



# 2020 Annual Enrollment guide

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

**For employees in the classifications below:**

Active employees represented by  
**Qwest/Communications Workers of America (CWA)**  
or **Qwest/International Brotherhood of Electrical Workers (IBEW 206)**  
collective bargaining agreements.







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

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

# Welcome to Annual Enrollment

Annual Enrollment is your opportunity to review the benefits CenturyLink offers. Please review this guide in its entirety as it contains important benefit information. Carefully consider the benefit options that are right for you and your eligible dependents.

## Be sure to take the time to view:

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

## What you need to do next:

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

## Online enrollment

To make online changes or updates to your coverage:

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

Once you enroll, you will receive an email from the Service Center confirming your enrollment at your preferred email address on file. You should keep a copy for your records. If you enroll online, through the Service Center, or do nothing, a paper Confirmation Statement will be mailed to your address on file. You should keep a copy for your records.

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

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

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

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

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

# What's changing

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

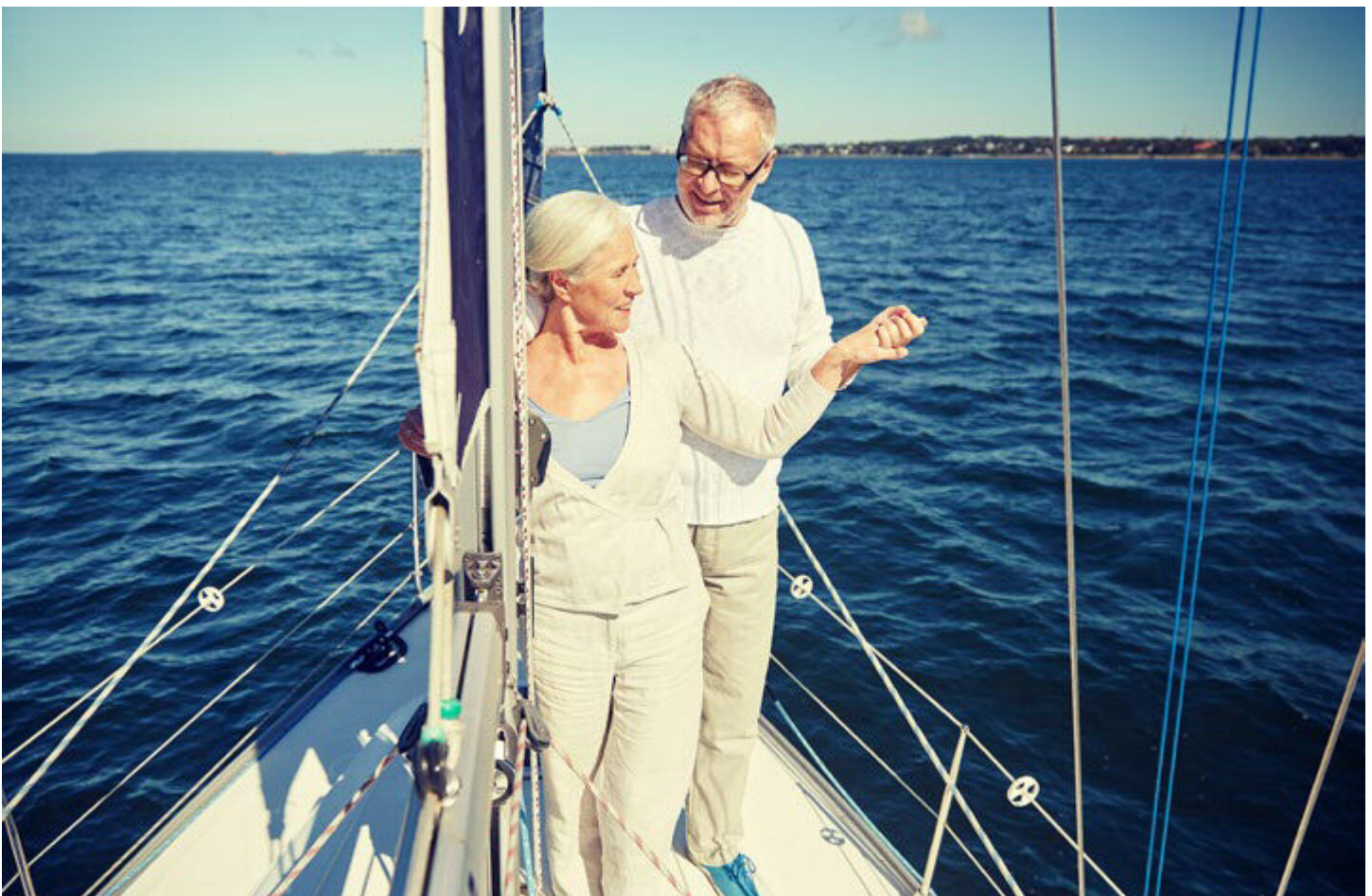
Please keep this SMM with your SPD for future reference. This SMM summarizes only certain provisions of the Plan. If there is any conflict between the terms of the Plan documents and this SMM, the terms of the Plan documents will govern. The company has reserved to the Plan Administrator the right to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

**As an employee represented by either the Qwest/CWA or Qwest/IBEW Local 206 collective bargaining agreement, you and your eligible dependent(s) are impacted by the recently negotiated Collective Bargaining Agreement reached with CWA D7 and IBEW 206. With the ratification of the Collective Bargaining Agreement, these changes are effective Jan. 1, 2020.**

The information listed below is not meant to be a complete list of all changes in your benefit options as a result of your 2020 bargaining agreement. Refer to the applicable SPD's for additional information.

## Service Center phone number

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





# What's changing (cont.)

Employee Classification	Eligibility	Where can I find more details?
Eligibility for Health and/or Welfare Benefits		
Regular Full-time or Term Full-time employees	As a Regular Full-time or Term Full-time employee, you and your eligible dependents may enroll in: <ul style="list-style-type: none"> <li>» medical/prescription drug</li> <li>» dental</li> <li>» vision</li> <li>» Flexible Spending Accounts (Health Care and Dependent Day Care)</li> <li>» Health Savings Account (HSA) when enrolled in the Savings High Deductible Health Plan (Savings HDHP)</li> <li>» Well Connected wellness program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program)</li> <li>» Fitness Reimbursement program</li> <li>» Disability</li> <li>» Life Insurance coverage</li> </ul>	To elect or update coverage, log on to Health and Life website at <a href="http://centurylink.com/healthandlife">centurylink.com/healthandlife</a> or at or <a href="http://centurylinkhealthandlife.com">centurylinkhealthandlife.com</a> between Nov. 4 - Nov. 22, 2019 to make your 2020 elections.
Regular Part-time, Term Part-time or Seasonal employees	As a Regular Part-time, Term Part-time or Seasonal employee, you and your eligible dependents may enroll in: <ul style="list-style-type: none"> <li>» medical/prescription drug</li> <li>» Flexible Spending Accounts (Health Care and Dependent Day Care)</li> <li>» Health Savings Account (HSA) when enrolled in the Savings High Deductible Health Plan (Savings HDHP)</li> <li>» Well Connected wellness program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program)</li> <li>» Disability - Only available to Seasonal employees if hired before Jan. 1, 2018.</li> </ul>	To elect or update coverage, log on to Health and Life website at <a href="http://centurylink.com/healthandlife">centurylink.com/healthandlife</a> or at or <a href="http://centurylinkhealthandlife.com">centurylinkhealthandlife.com</a> between Nov. 4 - Nov. 22, 2019 to make your 2020 elections.
Temporary Full-time, Temporary Part-time and Incidental employees  <b>Note:</b> Temporary and Incidental employees pay the total cost, 100%, for medical/prescription drug coverage.	As a Temporary Full-time, Temporary Part-time or an Incidental employee, you and your eligible dependents may enroll in: <ul style="list-style-type: none"> <li>» medical/prescription drug</li> <li>» Well Connected wellness program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program)</li> </ul>	To elect or update coverage, log on to Health and Life website at <a href="http://centurylink.com/healthandlife">centurylink.com/healthandlife</a> or at or <a href="http://centurylinkhealthandlife.com">centurylinkhealthandlife.com</a> between Nov. 4 - Nov. 22, 2019 to make your 2020 elections.



# What's changing (cont.)

## What's Changing in 2020

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
<b>Dependent Audit</b>		
<p>2020 Medical Plan Dependent Audit</p>	<p>As part of CenturyLink's ongoing efforts to ensure our Health Plan meets its own eligibility requirements, we will be conducting a dependent audit to validate whether your spouse/domestic partner or common law spouse remains eligible for coverage under your medical, dental and/or vision plan benefit option.</p> <p><b>Note:</b> There are significant consequences for covering someone who isn't eligible such as a former spouse or former domestic partner (even if you have a court order that indicates you must maintain health coverage for your former spouse or former domestic partner).</p> <ul style="list-style-type: none"> <li>» <b>Immediate Termination of Coverage due to Ineligibility.</b> If your enrolled person is determined to be ineligible, they will be removed from medical, dental and/or vision coverage, as applicable. There are also tax consequences; for example, if a person was identified by an employee as a "spouse" now, but is later determined to be a "former spouse", they are not eligible for coverage under the Plan and must be removed. If the "former spouse" also has covered children (the Participant's step-children) under the Plan, the step children will also be removed from the Plan.</li> <li>» <b>Code of Conduct Violation.</b> You are informed every year at Annual Enrollment, and in the Plan document and Summary Plan Descriptions that misrepresenting eligibility and enrolling an ineligible person for coverage or keeping an ineligible person on coverage is a Code of Conduct violation, that is subject to discipline up to and including termination from employment.</li> </ul> <p><b>Documents to Validate Eligibility.</b> For your spouse/domestic partner or common law spouse whom you wish to maintain as enrolled in your medical, dental and/or vision plan benefit option, you will be required to provide proof of eligibility such as your 2019 Federal Tax Return listing your dependent/s (first page only), proof of joint ownership that was issued within the last 6 months, for example, mortgage statements, joint credit card statements, joint bank statements or residential leasing agreement listing both parties' names as co-owners.</p>	<p><b>What Should You Do NOW?</b> Only enroll eligible dependents in this Annual Enrollment and confirm those already enrolled meet the Plan's definition of eligibility. If you have questions about eligibility, check the Summary Plan Description on InsideLink or contact the Service Center. Remove any ineligible persons. Unless the removal from coverage is coincident with a Qualified Life Event (QLE) COBRA coverage is not available and will <u>not</u> be offered.</p> <p>Watch for additional information prior to the Dependent Audit period early next year.</p>

# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
<b>Benefit Premium Deductions</b>		
Medical premiums	The amount you pay for your medical coverage is dependant on your base pay, medical plan elected, coverage level and tobacco use, see "Tobacco-Free Discount" below. If your salary increases or decreases during the year, you may see your medical premiums increase or decrease.	Refer to the Premium rate sheet available on InsideLink.
Tobacco-Free Discount	CenturyLink offers a tobacco-free discount on the cost of your medical plan option premium deduction. The discount is calculated on the total cost of coverage, not the actual premium deduction.	No action required unless a change has occurred, e.g., have you or your covered dependent/s started smoking, vaping, chewing or are you and your covered dependents tobacco-free? If you do not make any changes, your current enrollment election will continue, if applicable. To avoid paying higher premiums for tobacco use, CenturyLink offers the Quit for Life tobacco cessation program to employees and eligible dependents at no cost. You can find more information about Quit for Life on InsideLink.
Working Spouse/Domestic Partner Surcharge	<p>If you cover a spouse/domestic partner who is eligible for an employer's medical plan and they waive their coverage but you elect to cover him/her on your CenturyLink medical plan option, you'll pay a \$100 surcharge per pay period. This surcharge applies unless...</p> <ul style="list-style-type: none"> <li>» Your base pay is less than \$30,000, or;</li> <li>» Your base pay is less than \$100,000 and your spouse/domestic partner's employer has fewer than 50 employees.</li> <li>» CenturyLink medical coverage is secondary to your spouse/domestic partner's group medical plan, meaning your spouse/domestic partner enrolls in their own employer's group medical plan, <b>and</b> you also enroll them in your CenturyLink medical plan option.</li> </ul> <p>For a complete list of conditions when a surcharge will apply, review the surcharge section when enrolling online or contact the Service Center.</p>	If you are not sure how to answer the surcharge question, contact the Service Center for further assistance to ensure that you answer the question correctly. No action is required unless a change has occurred. If you do not make any changes, your current surcharge enrollment election will continue, if applicable.
Payroll Processing: 26 versus 27 pay periods	Pay period 1 reflects 2019 health and welfare premium deductions and 2020 FSAs and HSA deductions. Pay period 2 includes 2020 health and welfare premium deductions as well as 2020 FSAs and/or HSA deductions. <b>Note:</b> There will be 27 pay periods processed for your FSAs and HSA. Health care and welfare deductions will continue to process over 26 pay periods. The difference between the pay periods does not alter the total contribution amount you elected; only your per pay period deduction amount.	Refer to the <b>Payroll and Benefits</b> schedule on InsideLink or the Health and Life website.

# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
Medical		
<p>Medical Benefit Plan Options</p>	<p>Review the Medical section of this guide. You have five medical plan benefit options for 2020. If you enroll in a medical benefit plan option, you will receive a new medical ID card for 2020.</p> <p>The PPO Plan through Highmark Blue Cross Blue Shield or United Healthcare will no longer be an available medical plan option to choose from. If you were previously enrolled in the PPO Plan, you will be defaulted to the Standard CDHP plan option unless you make a change during the annual enrollment period.</p> <ul style="list-style-type: none"> <li>» <b>Waive medical plan coverage (this means you do not have medical coverage) and you will no longer be eligible for the waive medical rebate credit as that is no longer offered.</b></li> <li>» <b>Two Consumer Driven Health Plans (CDHPs)</b>, the Standard CDHP and the Premium CDHP, each with a company-funded Health Reimbursement Account (HRA).</li> <li>» <b>Savings High Deductible Health Plan (HDHP)</b> - You will continue to have a Savings HDHP available with the option to enroll in an employee-funded Health Savings Account (HSA).</li> <li>» <b>NEW - Bind On-Demand</b> Bind On-Demand is made simple designed to give you more control of your cost and coverage.</li> </ul> <p>The Bind On-Demand plan option has a \$0 deductible and straightforward menu-based costs across treatment categories: emergency care, maternity, prescription drugs, preventive, primary care, virtual visit, etc. Like other useful services of our daily lives, the user-friendly Bind On-Demand mobile App and web experience can provide you with instant answers on what's covered and what things cost, so you can know before you step foot in a doctor's office.</p> <p><b>Coverage Flexibility</b> With Bind On-Demand, you have the flexibility to purchase Add-in coverage for a small set of procedures you can plan for, like knee replacement or foot bone fusion. Less than 5% of people obtain these services during the year, so Bind On-Demand lets you keep your paycheck deductions lower without coverage you likely won't need, along with the ability to Add-in the coverage on a post-tax premium basis if and when you elect to obtain one of these specific procedures.</p> <p><b>Helpful Support</b> With Bind On-Demand, you have access to one of the largest in-network doctors, clinics and hospitals. You also have access to a supportive Help Team and online tools that provide instant answers to coverage questions, cost and treatment comparisons, help finding the doctors and clinics you need and answers to any plan questions you may have. Call Bind On-Demand at <b>833-576-6519</b>.</p>	<p><b>Action Recommended!</b> Review your enrollment options on the Health and Life website. If you don't enroll by Nov. 22, 2019, you will be automatically enrolled in the medical plan option and coverage level listed in the default Coverage section of this guide and on the Health and Life website. If you enroll in a medical benefit option, you will receive a new medical ID card for 2020.</p>



# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
	<p><b>Learn More About Bind On-Demand</b> Visit <a href="http://centurylink.com/choosebind">centurylink.com/choosebind</a> (Access Code: CTL2020), to explore costs, coverage and providers. Visit InsideLink and ALEX to learn more about Bind On-Demand and how it compares to other plan option offerings. You can also find dates and times for Bind On-Demand information sessions (webcasts and in-person meetings for select locations).</p> <p><b>NOTE:</b> If you are considering this medical plan option, you are advised to read all of the materials available and to ensure you understand what is not covered and how this plan works.</p>	
<b>Highlight of Medical Coverage Updates</b>		
<p>2nd.MD - Second Opinions Expanded to All Conditions (For those enrolled in United-Healthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP) and those enrolled in the Bind On-Demand plan option)).</p>	<p>We have expanded 2nd.MD's benefit from spine- and joint-only benefits to all conditions! 2nd.MD can connect you and your eligible dependents with board-certified, experienced doctors for free with your UnitedHealthcare or Bind On-Demand medical plan. Get informed advice regarding chronic conditions, medications, new or existing diagnosis, surgery or a treatment plan. 2nd.MD experts are industry leaders across hundreds of thousands of subspecialties and thousands of conditions, such as ankle surgery, cancer, digestive problems, heart disease, hip, immunological disorders (type 1 diabetes, rheumatoid arthritis), infertility, knee, mental health issues, stroke and more.</p>	<p>2nd.MD - Visit <a href="http://centurylink.com/2ndmd">centurylink.com/2ndmd</a> or 866-842-1151</p>
<p>Back-to-Basics Program - No Cost Coverage (For those enrolled in United-Healthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP)).</p>	<p>You are eligible for three (3) visits for lower back pain with an in-network physical therapist or chiropractor at no cost to you.</p>	<p>Visit <a href="http://myuhc.com">myuhc.com</a> or call UnitedHealthcare at the number on the back of your medical ID card.</p>
<p>In- and Out-of-Network Providers (For those enrolled in United-Healthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP)).</p>	<p>You will now have a separate deductible and out-of-pocket maximum when using either an In-Network or Out-of-Network provider; it will no longer be a combined amount. For example, if your dermatologist is out-of-network, the amount you're responsible for will only apply to your out-of-network deductible and out-of-pocket maximum. This amount will not apply to your in-network deductible and in-network out-of-pocket limits.</p>	<p>Visit <a href="http://myuhc.com">myuhc.com</a> or call UnitedHealthcare at the number on the back of your medical ID card.</p>

# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
<p>Out-of-Network Coinsurance and Coverage (For those enrolled in UnitedHealthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP)).</p>	<p>The coinsurance for ALL out-of-network reimbursement is changing from 60% (you pay 40%) to 50% (you pay 50%). You will pay more when you use an out-of-network provider. Out-of-network providers set their own rates and may bill you for the difference between their rates and what the Plan pays based on eligible rates. This is called above “reasonable and customary charges”, (“R&amp;C”). <b>If you receive a bill for this difference, you are responsible for the cost and it will not apply to your out-of-pocket.</b></p> <p>Before getting care with any of your existing providers or new providers, make sure they are in-network by contacting the provider before your visit. This includes any ambulance transfer services, doctors, hospitals, lab facilities, and outpatient services such as pain injections. Before you get care, use the cost estimator tool at <b>myuhc.com</b> or the UnitedHealthcare mobile app to estimate costs on more than 500 services and procedures.</p> <p><b>Note:</b> If a provider says they’ll accept your insurance plan, this doesn’t always mean they’re in-network. To get the most out of your plan coverage (and pay less), make sure to ask the provider ahead of time, “Are you in-network with UnitedHealthcare?”</p>	<p>Need help finding an in-network provider?</p> <ul style="list-style-type: none"> <li>» Visit <b>myuhc.com</b> and click “Find a Doctor”.</li> <li>» Download the free UnitedHealthcare mobile app.</li> <li>» Call UnitedHealthcare at the number on the back of your medical ID card Monday through Friday, 8 a.m. to 8 p.m. in your time zone.</li> </ul>
<p>Out-Of Network Outpatient Surgery (For those enrolled in UnitedHealthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP)).</p>	<p>Out-of-network outpatient surgery is <b>not</b> covered by the Plan. You will be responsible for all associated costs.</p>	<p>Call UnitedHealthcare at the number on the back of your medical ID card Monday through Friday, 8 a.m. to 8 p.m. in your time zone.</p>
<p>Emergency Room - Non-Emergency (For those enrolled in UnitedHealthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP)).</p>	<p>1) When you use the Emergency Room for non-life-threatening services you will pay more for the visit. If your visit is deemed non-emergent (non-life threatening), the coinsurance plan will only pay 50% of the cost after the annual deductible is met. You will be responsible for meeting your annual deductible and the remaining 50%. This includes both in-network and out-of-network providers.</p> <p><b>Here are some examples of when to go to the emergency room:</b> chest pain, difficulty breathing, heavy bleeding, large open wounds, major broken bones, major burns, severe head injury, spinal injuries, sudden change in vision or sudden weakness or trouble talking.</p> <p><b>Here are some examples of services that are generally deemed not to be a true emergency:</b> ear infection, minor infections, rashes, small cuts, sore throat, sprains or strains.</p> <p>2) A \$300 penalty will be charged on your fourth and any subsequent ER visits within the calendar year for each covered family member. The \$300 penalty will not apply towards your annual deductible or out-of-pocket maximums and will not apply if you are admitted to the hospital. The penalty will only apply to participants over the age of 18 and doesn’t apply to children under the age of 18. And, the penalty will not apply if the participant is admitted to the hospital.</p> <p><b>Note:</b> This penalty resets every calendar year. The penalty will be waived if you contact UHC at the number on the back of your medical ID card within seven days from the ER visit.</p>	<p>Visit <b>myuhc.com</b> or call UnitedHealthcare at the number on the back of your medical ID card.</p>

# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
<p>Virtual Telehealth (For those enrolled in UnitedHealthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP)).</p>	<p>UnitedHealthcare members can now take advantage of a Virtual Visit experience using <b>myuhc.com</b> or the UnitedHealthcare app. With Virtual Visits, employees and covered family members can see and speak to a doctor anywhere, anytime on a mobile app or computer. No appointment is necessary — and a Virtual Visit usually takes less than 20 minutes. Doctors are able to diagnose a wide range of nonemergency medical conditions and prescribe medications. If needed, a prescription can be sent to your local pharmacy. Virtual Visits are covered subject to deductible and coinsurance and follows standard medical plan rules. You pay full cost of Virtual Visit until deductible is met. Each Virtual Visit cost is generally less than \$50. Once deductible is met, you pay your coinsurance. Once out-of-pocket limit is met, you pay \$0. The UHC Virtual Visits provider groups are aligned with American Medical Association (AMA) and Federation of State Medical Boards (FSMB) guidelines. Contracted provider groups are currently operating in all 50 states and the District of Columbia and include AmWell, Doctors on Demand and Teladoc.</p>	<p>Visit <b>myuhc.com</b> or call UnitedHealthcare at the number on the back of your medical ID card.</p>
<p>Newborn Deductible (For those enrolled in UnitedHealthcare plan options (Savings HDHP, Standard CDHP or the Premium CDHP)).</p>	<p>If you are expecting a new baby, the Annual Medical Deductible will now apply to all newborn claims regardless if the length of stay in the hospital is the same as the mother's length of stay. Both the baby and the mother will have a separate deductible for all charges. As a reminder, dependent delivery charges are not covered except where required by state law. Refer to the Summary Plan Description (SPD) for more details.</p>	<p>Visit <b>myuhc.com</b> or call UnitedHealthcare at the number on the back of your medical ID card.</p>





# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
<b>Prescription Drugs</b>		
Pharmacy	The Prescription Drug List (PDL) is updated in January and July of each year.	<p><b>For Bind On-Demand:</b> Visit <a href="http://centurylink.com/choosebind">centurylink.com/choosebind</a> On-Demand to check your pharmacy coverage, estimate costs or to obtain further information. Visit <a href="http://mybind.com">mybind.com</a> starting Jan. 1, 2020 if you enroll in the Bind On-Demand plan.</p> <p><b>For UnitedHealthcare Plan Options:</b> To reduce costs and make filling medications more convenient, maintenance medications for conditions such as diabetes, cholesterol and high blood pressure must be filled by mail order. You can fill your prescription up to a maximum of 2 times at a retail pharmacy. After that, it will not be covered, and you will pay the full retail price and will not be reimbursed for your out-of-pocket expense.</p> <p><b>Note:</b> You cannot opt-out of the prescription drug benefit, including mail order.</p> <p>If you are already enrolled in a UHC medical plan option, you can refer to the pricing tool on <b>OptumRx</b> to obtain pricing for your prescriptions. Once logged into the site, the pricing tool is available under Prescriptions and Coverage.</p> <p>If you are a new UHC member and would like an estimate of your prescription costs, visit <b>OptumRx</b>.</p>
<b>Flexible Spending Accounts (FSA)/Health Savings Account (HSA)</b>		
Health Care FSA	You have an option each Annual Enrollment to enroll in the Health Care FSA.  \$150-\$2,700 per year. FSA limits are determined by the IRS and are subject to change for 2020.	<p><b>Action required each annual enrollment!</b></p> <p>If previously enrolled, your elections do not carry over into the new year.</p>
Dependent Day Care FSA	You have an option each Annual Enrollment to enroll in the Dependent Day Care FSA.  \$150-\$5,000 per year. FSA limits are determined by the IRS and are subject to change for 2020.	<p><b>Action required each annual enrollment!</b></p> <p>If previously enrolled your elections do not carry over into the new year.</p>

# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
HSA	<p>To contribute to an HSA, you must be enrolled in the Savings HDHP medical option.</p> <p>Employee coverage increases from \$3,500 to \$3,550 and Employee + One or more increases from \$7,000 to \$7,100. The catch-up contribution for age 55 and older remains \$1,000.</p> <p><b>NOTE:</b> If you elect to have your HSA (Health Account) as your 2020 Wellness Reward option, you must open an HSA through OptumBank. You can contribute as much as you would like up to the IRS maximums. It's important to note that if you elect your Well Connected rewards to be deposited into your Health Savings Account (HSA), these amounts do count toward the IRS maximums.</p>	<p><b>Action required each annual enrollment!</b></p> <p>If you enroll in an HSA, payroll deductions will occur each pay period and will process through Optum Bank. If this is the first time you are enrolling in an HSA, you will receive a Welcome Kit from Optum Bank towards the beginning of the year.</p> <p>If you are Medicare eligible and planning to retire, you should review the "Medicare and You", the government's Medicare handbook. While each employee's situation will differ, planning and education are key. You can find this handbook on the official <a href="http://medicare.gov">medicare.gov</a> website.</p>
<b>Dental</b>		
Dental Plan Benefit Options	It is important for you to review the dental section of this guide for your available benefit options and coverage highlights. Eligibility for these benefit options may have changed due to your employee classification as of Jan. 1, 2020.	Visit <a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a> or 866-832-5756
<b>Vision</b>		
Vision Plan Benefit Option	It is important for you to review the vision section of this guide for coverage highlights. Eligibility for this benefit option may have changed due to your employee classification as of Jan. 1, 2020.	Visit <a href="http://vsp.com">vsp.com</a> or 800-877-7195



# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
Wellness - Wellness Incentive maximums for eligible employees and their spouse/domestic partner are: \$600 for employee and \$600 for spouse/domestic Partner.		
Wellness Updates	<p><b>Behavioral Support Video</b> (Available to all employees. Available to a spouse/domestic partner who is enrolled in a CenturyLink medical plan benefit option). Rally is bringing a new video in 2020. You can watch the video to earn a \$25 Rally reward.</p> <p><b>Financial (SmartPath Activity)</b> (Available to all employees. A spouse/domestic partner is not eligible.) Learn to be financially well with the new SmartPath program. Personalized coaching more than doubles your odds of long-term financial success. Your dedicated coach will help you get it done and celebrate your wins along the way.</p> <ul style="list-style-type: none"> <li>» Get matched with a coach that fits your specific needs</li> <li>» Schedule your initial call to set clear goals and a roadmap</li> <li>» Use the mobile app to track your money and chat with your coach</li> <li>» Get it done and see results - each and every month</li> </ul> <p>Visit <a href="http://centurylink.com/smartpath">centurylink.com/smartpath</a> to meet your coach and earn your one time \$25 Rally reward.</p> <p><b>Get Rewarded for Estimating a Medical Cost</b> (Available to employees and their spouse/domestic partner enrolled in a UnitedHealthcare plan option, (Savings HDHP, Standard CDHP or the Premium CDHP). With Rally, you can search for a doctor, hospital, or treatment wherever you are and get a cost estimate based on your actual health plan—so you'll know in advance what you'll pay. You can also check ratings so you can select the high-quality care that's right for you. Complete a cost estimate and receive a \$25 Rally reward.</p> <p><b>Preventive Services Reward Increasing from \$100 to \$150</b> (Available to all employees. Available to a spouse/domestic partner who is enrolled in a CenturyLink medical plan benefit option.) We know the importance of preventive screenings and in 2020 employees and their covered spouse/domestic partner will earn \$150 Rally rewards for each preventive screening. The screenings include cervical screening, colon screening, mammogram, and wellness, as applicable.</p> <p><b>Safety Video</b> (Available to all employees. A spouse/domestic partner is not eligible.) A new safety reward for 2020 will be available for all employees. Earn a \$25 Rally reward by watching the video "Learn about Falls, Slips, and Trips".</p> <p><b>Your Cause Platform</b> (Available to all employees. A spouse/domestic partner is not eligible.) In 2020 employees can earn a \$25 Rally reward for registering for a wellness event on Your Cause (<a href="http://centurylink.com/yourcause">centurylink.com/yourcause</a>). Search for events in your state by going to the Group section of Your Cause and finding your state's wellness events.</p> <p><b>Immersion Program</b> Employees enrolled in CenturyLink medical plan who meet certain criteria during biometric screenings may receive an invitation to participate in the Immersion Program. If you're considering a weight loss program or a lifestyle change, Immersion is a whole-body lifestyle change with proven positive results.</p> <p><b>Note:</b> Participation is voluntary, and employees must use their own entitlement time and obtain manager approval. Travel and lodging are covered by CenturyLink.</p>	Watch for additional information before the end of the year regarding these programs.



# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
Well Connected Rewards	<p>Wellness reward maximums for eligible employees and their spouse/domestic partner are as follows:</p> <ul style="list-style-type: none"> <li>» \$600 for Employee, (available to all employees even if not enrolled in a medical plan) and</li> <li>» \$600 for Spouse/Domestic Partner (must be enrolled in a CenturyLink medical plan option)</li> </ul> <p>Completion of the Health Survey and Biometric Screening are required to be completed before you can earn all other rewards. You will be awarded \$150 Rally reward once both are completed.</p> <p>Choose to deposit your wellness rewards into a Health Account such as a Health Savings Account (HSA) or Health Reimbursement Account (HRA) or gift cards, as applicable.</p>	<p>Be sure to review your Well Connected Rewards option on the Health and Life website by going to the “Your Benefits Summary” page and selecting “View/Change – Well Connected Rewards.” If you do not make any changes, your current enrollment election will continue, if applicable. Changes are not allowed during the year.</p> <p>If you elect the Bind On-Demand plan option, you must select Gift Card for your Wellness rewards.</p> <p>If you are enrolled in the Savings HDHP plan option and elect to have your Well Connected Rewards deposited into your HSA (Health Account), you must open a Health Savings Account with OptumBank.</p> <p>Well Connected Reward deposits count toward IRS maximum limits.</p> <p><b>NOTE:</b> If your HSA is with another financial institution, you need to elect Gift Card.</p>



# What's changing (cont.)

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
Employee Assistance Plan (EAP)	<p>The EAP offered by Beacon Health Options is available to employees or persons that live in the employee's household to resolve personal problems before they negatively affect your health, relationship with others or job performance. Professional counselors will help you decide which counseling option fits your needs. As an employee, the EAP offers up to 8 free confidential Counseling Sessions per problem per year to you or anyone who lives in your household – even if you are not enrolled in a CenturyLink medical plan option. The EAP offers Face-To-Face, Telephonic or Online Counseling Services.</p> <p><b>Note:</b> An EAP counselor is unable to complete Short-Term Disability or FMLA documents.</p> <p><b>Autism Care Coach</b> – Autism Care Coach Services assist employees who have a family member affected by autism spectrum disorder (“ASD”). The Autism Care Coach aids in locating resources to assist families with the challenges of ASD. An appointment is made for a conference facilitated by an Autism Care Coach. The Autism Care Coach assesses challenges for both the care recipient and the caregiver, evaluates where additional support is needed, and identifies available resources, creates a detailed care plan, which includes recommendations based on the Autism Care Coach's findings. The Autism Care Coach will follow up with the employee to review the resources and answer additional questions. In addition to the initial conference, the employee has up to three (3) 60-minute additional sessions with the Autism Care Coach.</p> <p><b>Beacon Wellbeing Services</b> – Through a holistic approach, Beacon Wellbeing focuses on all aspects of one's wellbeing—emotional, physical, financial, community and resiliency. Beacon Wellbeing enables employees to engage in services most meaningful to them—online, by phone or in person. Employees will have the opportunity to select a Clinician and self-schedule online and phone appointments with a Counselor. Employees can also schedule face-to-face counseling sessions in their local area.</p>	Visit Beacon Health Options at <a href="http://centurylink.com/eap">centurylink.com/eap</a> or 800-803-3737
<b>Life Insurance - Eligibility for these benefit options may have changed due to your employee classification as of Jan. 1, 2020.</b>		
Life Insurance Benefit Plan options <ul style="list-style-type: none"> <li>» Basic</li> <li>» Supplemental               <ul style="list-style-type: none"> <li>• Employee</li> <li>• Spouse/ Domestic Partner</li> <li>• Child/ren</li> </ul> </li> </ul>	Coverage and premium deductions may increase throughout the year in certain scenarios (for example, if you have a change in pay or change age brackets, age brackets are every 5 years, e.g., 30, 35, 40, 45, etc.).	Refer to the life insurance section of this guide for more information. Please confirm that you have designated beneficiaries for all of your Life Insurance plans by going to <a href="http://centurylink.com/healthandlife">centurylink.com/healthandlife</a> . The Service Center is the record keeper of beneficiary designations. Refer to the Life Insurance SPD for Facility of Payment to find out what happens when no beneficiaries are on file.

# What's changing (cont.) - Default coverage

Option/Program	2020 Benefit Information	Do I need to take action? Where can I find more details?
<b>Disability - There is no change for 2020 to the below benefit options.</b>		
Short-Term Disability (STD)	<p>If you were hired, rehired or transferred into either the Qwest/CWA or Qwest/IBEW 206 bargaining unit before the date of Jan. 1, 2009, your STD benefit is automatic and does not require you to enroll.</p> <p>If you were hired, rehired or transferred on or after Jan. 1, 2009, CenturyLink provides an enrollment option to elect STD benefits to be paid on a before or after-tax basis.</p> <p>If you elect "before-tax", your STD benefit, if applicable, would be taxed. If you elect "after-tax", your STD benefit, if applicable, would not be taxed.</p> <p>Changes to this election can only be made during Annual Enrollment. If you do not make any changes, your current enrollment election will continue, if applicable.</p>	Refer to the Short-Term Disability section of this guide or the Disability Summary Plan Description for more information.
Long-Term Disability (LTD)	CenturyLink provides you with a basic LTD benefit which is company-paid. No action is required as you will be automatically enrolled based on the eligibility waiting period.	Refer to the Long-Term Disability section of this guide or the Disability Summary Plan Description for more information.
Supplemental LTD	If you are eligible for Supplemental LTD for the first time and do not enroll during this Annual Enrollment period, but decide to enroll later, you will be required to complete the Statement of Health/Evidence of Insurability (EOI).	Refer to the Long-Term Disability section of this guide or refer to the Disability Summary Plan Description for more information.
<b>Voluntary Lifestyle Benefits</b>		
Voluntary Lifestyle Benefit Options	You must be a full-time or term full-time employee to enroll.	Refer to the Voluntary Lifestyle Benefits section of this guide for more information.
<b>Zip Codes</b>		
Zip Code	Medical networks are determined by ZIP code area, and those ZIP codes are reviewed each Annual Enrollment as providers come in- and out-of-network.	Review your available benefit plan options on the Health and Life website.

## Default coverage - Medical, Dental, Vision

Benefit Option	2019	2020 Default Option
<b>Important Note:</b> The following chart outlines the default benefit options you will receive if you take no action during the Annual Enrollment period.		
Medical - If you enroll in or are defaulted into a medical benefit plan option, you will receive a new medical ID card for 2020.	HDHP	Savings HDHP
	CDHP	Standard CDHP
	PPO	Standard CDHP
	Waive Medical Rebate	Waive No Medical Rebate
	Waive No Medical Rebate	Waive No Medical Rebate
Dental - If you enroll or are defaulted into a dental benefit plan option, you will receive a new dental ID card for 2020.	Basic Dental	Basic Dental
	Enhanced Dental	Enhanced Dental
	Waive Dental	Waive Dental
Vision	VSP	VSP
	Waive Vision	Waive Vision



# Medical and prescription drug - HDHP

## Savings High Deductible Health Plan (Savings HDHP) option

The Savings HDHP is similar to the Standard and Premium CDHP but has important differences. The Savings HDHP option premiums typically cost less than the Standard or Premium CDHP option, but it has a higher deductible with no HRA dollars. The key feature of this Plan is that you have the option of opening a personal tax-advantaged Health Savings Account (HSA) to save your own money and pay for your qualified medical expenses now and in the future.

Or, you can save the money for future needs. It's your money, your account, your choice.

The Savings HDHP is administered by UnitedHealthcare. You have the freedom to choose your healthcare providers, but the Plan pays greater benefits when you use providers that are in-network. Refer to the What's Changing section of this guide for additional information regarding out-of-network providers and out-of-network coinsurance coverage.

## Here's how it works

1

**You incur eligible medical and prescription expenses.**

2

**You pay the full cost of eligible medical and prescription expenses until you meet a deductible (your Responsibility.)**

Preventive services are covered at 100% - with no deductible - when you use in-network providers.

You can choose to pay for covered expenses with your own money (cash, check, credit or debit card).

OR

You can pay for covered services with money you have set aside in your HSA.

3

**After you reach the Employee or Family deductible (as applicable), the Plan pays a percentage of the cost of covered services up to the out-of-pocket maximum.**

4

**After you reach the Employee or Family out-of-pocket maximum (as applicable), the Plan pays 100% of covered services for the remainder of the calendar year for all covered plan participants.**

**Note:** If you elect the HDHP for 2020 and were in enrolled in the CDHP plan in 2019, any remaining CDHP Health Reimbursement Account (HRA) funds from the prior year will become available to you on April 15th, 2020. This allows enough time for prior year claims to process.

Do not use your Health Care Spending Card for the roll-over amount, download a claim form from, or send electronically through, [myuhc.com](http://myuhc.com).

# Medical and prescription drug - CDHP

## Consumer Driven Health Plans (CDHPs)

The CDHP options let you play a larger role in how your health care dollars are spent by using a health reimbursement account (HRA) funded by the Company.

**Note:** The HRA, Participant Responsibility (your out-of-pocket portion of the deductible) and out-of-pocket maximum are all based on the coverage level you elect (Employee Only, Employee + Family, etc.) under the medical Plan option you choose, even if only one covered person uses the entire HRA benefit.

## Here's how it works

<b>1</b>	<b>CenturyLink funds your HRA</b>	<b>Company-Funded HRA Contribution</b>	
		<b>Standard CDHP</b> <ul style="list-style-type: none"><li>» \$500 Employee</li><li>» \$750 Employee + Spouse/Domestic partner</li><li>» \$750 Employee + Children</li><li>» \$1,000 Family</li></ul>	<b>Premium CDHP</b> <ul style="list-style-type: none"><li>» \$1,000 Employee</li><li>» \$1,500 Employee + Spouse/Domestic partner</li><li>» \$1,500 Employee + Children</li><li>» \$2,000 Family</li></ul>
<b>2</b>	<b>You incur medical and prescription drug expenses and pay the <u>full cost</u> of them with money in your HRA first, then you pay out-of-pocket until your deductible is met.</b> <p><b>Note:</b> If you elect a Health Care FSA, those funds will be used after HRA funds are exhausted for eligible medical expenses.</p>	Preventive services are covered at 100% with no deductible when you use in-network providers. Preventive services are not covered when you use an out-of-network provider.	HRA funds can be used for any covered dependent/s.
		You meet a deductible using your HRA plus your Responsibility.	After you meet the deductible, you pay a percentage of the cost of covered services up to the out-of-pocket maximum.
<b>3</b>	<b><u>After you meet your deductible</u>, the Plan works like a traditional health plan.</b>		
<b>4</b>	<b>After you reach the Employee or Family out-of-pocket maximum (as applicable), the Plan pays 100% of covered services for the remainder of the calendar year for all covered plan participants.</b>		
<b>5</b>	<b>If you don't use all of your HRA funds, the money carries over to the next year (with no interest) for you to use the following plan year, assuming you stay enrolled in one of the CDHP's (Standard or Premium).</b>		

# Medical and prescription drug overview

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

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

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

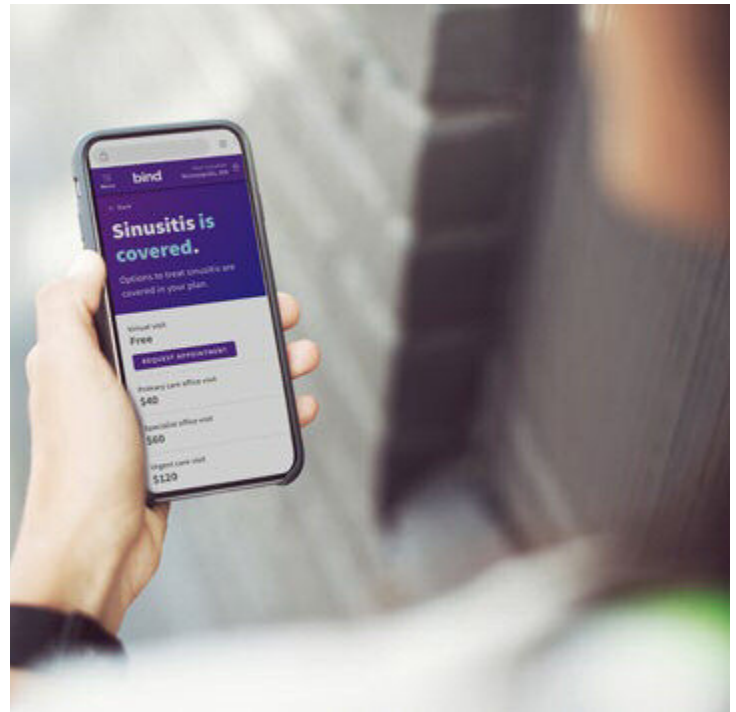


# Medical and prescription drug overview - Bind On-Demand

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

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

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



## In-Network Benefits

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

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

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

**Group number:** 78800186

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

## Bind On-Demand Plan

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

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

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

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

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

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

**Group number:** 78800186

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

Do not use your Health Care Spending Card for the roll-over amount, download a claim form from [mybind.com](http://mybind.com) to submit a claim manually or, you may also submit electronically through [myuhc.com](http://myuhc.com).

# Dental

You must be a regular full-time or term full-time employee to enroll in Dental coverage.

**Note:** Eligibility for these benefit options may have changed due to your employee classification as of Jan. 1, 2020.

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

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

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

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

# Vision

You must be a regular full-time or term full-time employee to enroll in vision coverage.

**Note:** Eligibility for these benefit options may have changed due to your employee classification as of Jan. 1, 2020.

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

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

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

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

**NOTE:** Coverage with a retail chain affiliate may be different, depending on which affiliate you choose. Visit [vsp.com](http://vsp.com) or call VSP at 800-877-7195 for additional information.



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

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

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



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

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

You will receive a new Health Care Spending Card (HCSC) if you enroll in a Flexible Spending Account and/or if you elect one of the CDHP medical plans as both the FSA and HRA balances are loaded onto the same card.

# Life and Accident

You must be a Regular Full-Time or Term Full-Time employee to enroll.

**Note:** Eligibility for these benefit options may have changed due to your employee classification as of Jan. 1, 2020.

Automatic and Company-Paid Plan Benefits	
<b>Employee Basic Life Insurance</b>	1x eligible pay (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit. If your Employee Basic Life Insurance is more than \$50,000, the IRS requires you pay taxes on imputed income, which is the cost of company-provided Employee Basic Life Insurance over \$50,000. <b>To avoid paying taxes on imputed income, you have the option to choose a flat \$50,000 in coverage.</b> If you are in this category, you will see the flat \$50,000 as an option when you go online to enroll, as well as your 1x Base Pay + Short-Term Incentive option. You have the option to change your Basic Life Insurance coverage amount to a flat \$50,000 and, therefore, you would not be subject to imputed income. <b>Note:</b> When you turn age 70, your Basic Life Insurance coverage will be reduced by 50%. If you enroll in the flat \$50,000 coverage or choose to enroll in this coverage before turning age 70, there will be no reduction and you will keep the same coverage amount (\$50,000).
<b>Employee Basic Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b>	1x eligible pay (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit.
<b>Business Travel Accident</b>	3x eligible pay (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$500,000 maximum benefit.
You Pay the Cost	
<b>Employee Supplemental Life Insurance</b> (Statement of Health/EOI may be required*)	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x Base Pay rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit.
<b>Employee Supplemental Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b>	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x eligible (Base Pay + Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum.
<b>Spouse/Domestic Partner Supplemental Life Insurance</b> (Statement of Health/EOI may be required*)	\$5,000, \$10,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$200,000 (cannot elect more than 100% of Employee Basic Life + Employee Supplemental Life coverage).
<b>Child Supplemental Life Insurance</b> (can be for more than one child)	Each child: \$3,000, \$5,000, \$10,000 or \$20,000 (cannot elect more than 100% of Employee Basic Life + Employee Supplemental Life coverage).
<b>Spouse/Domestic Partner Supplemental Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b>	50% of Employee Supplemental AD&D Coverage up to \$750,000 maximum benefit.
<b>Child Supplemental Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b>	25% of Employee Supplemental AD&D Coverage up to \$100,000 maximum benefit.

## REMINDERS:

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

# Short-Term Disability (STD)

A brief overview of your STD benefits.

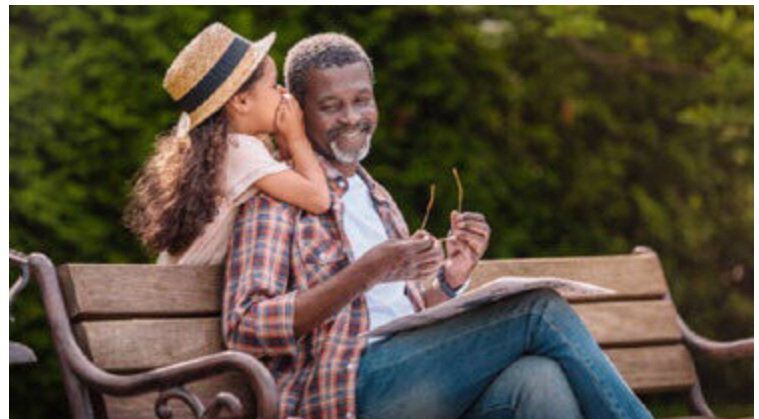
You must be a Regular Full-Time or Term Full-Time employee to be eligible for Short-Term Disability benefits.

**Note:** Seasonal employees are eligible if hired before Jan. 1, 2018.

**Note:** Outside Sales Representatives are covered under the Non-Represented Short-Term Disability Benefit.

IF YOU WERE HIRED BEFORE JAN. 1, 2009	IF YOU WERE HIRED, REHIRED OR TRANSFERRED ON OR AFTER JAN. 1, 2009	IF YOU WERE HIRED, REHIRED OR TRANSFERRED ON OR AFTER JAN. 1, 2018
Hired before 1/1/09 - You must have six months of service to be eligible for this benefit. Excludes incidental and temporary employees.	You must have one year of service to be eligible for this benefit and have an Equivalent Work Week (EWW) of at least 20 hours. Excludes incidental and temporary employees.	You must have one year of service to be eligible for this benefit, employed full-time. Excludes incidental and temporary employees.
Maximum Benefit Period (Duration of Benefits)		
nine months (39 weeks)	nine months (39 weeks)	six months (26 weeks)
Benefit Election Options		
You are automatically enrolled.	You may elect to have STD benefits paid on a before-tax basis, which means STD benefits would be subject to tax. If an election is not made, you will default to the after-tax option, which means STD benefit payments are not subject to tax. No changes can be made until the next Annual Enrollment period.	
Benefit Amount		
After completing your Eligibility Period, you will receive an allowance of 60% to 100% of your Normal Take Home Pay per your collective bargaining agreement. See the Summary Plan Description (SPD) on InsideLink for details.	<p>70% Base Pay after- or before-tax option</p> <p>If you choose the <b>after-tax</b> election, your STD benefit amount is not taxed when you receive payment. Imputed income* is added to your taxable pay so that you will not have to pay taxes on benefits you may receive from the Plan.</p> <ul style="list-style-type: none"> <li>» When electing the <b>after-tax</b> option, your Confirmation of Enrollment (COE) will show two lines under Short Term Disability: Pay Period Price and Pay Period STD Credit.</li> <li>» Although these amounts offset, it is based on excluding imputed income as part of your Total Pay Period Cost (at the bottom of your COE). The Pay Period Price will appear as imputed income on your paycheck.</li> </ul> <p>If you choose the <b>before-tax</b> option, your STD benefit amount is taxed when you receive benefits from the Plan. When selecting the STD (<b>before-tax</b>) option, there will not be a line item on your paycheck as the cost and credit amount offsets.</p> <ul style="list-style-type: none"> <li>» If you are eligible and on STD for longer than 6 months, and enrolled in the <b>before-tax</b> option, your STD benefit becomes FICA Free due to IRS regulations.</li> </ul>	

\*Imputed income is the term the IRS applies to the value of any benefit or service that should be considered income for the purposes of calculating your federal, state and local taxes. On your paycheck, the STD after-tax Benefit in the "Imputed Income" section is the taxable amount that reflects the value of the STD Benefit. Seeing this line item on your check does not mean you are on STD but that you elected the after-tax STD benefit option.



# Long-Term Disability (LTD)

A brief overview of your LTD benefits.

<b>BASIC LTD</b> The Basic LTD policy is fully paid by CenturyLink and provides a basic level of LTD coverage		<b>SUPPLEMENTAL LTD</b> The Supplemental LTD option is employee paid and provides a higher level of LTD coverage	
<b>Eligibility</b>			
You are eligible for Basic LTD after you have completed one year of service.		You are eligible for Supplemental LTD the first Annual Enrollment after completing one year of service. <b>NOTE:</b> If you were hired in 2019, you are not eligible to enroll in Supplemental LTD until 2021 Annual Enrollment.  If you are eligible for Supplemental LTD for the first time and you don't enroll during this Annual Enrollment period, but instead enroll at a later time, you will be subject to Statement of Health/ Evidence of Insurability (EOI). Refer to the Disability Summary Plan Description (SPD) for limitations that apply.	
<b>Benefit Amount</b>			
Maximum of 50% of Pre-disability earnings up to \$12,000 maximum per month		65% of Pre-disability earnings up to \$25,000 maximum per month	
<b>Benefit Waiting Period</b>			
<b>Hired, Rehired or Transferred Before Jan. 01, 2018</b>		<b>Hired, Rehired or Transferred on or After Jan. 01, 2018</b>	
Before Jan. 1, 2018 – nine months (39 weeks)		On or after Jan. 1, 2018 – six months (26 weeks) - You must be a Regular Full-Time or Term Full-Time employee to be eligible.	

The following is an example of what your monthly covered payroll would be and your bi-weekly premium deductions for employees earning \$30,000 and \$50,000 annually.

<b>How to Calculate the Cost of Supplemental Long-Term Disability</b>		
<b>Hired, Rehired or Transferred Before Jan. 1, 2018</b>		
1. Enter your annual salary	\$30,000	\$50,000
2. Calculate your bi-weekly salary by dividing Line 1 by 26 (weeks). Your bi-weekly salary cannot exceed \$17,752 (\$38,462 monthly)	\$1,153.85	\$1,923.08
3. This rate is divided by 100	0.00238	0.00238
4. Multiply Line 2 by the amount shown on Line 3. The amount shown on Line 4 is your estimated bi-weekly payroll deduction	\$2.75	\$4.58
<b>Hired, Rehired or Transferred After Jan. 1, 2018</b>		
1. Enter your annual salary	\$30,000	\$50,000
2. Calculate your bi-weekly salary by dividing Line 1 by 26 (weeks). Your bi-weekly salary cannot exceed \$17,752 (\$38,462 monthly). This is calculated based on the <b>Payroll and Benefits Schedule</b> .	\$1,153.85	\$1,923.08
3. This rate is divided by 100	0.00297	0.00297
4. Multiply Line 2 by the amount shown on Line 3. The amount shown on Line 4 is your estimated bi-weekly payroll deduction	\$3.43	\$5.71

**NOTE:** If you are on STD as of Jan. 1, 2020, and enroll in Supplemental LTD, your Supplemental LTD will not become effective until the day you complete one full day of Active work or until your Supplemental LTD is approved. Refer to the actively at work provisions in the SPD for more information.



# Voluntary Lifestyle Benefits

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

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

## Enroll for the following Voluntary Lifestyle Benefits only during Annual Enrollment, Nov. 4-22, 2019

Subject to the policy terms:

### Accident Insurance

Helps cover out-of-pocket costs if you are injured in a covered accident.

### Cancer Program

Helps supplement certain traditional medical insurance, which may only cover a small portion of the non-medical expenses that can be incurred.

### Critical Illness Insurance

Pays a lump-sum benefit directly to you if you are diagnosed with a covered condition.

### Hospital Indemnity Insurance

Designed to help offset some of the costs associated with a hospital stay, such as copayments, deductibles or even lost income.

### Legal Plan\*

Helps when resolving common legal issues.

## Enroll for the following Voluntary Lifestyle Benefits at any time

### Auto and Home Insurance

Get competitive quotes on auto and home insurance.

### Employee Perks

A free one-stop-shop program for exclusive discounts to many national and local merchants.

### Identity Protection

Provides comprehensive identity, credit and privacy protection with full-service remediation.

### Pet Insurance

Affordable, comprehensive medical plans for your pet that you can use with any veterinarian, anywhere.

### Purchasing Power

Gives you the ability to purchase products such as electronics, appliances, furniture and more through a payroll deduction. Eligible 6 months after employment.








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

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


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

# Helpful resources

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

Benefit Option	Phone	Online
<b>Health Care</b>		
CenturyLink Service Center	866-935-5011 or 800-729-7526, Option 1 and the Option 1 M-F, 7:30 a.m. - 5:30 p.m., MST	<b>centurylink.com/healthandlife</b>  Search: <b>UPoint Mobile HR App</b> , available for Free in the App Store and Google Play
Medical	<b>UnitedHealthcare:</b> 800-842-1219 Group Number: 192086  <b>Bind On-Demand:</b> 833-576-6519 M-F 6:00 a.m. - 9:00 p.m., CST Group Number: 78800186	<b>UnitedHealthcare: myuhc.com</b>  Search: <b>Health4Me</b> , available for Free in the App Store and Google Play  <b>centurylink.com/choosebind</b> Access Code: CTL2020  Search: <b>MyBind</b> , available for Free in the App Store and Google Play
Prescription Drug Program	<b>UnitedHealthcare:</b> 800-842-1219 for OptumRx prescription questions <b>Bind On-Demand:</b> 833-576-6519 M-F 6:00 a.m. - 9:00 p.m., CST	<b>UnitedHealthcare: myuhc.com</b> for OptumRx prescription questions <b>centurylink.com/choosebind</b>
Telemedicine	<b>MDLive (UnitedHealthcare):</b> 888-632-2738  <b>Doctor On-Demand (Bind On-Demand):</b> 833 576-6519	<b>centurylink.com/MDLive</b>  Search: <b>MDLive</b> , available for Free in the App Store and Google Play  <b>patient.doctorondemand.com</b>
Dental Plans	<b>MetLife:</b> 866-832-5756 <b>Group Number:</b> 148069	<b>metlife.com/mybenefits</b>
Vision Care Plan	<b>Vision Service Plan:</b> 800-877-7195 <b>Group Number:</b> 30016605	<b>vsp.com</b>
Flexible Spending Accounts	<b>UnitedHealthcare:</b> 877-311-7849 <b>Group Number:</b> 192086	<b>myuhc.com</b>
Optum Bank	<b>Optum Bank:</b> 866-234-8913	<b>optumbank.com/resources</b>
2nd.MD—Second opinions expanded to all conditions	<b>866-842-1151</b>	<b>centurylink.com/2ndmd</b>  Search: <b>2nd.MD</b> , available for Free in the App Store and Google Play
Advocacy Services (free assistance with health and life claims and accessing health care services if enrolled in any health care benefit options through the CenturyLink Health Care Plan)	<b>CenturyLink Service Center:</b> 866-935-5011 or 800-729-7526, Option 1 and then Option 1	CenturyLink Service Center Advocacy Services: <b>centurylink.com/healthandlife</b> , select Advocacy Services from UPoint, or <b>alight.com/advocacy</b>

# Helpful resources (cont.)

Benefit Option	Phone	Online
<b>Life Insurance &amp; Disability</b>		
Life, Accident, & Business Travel Accident (BTA)	<b>CenturyLink Service Center:</b> 866-935-5011 or 800-729-7526, Option 1 and then Option 1	<a href="http://centurylink.com/healthandlife">centurylink.com/healthandlife</a>
Short-Term Disability	<b>Sedgwick:</b> 844-223-7153	<a href="http://centurylink.com/mydisability">centurylink.com/mydisability</a>
Long-Term Disability	<b>The Standard:</b> 855-290-9480	N/A
<b>Retirement</b>		
CenturyLink Union 401(k) Plan	<b>Retirement Service Center:</b> 877-379-0118	<a href="http://centurylink.com/my401k">centurylink.com/my401k</a>  Search: <b>Wells Fargo Mobile</b> , available for Free in the App Store and Google Play
CenturyLink Combined Pension Plan	<b>CenturyLink Service Center:</b> 800-729-7526 Option 1 and then Option 3	<a href="http://centurylink.com/mypension">centurylink.com/mypension</a>
<b>Wellness</b>		
Employee Assistance Program	<b>Beacon Well-Being:</b> 800-803-3737	<a href="http://centurylink.com/EAP">centurylink.com/EAP</a>
Real Appeal	844-344-7325	<a href="http://centurylink.com/realappeal">centurylink.com/realappeal</a>
Well Connected Rally Coaching Programs	877-818-5826	<a href="http://centurylink.com/iamwellconnected">centurylink.com/iamwellconnected</a>
Fitness Reimbursement Program	N/A	Access on <b>InsideLink</b>
<b>Voluntary Lifestyle Benefits</b>		
Voluntary Lifestyle Benefits	Mercer: 800-380-0378 (M-F, 7:00 a.m.-4:00 p.m., MST)	<a href="http://centurylink.com/voluntarylifestylebenefits">centurylink.com/voluntarylifestylebenefits</a>

## Summary of Benefits & Coverage Availability

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

1. Log onto the Health and Life website at [centurylink.com/healthandlife](http://centurylink.com/healthandlife) or at [centurylinkhealthandlife.com](http://centurylinkhealthandlife.com)
2. Click on the **Health & Insurance** tab
3. Select **Summary of Benefits and Coverage** under the **More Resources** section
4. Choose the Summary of Benefits and Coverage you'd like to review. A paper copy is also available, free of charge, by calling the Service Center at **866-935-5011** or 800-729-7525, option 1 and then option 1. Representatives are available Monday through Friday from 7:30 a.m. to 5:30 p.m., MST.

# Legal and important required notices

## **A Note About Privacy**

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

## **Notice of Privacy Practices**

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

## **Coverage Is Not Advice**

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

## **Right to Amend and/or Discontinue**

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

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

## **Company's Reserved Rights**

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

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

## **Important Note Regarding Your Annual Enrollment Elections**

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



# Legal and important required notices (cont.)

you are ineligible will not entitle you to Benefits; you understand that it is your responsibility to terminate benefit coverage once you or your dependent(s) become ineligible, such as when a dependent is no longer eligible for coverage. This excludes dependents who turn age 26, as they are automatically removed from coverage.

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

## **Women's Health and Cancer Rights Act**

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

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

As with other benefit coverages under the Plan, this coverage is subject to each medical benefit option's annual

deductible (if any), required coinsurance payments, benefit maximums, and copay provisions that may apply under each of the benefit options available under the Plan.

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

## **Health Insurance Portability and Accountability Act (HIPAA)**

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

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

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

## **What Happens to Your Benefits if You Return to Work Directly for the company as an Active Employee or Work for a Supplier on Assignment to the company After You Retire or Leave Employment**

If you are eligible for retiree health care or life insurance from the company, refer to the applicable section below to see how your retiree benefits may be impacted.

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

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

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

# Legal and important required notices (cont.)

care benefits are reinstated once your work with the supplier/ contractor for the company has ended. You will need to call the Service Center to get your benefits reinstated.

**Once your employment or assignment ends,** you may resume your retiree health care, basic and supplemental life insurance coverage, if applicable, in accordance with terms of the Plan by calling the Service Center at **866-935-5011 or 800-729-7526, Option 1 and then Option 1.**

If you returned to work for a supplier on assignment to the company, CenturyLink will validate that your assignment has ended before you will be allowed to resume your retiree health care coverage.

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

## **If You Voluntarily Elect to Drop Coverage**

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

## **Continuation of Coverage**

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of employment. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. Upon termination, or

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

## **Other Coverage Options**

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

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example,

if you move to other coverage, you may pay more out of pocket than you would under COBRA, because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

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

## **California Employees**

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



