



**Basic and Supplemental Long Term Disability (LTD) Insurance**

Long Term Disability (LTD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Supplemental LTD insurance offers you the opportunity to choose a higher amount of LTD coverage.

The Basic LTD policy is fully paid by Lumen and provides a basic level of LTD coverage. The Supplemental LTD option is paid for by you and provides a higher level of LTD coverage. If you become eligible for the policy and you do not elect the Supplemental LTD option, you will automatically be enrolled in the Basic LTD policy.

Standard Insurance Company (The Standard) has developed this document to provide you with information about coverage you may select through Lumen.

**Eligibility and Waiting Period Requirements**

- Policy no. 643388**
  - The effective date is January 1, 2019
- Employee**
  - **Class 2: Qwest Union Represented Employees hired prior to January 1, 2018**
  - An eligible employee includes a regular Qwest Union Represented full-time employee, part-time employee, or term employee, of the employer who was hired prior to January 1, 2018 and who is actively working at least 21 hours a week.
  - An eligible employee does not include a Qwest Union Represented employee hired, rehired or transferred after January 1, 2018, Lumen Non-Union Members, Lumen Union Represented Members as defined in their collective bargaining agreement and Qwest Union Represented Retail/Outside Sales Representatives, a full-time member of the armed forces of any country (unless your employer indicates otherwise), a leased employee as defined in 414n of the Internal Revenue Code, an independent contractor, an occasional or incidental employee or a non-employee consultant.
- Eligibility Waiting Period**
  - You are eligible as follows:
    - Basic LTD policy: The first day following 365 days as a Member and actively at work
    - Supplemental LTD policy: The January 1 following 365 days as a Member and actively at work
- Premium**
  - You pay 100 percent of the premium for the Supplemental LTD portion of this coverage through payroll deduction.

**Benefit Amount**

Your monthly LTD benefit is a percentage of your insured monthly Predisability Earnings reduced by Deductible Income. You may be covered under either Basic LTD or Supplemental LTD, but not both. You will automatically be covered under Basic LTD unless you elect to become covered under Supplemental LTD. If you cease paying for premiums for the Supplemental policy, Supplemental LTD will cease and you will automatically be covered under the Basic LTD policy.

	<u>Basic LTD</u>	<u>Supplemental LTD</u>
<b>Percentage of monthly Predisability Earnings</b>	50%	65%
<b>Maximum Monthly Benefit</b>	\$12,000	\$25,000
<b>Minimum Monthly Benefit</b>	\$100 or 10%	\$100 or 10%

**Predisability Earnings Definition**

**Predisability Earnings** Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work as reported to us by your Employer; not your W-2 earnings. Any subsequent change in your earnings after that last full day of Active Work will not affect your Predisability Earnings.

**All Members** Predisability Earnings means your monthly rate of earnings as reported to us by your Employer, including but not limited to the following:

- Contributions you make through a salary reduction agreement with your Employer to:
  - a) An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement; or
  - b) An executive nonqualified deferred compensation arrangement
- Commissions (if applicable)
- Target incentive pay (if applicable)
- Overtime pay (as provided in the leveraged compensation plan only)
- Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan

**Predisability Earnings does not include**

- Bonuses, except as defined under target incentive pay above
- Overtime pay, except as otherwise provided in the leveraged compensation plan
- Shift differential pay
- Stock options or stock bonuses
- Imputed income and rebates
- Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan
- Any other extra compensation

If you are paid on an annual contract basis, your monthly rate of earnings is one twelfth (1/12th) of your annual contract salary.

If you are paid hourly, your monthly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 173 hours.

**Additional Benefit Information**

Note:

- Evidence of Insurability will not be required if you apply for Supplemental LTD during your employer's first annual enrollment period following the date you become eligible. Your Supplemental LTD will become effective on January 1st following the annual enrollment period during which you apply provided your coverage has been approved.
- If you do not apply for Supplemental LTD during your first annual enrollment period in which you are eligible, you are required to submit Evidence of Insurability during subsequent annual enrollments.
- To submit Evidence of Insurability online, visit: [standard.com/mhs](http://standard.com/mhs).

To compare the amount of your LTD benefit under both policies, fill in the blanks below:

	<u><b>Basic LTD</b></u>	<u><b>Supplemental LTD</b></u>
1. Enter your monthly Predisability Earnings	\$ _____ (If your monthly Predisability Earnings exceed \$24,000, enter \$24,000 above.)	\$ _____ (If your monthly Predisability Earnings exceed \$38,462, enter \$38,462 above.)
2. Percentage of Predisability Earnings	50%	65%
3. Multiply amount on line 1 by percentage on line 2 and enter total here. This is your monthly LTD benefit amount before reduction for Deductible Income.		
See page 4 for definition of Deductible Income	\$ _____	\$ _____

**Disability Needs Calculator**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: [standard.com/disability/needs](http://standard.com/disability/needs).

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, receive Evidence of Insurability approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact the Lumen Health and Life Service Center at 866.935.5011 for more information regarding the requirements that must be satisfied for your insurance to become effective.

**Understanding Your Policy Design**

**Benefit Waiting Period**

If your claim for LTD benefits is approved by The Standard, benefits become payable after the benefit waiting period. This is a specified number of days during which you must remain continuously disabled (generally considered your Short Term Disability period). LTD benefits are not payable during the benefit waiting period. The benefit waiting period for each policy is indicated below.

In no case will LTD Benefits be paid to you while you are eligible to receive Short Term Disability benefits under your Employer’s Short Term Disability Plan.

The Benefit Waiting Period for Class 2 is as follows:

- a) 270 days/39 weeks; or
- b) 12 months in any consecutive 18 month period regardless of the number or length of the claims, but not to exceed the STD Maximum Benefit Period of 9 months for any one claim; or
- c) the date STD Benefits are exhausted

Note: If you temporarily recover from your Disability and then become Disabled again from a different cause or causes, your STD Benefits may be extended for a maximum of 12 months within any 18 month period.

**Own Occupation Definition of Disability** For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder (subject to plan exclusions) to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed Predisability Earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

**Any Occupation Definition of Disability** After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder (subject to plan exclusions) to perform with reasonable continuity the material duties of any occupation.

**Maximum Benefit Period** The maximum benefit period is the same for Basic LTD and Supplemental LTD as indicated below:

<u>Age</u>	<u>Maximum Benefit Period</u>
61 or younger	To age 65, or to SSNRA, or 3 years 6 months, whichever is longest.
62	To SSNRA, or 3 years 6 months, whichever is longer.
63	To SSNRA, or 3 years, whichever is longer.
64	To SSRNA, or 2 years 6 months, whichever is longer.
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 +	1 year

It's important to understand your normal retirement age. Here's a list of possible years you were born followed by your normal retirement age according to the Social Security Administration.

<u>Birth Year</u>	<u>Normal Retirement Age</u>
1937 or earlier	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943 through 1954	66 years
1955	66 years and 2 months
1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
1960 or later	67 years

**Deductible Income Provision**

**Deductible Income**

Deductible Income is income you receive or are eligible to receive while LTD benefits are payable to you. Deductible Income includes, but is not limited to, as defined in your Certificate and Summary Plan Description for Group LTD Insurance:

- Sick pay, annual or personal leave pay, severance pay, vacation pay, personal paid days or any other forms of salary continuation (including donated amounts) paid
- Benefits under any Workers’ Compensation law or similar law
- Amounts under unemployment compensation law
- Your Social Security disability or retirement benefits paid to you
- Disability benefits from any other group insurance
- Disability or retirement benefits you receive or are eligible to receive under your employer’s retirement policy, including a plan arranged or maintained by a union for the benefits of its members
- Disability benefits you receive or are eligible to receive as a rotational employee under the Bellcore pension plan.
- Disability or retirement benefits you receive or are eligible to receive under your employer’s retirement policy, including any lump sum payments
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

**Benefit Calculation**

**Example**

The LTD benefit amount is determined by multiplying your insured Predisability Earnings by the specified benefit percentage. This amount is then reduced by deductible income. In the example below, the LTD benefit amount is 50% of insured Predisability Earnings. If your monthly earnings before becoming disabled were \$4,500, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900, your monthly LTD benefit would be calculated as follows:

**If you have the 50% Basic Plan:**

Insured Predisability Earnings	\$4,500
LTD benefit percentage	X 50%
	\$2,250
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
<b>Amount of LTD benefit</b>	<b>\$150</b>

**If you have the 65% Supplemental Plan:**

Insured Predisability Earnings	\$4,500
LTD benefit percentage	X 65%
	\$2,925
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
<b>Amount of LTD benefit</b>	<b>\$825</b>

**Additional Features**

For additional information about the features and benefits below, please refer to your [group insurance certificate](#).

<b>24-Hour Coverage</b>	24-hour LTD policies provide coverage for disabilities occurring on or off the job.
<b>Rehabilitation Plan</b>	If you are participating in an approved Rehabilitation plan, The Standard may include payment of some of the expenses you incur in connection with the policy including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.
<b>Reasonable Accommodation Expense Benefit</b>	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
<b>Rehabilitation Incentive Benefit</b>	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional LTD benefit equal to the lesser of \$1,000 or 10 percent of your LTD benefit before reduction by deductible income. When added to any other amount you receive from The Standard, your LTD benefit may exceed the maximum LTD benefit allowed by the policy.

**Exclusions**

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for a specified period of time, and you have been actively at work for at least one full day after the end of the exclusion period. This period is the same under both the Basic LTD policy and Supplemental LTD policy, however the periods may not run concurrently, depending upon the effective date of your coverage under the Supplemental LTD policy

**Preexisting Condition Provision**

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

<b>Preexisting Condition Period</b>	The 365-day period just before your insurance becomes effective
<b>Treatment Free Period</b>	12 consecutive months during the exclusion period
<b>Exclusion Period</b>	12 months from the date your insurance becomes effective

**Limitations**

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution

- Able to work and earn at least 20 percent of your indexed Predisability Earnings, but you elect not to work; during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited to 12 months in duration:

- If you reside outside the United States (including US Territories) or Canada
- If your disability is caused or contributed to by a) mental disorders, b) substance abuse or c) other limited conditions then LTD benefits is limited to 12 months during your entire lifetime

### **When Benefits End**

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance policy under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to LTD benefits

### **When Insurance Ends**

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which a premium contribution was made for your insurance (except if premiums are waived while disabled)
- The later of the date your employment terminates or the last day in which premium contributions were made.
- The date the group policy terminates
- The date you cease to be a member (insurance may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

### **Group Insurance Certificate**

If coverage becomes effective, and you become insured, you may review a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events at: [standard.com/eforms/20403\\_643388.pdf](http://standard.com/eforms/20403_643388.pdf). The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Rates**

If you elect Supplemental LTD, your monthly premium rate is indicated in the table below. Premiums for Supplemental LTD will be deducted directly from your paycheck. If you do not enroll in Supplemental LTD, subject to eligibility requirements, you will automatically be insured under Basic LTD with no premium cost to you.

If you have questions regarding how to determine your earnings, please review the Predisability Earnings section on Page 1 or in the [group insurance certificate](#).

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

- 1. Enter your bi-weekly Predisability Earnings, not to exceed \$17,752. Line 1: \_\_\_\_\_
- 2. Your bi-weekly premium rate is .00238. Line 2: \_\_\_\_\_
- 3. Multiply the amount on Line 1 by the amount on Line 2 and enter total here. Line 3: \_\_\_\_\_

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

This information is only a brief description of the group LTD insurance policy sponsored by Lumen Technologies, Inc.. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Lumen Technologies, Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.





### **Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to 23,000 groups, covering over 6 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at **standard.com**.

\* As of December 31, 2013, Based on internal data developed by Standard Insurance Company.

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GP190-LTD/S399, GP399-LTD/TRUST,  
GP899-LTD, Contract 2000