree + Spouse/DP + 1 Child), they would each get an annual HRA allocation of \$540 each or \$1,620 annually."

| Group | Legacy Company Non-Union and Union Represented Employees or Represented Local   | Eligibility Definition and Benefits   |
|-------|---|---|
| 8-E10 | <p><b>Embarq Non-Union Employees and Union Represented:</b></p> <ul style="list-style-type: none"> <li>• CWA 1101 NJ</li> <li>• CWA 2204 VA</li> <li>• CWA 3176, 3176A FL</li> <li>• CWA 3672 NC</li> <li>• CWA 3680, 3680A, 3681, 3682, 3685 NC</li> <li>• CWA 3871 VA</li> <li>• CWA 4322, 4470, 4471,4474, 4475 OH</li> <li>• CWA 4700 IN</li> <li>• CWA 6174 TX</li> <li>• CWA 6372, 6372A KS</li> <li>• CWA 7970 OR/WA</li> <li>• CWA 13000 (formerly 101) PA</li> <li>• IBEW 02 MO</li> <li>• IBEW 199S,1496 (formerly 199N) FL</li> <li>• IBEW 392 OH</li> <li>• IBEW 396, 396A, 396C NV</li> <li>• IBEW 688, 688R OH</li> <li>• IBEW 723 IN</li> <li>• IBEW 827, 827A NJ</li> <li>• IBEW 843 NE</li> <li>• IBEW 1181 VA</li> <li>• IBEW 1496A FL</li> <li>• IBEW 1537 NC</li> <li>• IBEW 1649 SC</li> <li>• IBEW 1912 NC</li> <li>• IBEW 1996 OH</li> <li>• IBEW 2337 (formerly 20) TX</li> </ul> | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Non-Union Employees or Union Represented Employees represented by a collective bargaining agreement listed at left and was part of the Embarq acquisition</li> <li>• Hired, rehired or, transferred on or before <b>12/31/2007</b> (retired on or after 01/01/2002) and one of the following apply: <ul style="list-style-type: none"> <li>- Age 65 or older with at least 5 years of service, OR</li> <li>- Age 55 to 65 with at least 10 years of service, OR</li> <li>- Your age and years of service points totals 75 + and you are being terminated because your job is being eliminated due to a merger, consolidation of operation, automation or reduction in the work force (voluntary or involuntary) and you are not offered work with an affiliate or participating company, OR</li> <li>- You become totally and permanently disabled and have completed 10 years of service prior to your retirement date</li> </ul> </li> <li>• If terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination and the adjusted service date (also known as service date) will be used to determine eligibility for retiree benefits.</li> </ul> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li>• <b>Retiree Medical and Dental</b> – Non-Medicare and Medicare eligible Retirees are eligible for the Company subsidized SHARE program. The company subsidy is equal to \$1,600 beginning at age 50 for each year of service with a maximum of 15 years (max \$24,000). The SHARE amount is prorated based on the month you retire. For example, if you terminate in May and retire June 1st, you receive \$667.00 (\$1,600/12m) = \$133.33 each month x 5 months for January thru May.</li> <li>• <b>If separated due to “Special Early Retirement”</b> (RIF) the employee must have minimum 75 points age &amp; service to receive one-half of the remaining 15-year maximum allocation as if the employee would have continued employment. Pro-ration for partial year does not apply to Special Early Retirement. <ul style="list-style-type: none"> <li>- Example 1:<br/>Employee age 48 with 27 years of service (age + service = 75) Company provides 8 years of SHARE credit (1/2 of maximum 15-year credit)<br/>15 years divided by 2 = 7.5 years round to next full year = 8 years (8 x \$1,600 = \$12,800)</li> <li>- Example 2:<br/>Employee age 54 and 21 years of service (age + service = 75). 10 years of SHARE credit (company provides additional 6 years). Employee earned 4 annual SHARE credits – age 50, 51, 52 and 53<br/>Half of remaining 15-year maximum credit 15 – 4 = 11/2 = 5.5 round to next full year = 6 years<br/>4 years earned SHARE credit + 6 years = 10 years</li> </ul> </li> </ul> |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

| Group       | Legacy Company Non-Union and Union Represented Employees or Represented Local | Eligibility Definition and Benefits   |
|-------------|---|---|
| 8-E10 cont. |   | <ul style="list-style-type: none"> <li>• <b>If classified as a “Disability Retirement”</b> SHARE amount is determined same as Special Early Retirement or minimum of 10 years SHARE credits. Retiree receives the greater of the two formulas. <ul style="list-style-type: none"> <li>- Example 1:<br/>Employee age 58 and eligible for disability retirement – receives 12 years of SHARE credit<br/>Employee earned 8 years of SHARE credit (age 50 to 58)<br/>Company provides 4 additional years of SHARE credit at NRD (age 65) - half of remaining 15 years. <math>(15-8 = 7/2 = 3.5</math> rounded up to 4).</li> <li>- Example 2:<br/>Employee age 45 and eligible for disability retirement<br/>10 years of SHARE credit (minimum amount) - <math>10 \times \\$1,600 = \\$16,000</math><br/>This is for employees less than 50 years old.</li> </ul> <p><b>Note:</b> If you had a SHARE balance on <b>12/31/2009</b> that was greater than your calculated benefit above, you will receive the higher balance.</p> </li> <li>• <b>Medicare Eligible Retirees</b> - Retirees are eligible to enroll in the Medicare Advantage PPO + Dental plan (MAPD) or choose to enroll in the Retiree HRA option. (See appendix for more information and costs for MAPD plan).</li> <li>• <b>Retiree Basic Life Insurance</b> - Not eligible for retiree basic life insurance except the following: <ul style="list-style-type: none"> <li>- VEBA - If you worked under the Carolina Telephone &amp; Telegraph (CTT) as a Management or Non-Union (Grandfathered) employee as of December 21, 1993 or a Union Represented employee by CWA 3680 series as of November 14, 2008 (prior to November 15, 2008) or IBEW 1912 on or before May 31, 2009 (prior to June 1, 2009), you may be offered a Voluntary Employee Benefit Association (VEBA) plan according to the dates specified by the purchase agreement or applicable Union contract. <b>Note:</b> If you are eligible for VEBA and you transfer out of the Legacy Embarq Union offering the benefit, you are no longer eligible for VEBA coverage including if you leave the Company and are rehired.</li> </ul> </li> </ul> |
| 9-1         | Qwest Non-Union Employees ( <b>Protected Employee</b> ):                      | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• <b>9-1: “Protected Employee”</b> means a Legacy Qwest Non-Union Employees who was designated and classified as a Protected Employee prior to the Qwest acquisition and who satisfies one of <p><b>A</b> the sections below (e.g., A, B or C) and also meets the Modified Rule of 75 listed below:</p> <ol style="list-style-type: none"> <li>1. was employed as an active Employee and was a Participant in the Health Care Plan on <b>12/31/2000</b>,</li> <li style="text-align: center;"><b>and</b></li> <li>2. had 20 years Term of Employment (TOE) by <b>12/31/2000</b>,</li> <li style="text-align: center;"><b>and</b></li> <li>3. has been continuously employed from <b>01/01/2001</b> until he/she satisfies the conditions for the *Modified Rule of 75 under the Qwest Pension Plan and retires from the Company;</li> </ol> <p><b>OR</b></p> <p><b>B</b></p> <ol style="list-style-type: none"> <li>1. was employed as an active Employee and was a Participant in the Health Care Plan on <b>12/31/2000</b>,</li> <li style="text-align: center;"><b>and</b></li> <li>2. satisfied the conditions for a Service Pension under the *Modified Rule of 75 on or before <b>12/31/2003</b> or, if the Participant became Disabled (as defined by the Qwest Disability Plan) prior to <b>12/31/2003</b>, and such Participant would have been Service Pension eligible under the *Modified Rule of 75 on or before <b>12/31/2003</b> if he/she had not become Disabled;</li> </ol> </li> </ul>   |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

9-1  
cont.

OR  
C

1. was employed as an active Employee and was a Participant in the Health Care Plan on **12/31/2000**,  
and
2. had 20 years Term of Employment (TOE) by **12/31/2000**, and
3. terminates employment with the Company and is rehired prior to **12/31/2003** and is employed by the Company on **01/01/2004**, such Employee must remain continuously employed until satisfying the \*Modified Rule of 75 in order to remain a Protected Participant.

**AND ALSO MUST MEET THE:**

**Modified Rule of 75** - The Modified Rule of 75 under the Qwest Pension Plan is met if a Participant separates from service from the Company and satisfies at the time of his/her separation one of the following minimum age and service requirements:

- Age 65 and completion of ten-year Term of Employment (TOE)
- Age 60 and completion of a fifteen-year TOE;
- Age 55 and completion of a twenty-year TOE;
- Age 50 and completion of a twenty-five-year TOE;
- Completion of a thirty-year TOE (no age requirement)

If the employee is terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare/life is based upon eligibility prior to termination. If the above criteria have been satisfied, the Term of Employment (TOE) date will be used to determine eligibility for retiree benefits.

**Benefits & Company Subsidy:**

- **9-1 Protected Employee Retiree Medical and Dental** - The company pays 100 percent of the cost for retiree healthcare coverage up to the Cap and retirees are responsible to pay premiums equal to the remaining cost as follows:
- **Medicare Eligible Retirees** - Retirees are eligible to enroll in the new Medicare Advantage PPO + Dental plan (MAPD) or choose to enroll in the Retiree HRA option. (See Medicare HRA chart below or see appendix for more information and costs for MAPD plan).

**Note:** Dental HRA is only provided when all participants are Medicare eligible

| Post 1990 Management Retiree Healthcare Caps and HRA Amounts |   |   |
|--|---|---|
|  | Non-Medicare & Dental Eligible (Cap)                | Medicare Eligible HRA (Cap), funded annually, *unused funds do not carry over to next Plan year       |
| <b>Retiree</b>   | \$390 per month medical;<br>\$20 per month dental   | \$145 per month medical; \$1740 annual; \$20 per month dental*; \$240 annual; combined \$1,980 annual |
| <b>Spouse /DP</b>  | \$390 per month medical;<br>\$20 per month dental   | \$145 per month medical, \$1740 annual; \$20 per month dental*; \$240 annual; combined \$1,980 annual |
| <b>Child(ren)</b>  | \$273 per month medical;<br>\$15 per month dental   | \$273 per month medical, \$3276 annual \$15 per month dental*; \$180 annual combined \$3,456 annual   |
| <b>Retiree &amp; Spouse/DP</b>                               | \$780 per month medical;<br>\$40 per month dental   | \$290 per month medical, \$3480 annual \$40 per month dental*; \$480 annual combined \$3,960 annual   |
| <b>Retiree &amp; Child(ren)</b>                              | \$663 per month medical;<br>\$35 per month dental   | \$418 per month medical, \$5016 annual \$35 per month dental; \$420 annual combined \$5,436 annual    |
| <b>Spouse &amp; Child(ren)</b>                               | \$663 per month medical;<br>\$35 per month dental   | \$418 per month medical, \$5016 annual \$35 per month dental*; \$420 annual combined \$5,436 annual   |
| <b>Retiree &amp; Family</b>                                  | \$1,053 per month medical;<br>\$55 per month dental | \$563 per month medical; \$6756 annual \$55 per month dental*; \$660 annual combined \$7,416 annual   |

|                         |   |  |
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| <p><b>9-1 cont.</b></p> |   | <p>The HRA amounts listed are the monthly/annual company contribution HRA caps and the annual caps do not increase.</p> <p><b>Note:</b> Dental HRA is only provided when all participants are Medicare eligible</p> <ul style="list-style-type: none"> <li>• <b>9-1 Retiree Life Insurance (Protected Employee)</b> – Equal to \$10,000.</li> </ul> <p><b>Important:</b> Retiree/eligible dependents will be defaulted to continue supplemental life at same coverage, and reduced generally up to age 70. If employee wishes not to continue coverage, they must notify the Service Center at the time they elect to enroll, suspend or waive retiree benefits.</p>   |
| <p><b>9-2</b></p>       | <p><b>Qwest Non-Union Employees (Not Protected Employee):</b></p> | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• <b>9-2: eligible for Access Only coverage</b> – Non-Union Employee who is NOT a Protected Employee, and was a part of the Qwest acquisition and who satisfies <u>all</u> the rules below <u>including</u> the Modified Rule of 75: <ul style="list-style-type: none"> <li>- Hired, rehired or transferred on/before <b>12/31/2011</b></li> <li>- Non-Medicare Eligible</li> <li>- Has satisfied the Modified Rule of 75 (as defined by the Qwest Pension Plan)</li> <li>- Must enroll - You and your dependent(s) must first enroll in COBRA medical for the full 18 months of coverage. If you become Medicare eligible while you are enrolled in COBRA, you and your dependents coverage will end, and you/ dependent will not be eligible for Access Only coverage.</li> </ul> <p><b>Note:</b> If you and your dependent(s) are not Medicare eligible after exhausting COBRA, you are eligible to enroll in a Lumen Retiree non-Medicare medical plan until you become Medicare eligible at which time, Lumen coverage will end. Coverage will end for the retiree and any dependent(s) once the retiree becomes Medicare eligible (dependent(s) cannot continue coverage without the retiree being enrolled). If the dependent becomes Medicare eligible first, the retiree can remain in non-Medicare coverage until they become eligible for Medicare.</p> </li> <li>• <b>Modified Rule of 75</b> – The Modified Rule of 75 under the Qwest Pension Plan is met if a Participant separates from service from the Company and satisfies at the time of his/her separation one of the following minimum age and service requirements. <ul style="list-style-type: none"> <li>- Age 60 and completion of a fifteen-year Term of Employment (TOE);</li> <li>- Age 55 and completion of a twenty-year TOE;</li> <li>- Age 50 and completion of a twenty-five-year TOE</li> <li>- Completion of a thirty-year TOE</li> </ul> <p>If the employee is terminated and rehired within 60 calendar days of a termination due to an Involuntary Reduction-In-Force or Company/Business Sold, then service is bridged upon rehire and eligibility for retiree healthcare is based upon eligibility prior to termination. If the above criteria have been satisfied, the Term of Employment (TOE) date will be used to determine eligibility for retiree benefits.</p> </li> <li>• <b>Benefits &amp; Company Subsidy:</b><br/>If the eligibility rules regarding age and years of service are met, the Employee who is Not Protected would be eligible for the following benefits after COBRA coverage has exhausted (18 months): <ul style="list-style-type: none"> <li>- <b>9-2 Non-Medicare Eligible Retiree Medical</b> – eligible for Access Only – Retiree must pay the full cost (100%) of the monthly cost for non-Medicare Retiree Medical coverage.</li> <li>- <b>Medicare Eligible</b> - no longer eligible for Lumen retiree healthcare benefits when you become Medicare eligible. I.e. medical (MAPD), HRA, CDHP HRA or Dental</li> <li>- <b>9-2 Retiree Dental</b> – You are not eligible for Retiree Dental.</li> <li>- <b>9-2 Retiree Life Insurance</b> – You are not eligible for Retiree Basic Life Insurance.</li> </ul> </li> </ul> |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

| <p><b>10</b></p>                  | <p><b>Qwest Union Represented:</b></p> <ul style="list-style-type: none"> <li>• CWA District 7</li> <li>• IBEW 206</li> </ul> | <p><b>Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Hired, rehired or transferred <b>on/before 12/31/2023</b></li> <li>• <b>Modified Rule of 75</b> - The Modified Rule of 75 under the Qwest Pension Plan is met if a Participant separates from service from the Company and satisfies one of the following minimum age and service requirements: <ul style="list-style-type: none"> <li>- At least age 65 and completion of a ten-year Term of Employment (TOE)*;</li> <li>- Age 60 and completion of a fifteen-year TOE;</li> <li>- Age 55 and completion of a twenty-year TOE;</li> <li>- Age 50 and completion of a twenty-five year TOE</li> <li>- Completion of a thirty-year TOE.</li> </ul> </li> </ul> <p>*Your Term of Employment (TOE) is used to determine your Retiree Healthcare/Life eligibility. Your TOE is measured in terms of completed years, months, and days of employment with the Qwest Company.</p> <p><b>Transfer:</b> Years of Service with Legacy CenturyLink/CenturyTel, Legacy Embarq, or Legacy Madison River do not count towards the calculation of TOE .</p> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li>• <b>Retiree Medical and Dental</b> - Company subsidized retiree healthcare up to the Monthly Post 1990 Occupational Retiree Medical Caps and HRA Amounts as shown below.</li> <li>• <b>Classified as “Disability Pension/Retirement”</b> - if you have greater than 15 Years of Service, hired prior to Jan. 1, 2009, and are Service Pension eligible and termed due to LTD you are eligible for retiree benefits.</li> <li>• <b>Retirees who are eligible and classified as Disability Pension are not</b> required to meet the Modified Rule of 75.</li> </ul> <div style="background-color: #00AEEF; color: white; padding: 5px; text-align: center;"> <p><b>Post 1990 Occupational Retiree Medical Caps &amp; HRA Amounts<br/>(Dollar Amounts are “Rounded”)</b></p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">Non-Medicare Eligible (Cap)</th> <th style="width: 30%; text-align: center;">Medicare Eligible (HRA, funded annually)</th> </tr> </thead> <tbody> <tr> <td><b>Retiree only</b></td> <td style="text-align: center;">\$521 per month</td> <td style="text-align: center;">\$214 per month; \$2,570 Annual</td> </tr> <tr> <td><b>Spouse/DP only</b></td> <td style="text-align: center;">\$521 per month</td> <td style="text-align: center;">\$214 per month; \$2,570 Annual</td> </tr> <tr> <td><b>Child(ren) only</b></td> <td style="text-align: center;">\$173 per month</td> <td style="text-align: center;">\$173 per month; \$2,070 Annual</td> </tr> <tr> <td><b>Retiree &amp; Spouse/DP</b></td> <td style="text-align: center;">\$1,042 per month</td> <td style="text-align: center;">\$428 per month; \$5,140 Annual</td> </tr> <tr> <td><b>Retiree &amp; Child(ren)</b></td> <td style="text-align: center;">\$694 per month</td> <td style="text-align: center;">\$387 per month; \$4,640 Annual</td> </tr> <tr> <td><b>Spouse/DP &amp; Child(ren)</b></td> <td style="text-align: center;">\$694 per month</td> <td style="text-align: center;">\$387 per month; \$4,640 Annual</td> </tr> <tr> <td><b>Retiree &amp; Family</b></td> <td style="text-align: center;">\$1,215 per month</td> <td style="text-align: center;">\$601 per month; \$7,210 Annual</td> </tr> </tbody> </table> <p><b>Important Note:</b><br/>The HRA amounts listed are the monthly/annual company contribution HRA caps and the annual caps do not increase.</p> <ul style="list-style-type: none"> <li>• <b>Medicare Eligible Retirees</b> - Retirees are eligible to enroll in the new Medicare Advantage PPO + Dental plan (MAPD) or choose to enroll the Retiree HRA option. (See Medicare HRA chart below or see appendix for more information and costs for MAPD plan).</li> <li>• <b>Retiree Basic Life Insurance</b> - Equal to \$10,000</li> <li>• <b>Retiree Supplemental Life</b> - See below.</li> </ul> <p><b>Note:</b> At the time of retirement, the Retiree Supplemental Life plan will be defaulted; meaning you will have coverage the first of the month following your termination. This is the ONLY plan you will be defaulted into. If you do not wish to continue this coverage, you need to contact the Lumen Health and Life Service Center when electing retiree coverage, even if you are electing to suspend other coverage. If you do not contact the Service Center, you will be billed for the coverage and cannot retroactively cancel. This coverage is available generally up to age 70.</p> |  | Non-Medicare Eligible (Cap) | Medicare Eligible (HRA, funded annually) | <b>Retiree only</b> | \$521 per month | \$214 per month; \$2,570 Annual | <b>Spouse/DP only</b> | \$521 per month | \$214 per month; \$2,570 Annual | <b>Child(ren) only</b> | \$173 per month | \$173 per month; \$2,070 Annual | <b>Retiree &amp; Spouse/DP</b> | \$1,042 per month | \$428 per month; \$5,140 Annual | <b>Retiree &amp; Child(ren)</b> | \$694 per month | \$387 per month; \$4,640 Annual | <b>Spouse/DP &amp; Child(ren)</b> | \$694 per month | \$387 per month; \$4,640 Annual | <b>Retiree &amp; Family</b> | \$1,215 per month | \$601 per month; \$7,210 Annual |
|-----------------------------------|---|---|--|-----------------------------|--|---------------------|-----------------|---------------------------------|-----------------------|-----------------|---------------------------------|------------------------|-----------------|---------------------------------|--------------------------------|-------------------|---------------------------------|---------------------------------|-----------------|---------------------------------|-----------------------------------|-----------------|---------------------------------|-----------------------------|-------------------|---------------------------------|
|                                   | Non-Medicare Eligible (Cap)   | Medicare Eligible (HRA, funded annually)  |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |
| <b>Retiree only</b>               | \$521 per month   | \$214 per month; \$2,570 Annual   |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |
| <b>Spouse/DP only</b>             | \$521 per month   | \$214 per month; \$2,570 Annual   |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |
| <b>Child(ren) only</b>            | \$173 per month   | \$173 per month; \$2,070 Annual   |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |
| <b>Retiree &amp; Spouse/DP</b>    | \$1,042 per month   | \$428 per month; \$5,140 Annual   |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |
| <b>Retiree &amp; Child(ren)</b>   | \$694 per month   | \$387 per month; \$4,640 Annual   |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |
| <b>Spouse/DP &amp; Child(ren)</b> | \$694 per month   | \$387 per month; \$4,640 Annual   |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |
| <b>Retiree &amp; Family</b>       | \$1,215 per month   | \$601 per month; \$7,210 Annual   |  |                             |  |                     |                 |                                 |                       |                 |                                 |                        |                 |                                 |                                |                   |                                 |                                 |                 |                                 |                                   |                 |                                 |                             |                   |                                 |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

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| <p><b>12</b></p> | <p><b>Access Only:</b><br/>(See Group Identifiers to the right)</p> <p><b>Rehired Employees:</b><br/>For <b>Group 12:</b> If you were rehired by the dates listed within this group and within your assigned location (e.g., Represented local) and you meet the age requirement at the time of your retirement (55+), your adjusted service date (also known as service date) will be used to calculate your total years of service when determining retirement eligibility.</p> | <p><b>Eligibility:</b> Non-union employee or Union Represented employee by a collective bargaining agreement below and who is age 55+ with 10+ years of service.</p> <ul style="list-style-type: none"> <li>• CWA 3971,3972,3974 Alabama (hired, rehired, or transferred on/between 01/01/2006 - 12/31/2010)</li> <li>• CWA 4217 Illinois (hired, rehired, or transferred on/between 01/01/2008 - 12/31/2010)</li> <li>• CWA 4370 Ohio (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2010)</li> <li>• CWA 4671, 4672, 4674, 4675 Wisconsin (hired, rehired, or transferred on/between 01/01/2006 - 12/31/2010)</li> <li>• CWA 6171 Central Arkansas (hired, rehired, or transferred on/between 08/17/2004 -12/31/2010)</li> <li>• CWA 6171 Northwest Arkansas (hired, rehired, or transferred on/between 01/01/2006 - 12/31/2010)</li> <li>• CWA 6300 (6310A is included), 6301, 6311, 6312 (6312A is included), 6373 Missouri (hired, rehired, or transferred on/between 01/01/2006 - 12/31/2010)</li> <li>• CWA 7818 Washington (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2010)</li> <li>• CWA 7906 Oregon (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2010)</li> </ul> <ul style="list-style-type: none"> <li>• IBEW 21 Illinois (hired, rehired, or transferred on/between 01/01/2008 - 12/31/2010)</li> <li>• IBEW 89 Oregon (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2010)</li> <li>• IBEW 89 Washington (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2010)</li> <li>• IBEW 257A Missouri (hired, rehired, or transferred on/between 01/01/2004 - 12/31/2010)</li> <li>• IBEW 768 Montana (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2010)</li> <li>• IBEW 1106 Michigan (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2010)</li> </ul> <ul style="list-style-type: none"> <li>• Non-Union employees under Legacy CenturyTel (hired, rehired, or transferred on/between 01/01/2003 - 12/31/2007)</li> <li>• Non-Union employees under CenturyLink (hired, rehired, or transferred on/between 01/01/2008 - 12/31/2010)</li> <li>• Non-Union employees under Legacy Madison River including: Coastal Utilities, Gallatin River, GulfTel, and MebTel (hired, rehired, or transferred on/between 01/01/2008 - 12/31/2010)</li> </ul> <p><b>Benefits &amp; Company Subsidy:</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Medicare Eligible Retiree Medical and Dental</b> - eligible for Access Only - Retiree pays 100% of the total cost for non-Medicare Retiree Medical and Dental. Retiree Medicare HRA subsidy, Medicare Medical, and Dental is not available once becoming Medicare eligible.</li> <li>• <b>Medicare Eligible</b> - no longer eligible for Lumen retiree healthcare benefits when you become Medicare eligible. I.e. medical (MAPD), HRA, CDHP HRA or Dental</li> <li>• <b>Retiree Basic Life Insurance:</b> <ul style="list-style-type: none"> <li>- If you were hired, rehired, or transferred on or between 01/01/2003 - 12/31/2007, you are eligible for retiree basic life insurance equal to 50% of your active basic life coverage as of 12/31/2007.</li> <li>- If you were hired, rehired, or transferred on or between 01/01/2008 - 12/31/2010, you are eligible for retiree basic life insurance equal to \$10,000.</li> </ul> </li> </ul> <p><b>Note:</b> Coastal Utilities, Gallatin River, GulfTel, Madison River and MebTel: you are not eligible for retiree basic life insurance.</p> |
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**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

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| <p><b>13</b></p> | <p><b>Not Eligible:</b><br/>(See Group Identifiers to the right)</p> | <p><b>If you do not meet the eligibility requirements in any of Groups 1 - Group 12, you are assigned Group 13.</b></p> <ul style="list-style-type: none"> <li>• You are not eligible for Retiree healthcare/life benefits.</li> <li>• Non-Union Employees hired, rehired or transferred on or after 1/1/2011</li> <li>• Embarq Union Represented Employees was not part of the Embarq acquisition and hired, rehired, or transferred on or after 01/01/2008</li> <li>• Qwest Union employees hired on or after 1/1/2024.</li> <li>• Qwest Non-Union Employees “not Protected” not part of the Qwest acquisition hired, rehired, transferred on or after 1/1/2012.</li> </ul> <p><b>This includes employees from the acquisitions of:</b></p> <ul style="list-style-type: none"> <li>• Active Broadband</li> <li>• AppFog</li> <li>• Cognilytics</li> <li>• Elasticbox</li> <li>• Level 3</li> <li>• netAura</li> <li>• Orchestrate</li> <li>• Savvis</li> <li>• SEAL</li> <li>• Steamroot</li> <li>• Tier 3</li> </ul> |
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**FOR TRANSFER RULES, PLEASE CONTINUE**

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. The Benefits under these Plans are not vested. If there is any conflict between the terms of the Plan Documents and this correspondence, the terms of the Plan Documents will govern. 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. 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 Plans. Lumen reserves the right to amend or terminate all of the Plans and the Benefits provided - with respect to all classes or Participants, retired or otherwise - and their beneficiaries, without prior notice or consultation with any Participants and beneficiaries - subject to applicable law and collective bargaining as applicable - the terms of the respective Plan Documents, and with respect to the Health Plan, the written agreement specific to Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees.

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.



| Group Number:    | Transfer Rules:  |
|------------------|--|
| <b>Group 1:</b>  | <ul style="list-style-type: none"> <li>Legacy CenturyTel Non-Union to Any Non-Union: You remain in Group 1.</li> <li>Legacy CenturyTel Non-Union to Legacy CenturyTel Union Represented: You remain in Group 1.</li> <li>Legacy CenturyTel Union Represented or Non-Union to Any non Legacy CenturyTel Union Represented: You move to Group 13.</li> <li>Legacy CenturyTel Union Represented to Any other Legacy CenturyTel Union Represented. You remain in Group 1.</li> <li>Legacy CenturyTel Union Represented to Any Non-Union: You remain in Group 1.</li> </ul> |
| <b>Group 2:</b>  | <ul style="list-style-type: none"> <li>Legacy KMC/Lightcore Non-Union to Any Non-Union: You remain in Group 2.</li> <li>Legacy KMC/Lightcore Non-Union to Any Union Represented.: You move to Group 13.</li> </ul>   |
| <b>Group 3:</b>  | <ul style="list-style-type: none"> <li>Legacy CenturyTel Union Represented to Any Non-Union: You move to Group 1.</li> <li>Legacy CenturyTel Union Represented to another Legacy CenturyTel Union Represented not listed in Group 3: You move to Group 1.</li> <li>Legacy CenturyTel Union Represented to Any non-Legacy CenturyTel Union Represented: You move to Group 13.</li> </ul>  |
| <b>Group 4:</b>  | <ul style="list-style-type: none"> <li>Legacy CenturyTel Union Represented to Any Non-Union: You move to Group 1.</li> <li>Legacy CenturyTel Union Represented to another Legacy CenturyTel Union Represented not listed in Group 4: You move to Group 1.</li> <li>Legacy CenturyTel Union Represented to Any non-Legacy CenturyTel Union Represented: You move to Group 13.</li> </ul>  |
| <b>Group 5:</b>  | <ul style="list-style-type: none"> <li>Legacy GTE/Verizon Non-Union.</li> <li>Note: You will need to go to Verizon. Contact Verizon for retirement eligibility.</li> </ul>   |
| <b>Group 6:</b>  | <ul style="list-style-type: none"> <li>Legacy Madison River Non-Union to Any Non-Union: You remain in Group 6.</li> <li>Legacy Madison River Non-Union to Any Union Represented: You move to Group 13.</li> </ul>  |
| <b>Group 7:</b>  | <ul style="list-style-type: none"> <li>Legacy Madison River Union Represented to Any Non-Union: You move to Group 6.</li> <li>Legacy Madison River Union Represented to Legacy Madison River Union Represented: You remain in Group 7.</li> <li>Legacy Madison River Union Represented to Any non Legacy Madison River Union Represented: You move to Group 13.</li> </ul>   |
| <b>Group 8:</b>  | <ul style="list-style-type: none"> <li>Legacy Embarq Non-Union to Any Non-Union: You remain in Group 8.</li> <li>Legacy Embarq Non-Union to Legacy Embarq Union Represented: You remain in Group 8.</li> <li>Legacy Embarq Union Represented to Any Non-Union: You remain in Group 8.</li> <li>Legacy Embarq Union Represented to Any other Legacy Embarq Union Represented. You remain in Group 8.</li> <li>Legacy Embarq Union Represented or Non-Union to Any non Legacy Embarq Union Represented: You move to Group 13.</li> </ul>                                 |
| <b>Group 9:</b>  | <ul style="list-style-type: none"> <li>Legacy Qwest Non-Union transfer to Any Non-Union: You remain in Group 9.</li> <li>Legacy Qwest Non-Union transfer to Any Union Represented: You move to Group 13.</li> </ul>  |
| <b>Group 10:</b> | <ul style="list-style-type: none"> <li>Legacy Qwest Union Represented transfer to Any Legacy Non-Union or Union other than Legacy Qwest: You move to Group 13.</li> <li>Legacy Qwest Union Represented transfer to Any non Legacy Qwest Union Represented: You move to Group 13.</li> </ul>  |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

| Group Number:<br>Cont. | Transfer Rules:<br>Cont.   |
|------------------------|--|
| <b>Group 12:</b>       | <ul style="list-style-type: none"> <li>• Non-Union Represented Employee to Any Represented: You move to Group 13.</li> <li>• Union Represented Employee to Union Represented: You move to Group 13.</li> <li>• Union Represented Employee transfer to Union Represented: You move to Group 13.</li> <li>• Non-Union Represented Employee transfer to Non-Union Represented: You move to Group 13.</li> </ul> |
| <b>Group 13:</b>       | <ul style="list-style-type: none"> <li>• You remain in Group 13 regardless of your transfer.</li> </ul>  |
| <b>Rehired Retiree</b> | <ul style="list-style-type: none"> <li>• You will be “placed” into Group 13 if you are a rehired employee. At the time you re-retire, you will be offered the same benefits as you were offered when you initially retired. You do not receive additional benefits or “better” benefits because you are rehired.</li> </ul>  |

**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 Plan Documents and this correspondence, the terms of the Plan Documents will govern. **Please Note:** Lumen reserves the right to amend or terminate all of the Company-sponsored benefits Plans (including but not limited to the Retiree & Inactive Health Plan) and the Benefits provided with respect to all classes of Participants, retired or otherwise, and their beneficiaries, without prior notice to or consultation with Participants and beneficiaries -- subject only to applicable law, collective bargaining if applicable, the terms of the respective Plan documents and, with respect to the Retiree & Inactive Health Plan, the written agreement specific to the Legacy Qwest Pre-1991 Retirees and Legacy Qwest ERO'92 Retirees. 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.

# Appendix: Retiree & COBRA Rates – Group Retiree MAPD PPO + Dental Plan

## 2024 Retiree Rates - 100% Pay – No Company Subsidy

### 2024 Medicare Advantage Medical + Dental Plan Total Monthly Rate

| 2024 Total Cost Per Month       | Per Covered Medicare Individual in MAPD |
|---------------------------------|---|
| Group Retiree MAPD PPO + Dental | \$140.00                                |

## 2024 Retiree Rates – CenturyTel (ZM) (Retiree Group 1)

### 2024 Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Medicare eligible individuals have the option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions. Monthly member contributions for ZM retirees for this plan are shown below.

| Monthly Contributions for MAPD PPO + Dental Plan | You Only | Spouse Only | You + Spouse | You + Spouse + Child | You + Spouse + Children | You + Child | You + Children | Spouse + Child | Spouse + Children | Child Only | Children Only |
|--|----------|-------------|--------------|----------------------|-------------------------|-------------|----------------|----------------|-------------------|------------|---------------|
| Points   |          |             |              |                      |                         |             |                |                |                   |            |               |
| 65-69  | \$87.20  | \$87.20     | \$174.40     | \$251.52             | \$391.52                | \$164.32    | \$304.32       | \$164.32       | \$304.32          | \$77.12    | \$217.12      |
| 70-74  | \$60.80  | \$60.80     | \$121.60     | \$167.28             | \$307.28                | \$106.48    | \$246.66       | \$106.48       | \$246.48          | \$45.68    | \$185.68      |
| 75-79  | \$34.40  | \$34.40     | \$68.80      | \$83.04              | \$223.04                | \$48.64     | \$188.89       | \$48.64        | \$188.64          | \$14.24    | \$154.24      |
| 80-84  | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$54.56                 | \$0.00      | \$73.33        | \$0.00         | \$72.96           | \$0.00     | \$91.36       |
| 85-89  | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$0.00                  | \$0.00      | \$0.00         | \$0.00         | \$0.00            | \$0.00     | \$28.48       |
| 90+  | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$0.00                  | \$0.00      | \$0.00         | \$0.00         | \$0.00            | \$0.00     | \$0.00        |

## 2024 Retiree Rates – CenturyTel (Z4) (Retiree Group 3 & 4)

Z4 medical plan subsidies are based on a “Better Of” determination among Years of Service and Points matrices

### 2024 Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Medicare eligible individuals have the option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions. Monthly member contributions for Z4 retirees for this plan are shown below.

| Monthly Contributions for MAPD PPO + Dental Plan | You Only | Spouse Only | You + Spouse | You + Spouse + Child | You + Spouse + Children | You + Child | You + Children | Spouse + Child | Spouse + Children | Child Only | Children Only |
|--|----------|-------------|--------------|----------------------|-------------------------|-------------|----------------|----------------|-------------------|------------|---------------|
| Points   |          |             |              |                      |                         |             |                |                |                   |            |               |
| 75-79  | \$34.40  | \$34.40     | \$68.80      | \$83.04              | \$223.04                | \$48.64     | \$188.64       | \$48.64        | \$188.64          | \$14.24    | \$154.24      |
| 80-84  | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$54.56                 | \$0.00      | \$72.96        | \$0.00         | \$72.96           | \$0.00     | \$91.36       |
| 85-89  | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$0.00                  | \$0.00      | \$0.00         | \$0.00         | \$0.00            | \$0.00     | \$28.48       |
| 90+  | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$0.00                  | \$0.00      | \$0.00         | \$0.00         | \$0.00            | \$0.00     | \$0.00        |

## 2024 Retiree Rates - CenturyTel (Z9) (Retiree group 4)

### 2024 Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Medicare eligible individuals have the option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions. Monthly member contributions for Z9 retirees for this plan are shown below.

| Monthly Contributions for MAPD PPO + Dental Plan | You Only | Spouse Only | You + Spouse | You + Spouse + Child | You + Spouse + Children | You + Child | You + Children | Spouse + Child | Spouse + Children | Child Only | Children Only |
|--|----------|-------------|--------------|----------------------|-------------------------|-------------|----------------|----------------|-------------------|------------|---------------|
| CenturyTel (Z9)                                  | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$0.00                  | \$0.00      | \$0.00         | \$0.00         | \$0.00            | \$0.00     | \$0.00        |

## 2024 Retiree Rates - Embarq SHARE (Retiree Group 8)

- Starting at age 50, Legacy Embarq employees earn \$1,600 per year toward your SHARE Account until you reach 65 (maximum 15 years - \$24,000)
- Full cost of non-Medicare coverage is withdrawn from Share Account
- Once Medicare eligible, Lumen medical plan ends. Unused SHARE dollars may be used towards private Medicare Supplement Plan or towards new Group Retiree Medicare Advantage (MAPD PPO + Dental) plan.

### 2024 Medicare Advantage Plan Medical + Dental Plan & Total Monthly Rate

| 2024 Total Cost Per Month       | Per Covered Medicare Individual in MAPD |
|---------------------------------|---|
| Group Retiree MAPD PPO + Dental | \$140.00                                |

## 2024 Retiree Rates – Madison River (Retiree Group 6 & 7)

### 2024 Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Medicare eligible individuals have the option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions. Monthly member contributions for Madison River retirees for this plan are shown below.

| Monthly Contributions for MAPD PPO + Dental Plan | You Only | Spouse Only | You + Spouse | You + Spouse + Child | You + Spouse + Children | You + Child | You + Children | Spouse + Child | Spouse + Children | Child Only | Children Only |
|--|----------|-------------|--------------|----------------------|-------------------------|-------------|----------------|----------------|-------------------|------------|---------------|
| Credited Service                                 |          |             |              |                      |                         |             |                |                |                   |            |               |
| 1  | \$136.00 | \$136.00    | \$272.00     | \$408.00             | \$544.00                | \$272.00    | \$408.00       | \$272.00       | \$408.00          | \$136.00   | \$272.00      |
| 2  | \$132.00 | \$132.00    | \$264.00     | \$396.00             | \$528.00                | \$264.00    | \$396.00       | \$264.00       | \$396.00          | \$132.00   | \$264.00      |
| 3  | \$128.00 | \$128.00    | \$256.00     | \$384.00             | \$512.00                | \$256.00    | \$384.00       | \$256.00       | \$384.00          | \$128.00   | \$256.00      |
| 4  | \$124.00 | \$124.00    | \$248.00     | \$372.00             | \$496.00                | \$248.00    | \$372.00       | \$248.00       | \$372.00          | \$124.00   | \$248.00      |
| 5  | \$120.00 | \$120.00    | \$240.00     | \$360.00             | \$480.00                | \$240.00    | \$360.00       | \$240.00       | \$360.00          | \$120.00   | \$240.00      |
| 6  | \$116.00 | \$116.00    | \$232.00     | \$348.00             | \$464.00                | \$232.00    | \$348.00       | \$232.00       | \$348.00          | \$116.00   | \$232.00      |
| 7  | \$112.00 | \$112.00    | \$224.00     | \$336.00             | \$448.00                | \$224.00    | \$336.00       | \$224.00       | \$336.00          | \$112.00   | \$224.00      |
| 8  | \$108.00 | \$108.00    | \$216.00     | \$324.00             | \$432.00                | \$216.00    | \$324.00       | \$216.00       | \$324.00          | \$108.00   | \$216.00      |
| 9  | \$104.00 | \$104.00    | \$208.00     | \$312.00             | \$416.00                | \$208.00    | \$312.00       | \$208.00       | \$312.00          | \$104.00   | \$208.00      |
| 10   | \$100.00 | \$100.00    | \$200.00     | \$300.00             | \$400.00                | \$200.00    | \$300.00       | \$200.00       | \$300.00          | \$100.00   | \$200.00      |

## 2024 Retiree Rates - Qwest Non-Union (Retiree Group 9-1)

### 2024 Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Medicare eligible individuals have the option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions. Monthly member contributions for Qwest Non-Union retirees for this plan are shown below.

| Monthly Contributions for MAPD PPO + Dental Plan | You Only | Spouse Only | You + Spouse | You + Spouse + Child | You + Spouse + Children | You + Child | You + Children | Spouse + Child | Spouse + Children | Child Only | Children Only |
|--|----------|-------------|--------------|----------------------|-------------------------|-------------|----------------|----------------|-------------------|------------|---------------|
| Qwest Non-Union                                  | \$8.00   | \$8.00      | \$16.00      | \$0.00               | \$65.60                 | \$0.00      | \$57.60        | \$0.00         | \$57.60           | \$0.00     | \$49.60       |

## 2024 Retiree Rates - Qwest Union Represented (Retiree Group 10)

### 2024 Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Medicare eligible individuals have the option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions. Monthly member contributions for Qwest Union Represented retirees for this plan are shown below.

| Monthly Contributions for MAPD PPO + Dental Plan | You Only | Spouse Only | You + Spouse | You + Spouse + Child | You + Spouse + Children | You + Child | You + Children | Spouse + Child | Spouse + Children | Child Only | Children Only |
|--|----------|-------------|--------------|----------------------|-------------------------|-------------|----------------|----------------|-------------------|------------|---------------|
| Qwest Union Represented                          | \$0.00   | \$0.00      | \$0.00       | \$0.00               | \$79.33                 | \$0.00      | \$110.67       | \$0.00         | \$110.67          | \$2.00     | \$142.00      |

### 2024 Total Monthly Retiree COBRA Rate - Group Retiree MAPD PPO + Dental Plan

| 2024 Total Cost Per Month       | Per Covered Medicare Individual in MAPD |
|---------------------------------|---|
| Group Retiree MAPD PPO + Dental | \$142.80                                |