

# Your benefits. Your choice. Enroll now.

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## 2024 Benefits Guide

(U.S. Employees)

For new hires, rehires, transfers and employees newly eligible for benefits



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Lumen (referred to hereafter as the Company) 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 Lumen Health and Life Service Center (referred to hereafter as the Service Center) at [833-925-0487](tel:833-925-0487) to request one to be mailed to you.

# Welcome to Lumen

We are on a mission to further human progress through the technologies we deliver over the Lumen platform. Whether you're working with our customers directly or supporting them from behind the scenes, you play an important part in our ability to make amazing things happen. Together we enable, transform, inspire and connect.

Well-being is the state of feeling good and functioning well and is crucial to the success of every employee and the company. Lumen is committed to creating a supportive culture that prioritizes financial, mental, physical, and social well-being through benefits to empower you and eligible dependent(s) to be your best selves.

We're proud to offer a broad range of Health, Life and Voluntary Lifestyle benefits that enhance your physical, mental, emotional and financial wellbeing. Beyond the comprehensive benefits package, employees are eligible for additional benefits and perks (such as Employee Concessions, Advocacy Services and more).



This Benefit Guide explains details regarding your benefit plans, programs and coverage options, offers helpful tools and information to review and provides step-by-step instructions to follow when enrolling. Please take the time to read and learn about the benefits so that you can make informed decisions that best meet you and your dependent(s) needs.

To get started, review the following information available on InsideLumen:

- [Newly Eligible](#) page for details on eligibility and enrollment;
- [U.S. Benefits](#) home page for links to detailed plan and program information; and
- A comprehensive list of the [Amazing Benefits](#) that Lumen offers.
- Helpful resources including:
  - [ALEX](#), your benefits counselor that can help you decide which benefits are best for you.
  - [Summary Plan Descriptions](#).
  - Register for [MyEvive](#) - MyEvive is a customized benefits portal that will transform the way you manage your health, wealth and well-being benefits.

**Important:** Be sure to enroll in your benefits by the deadlines listed in the information you receive. To enroll, log in to the [Health and Life website](#). Refer to the Who Do I Contact - Helpful Resources section in the guide for contact information.



You can also chat with Sofia, your personal benefits assistant. Sofia is an Artificial Intelligence (AI) tool that speaks multiple languages. You can find her on the home page of the Health and Life website, and she is available 24/7. Have a question about deductibles, eligibility, Plan details, just ask her. She can also help you navigate through your enrollment. If she is unable to answer your question(s), she will direct you to a “live” advocate during business hours who can assist you through chat. Advocates are available Mon – Fri, 7 a.m. to 7 p.m. (CST).

### Support Lumen Going Green initiatives!

Set up your Personal Email Address on the Health and Life website as your preferred contact method to receive benefit communication. Follow the steps below:

- Click your name on the top right-hand corner and select **Profile** from the drop-down menu
- Select Edit next to Contact Preferences under the **Personal Preferences** section (You can also Opt In to text messages)
- Choose the **Electronic Mail** radio button
- Add your Personal Email Address
- Select the **Primary** radio button
- **Save**

**Dual Enrollment** - If you are newly eligible for benefits in the months of Oct., Nov., or Dec., you will need to enroll in both, your current year benefits as well as your Annual Enrollment benefits. Please make sure you first enroll in your current year benefits, even if you do not wish to have coverage; you still must elect to waive coverage. Once your current year benefits have been elected and submitted, you can then enroll in your Annual Enrollment benefits. Not all benefits from your current year elections will roll over. For example, you must make a positive election each year for Flexible Spending Accounts (FSAs) and/or a Health Savings Account (HSA) during Annual Enrollment.



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# Employee Classifications and Eligibility

## Employee Classifications

An “employee,” for purposes of all Company benefit plans, programs and policies is an individual who is directly employed by Lumen and is treated and classified as a Company employee for payroll and benefit purposes.

**Union Represented employees should refer to their Collective Bargaining Agreement.**

Based on workweek:

- **Full-time** - Positions which normally are scheduled to work a **minimum of 30 hours per week** can be classified as Full-time status with management and budgetary approvals. Employees in a Full-time status category are eligible for all employee benefits, subject to eligibility requirements of the particular benefit plan and satisfaction of relevant waiting periods. The Full-time status assigned to your employment, not scheduled or actual hours worked, determines benefit eligibility.
- **Part-time** - Employees in a Part-time status classification who are regularly scheduled to work **at least 20 hours per week** are eligible for certain benefits, subject to eligibility requirements of the particular benefit plan/program and satisfaction of relevant waiting periods: prorated holiday (4 hours), PTO (50% of eligible accrual) and leave policies (such as bereavement) (4 hours); Company-sponsored activities; and participation in the applicable 401(k) plan. The Part-time status assigned to your employment, not scheduled or actual hours worked, determine benefit eligibility.

Based on planned duration of position:

- **Regular** - Positions approved for an indefinite period of time are classified as regular.

**Temporary** - Positions approved for a finite period of time to fill temporary and/or occasional needs, **generally less than six months duration** are classified as temporary. Employees in this category are eligible for Medical, Employee Assistance Program (EAP) and the Well Connected Wellness Program benefits as required by the ACA but are not eligible for any other Company benefits, PTO, or holidays. Temporary employment should not exceed six continuous months without review by Human Resources, division management and approval by the Vice President, Benefits and Policy.

## When Benefits Begin

- **Regular Full-time, Term Full-time, Regular Part-time, Term Part-time and Seasonal employees** – coverage effective date is 31 days from date of hire
- **Temporary Full-time, Temporary Part-time and Incidental employees** - coverage effective date is 91 days from date of hire.
- **Rehired Employees** – coverage effective date is 31 days from date of rehire. If your rehire date is in the same month you terminated, your coverage effective date will be your rehire date.
- **Rehired Retirees** (eligible for retiree health and/or life benefits) - coverage effective date is the first of the month from your rehire date. If your rehire date is the first day of a month, coverage effective date is on your rehire date.

If you fail to enroll by the deadline, you will only receive the Company paid benefit plans; Basic Life Insurance, Basic Accidental Death and Dismemberment (AD&D) and Business Travel Accident, if eligible.

**Note:** Employees who are eligible for Disability benefits must complete one year of service before coverage begins. If you were affected by a previous Reduction In Force (RIF) that occurred within the last year and are rehired, you are eligible for the Disability benefits you had prior to the RIF (e.g. if eligible for Short-Term Disability (STD), you will be eligible upon rehire date).

Refer to the Legal and Important Required Notices section of this guide under “**What happens to your retiree benefits if you return to work directly for the company as an active employee or work for a supplier on assignment to the company**” for further information.

## Eligibility

Please refer to the employee classifications to determine your eligibility in the benefit plan options or programs. Union Represented employees should refer to their Collective Bargaining Agreement.

Employee Classification	Eligibility	Premiums
<p><b>Full-time or Term Full-time employees</b></p>	<p>As a Full-time employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> <li>• Medical/prescription drug</li> <li>• Dental</li> <li>• Vision</li> <li>• Employee Assistance Program (Emotional Wellbeing Solutions) - EAP (no enrollment required, EAP is automatic)</li> <li>• Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care). Employees who elect an FSA will default to the Limited Purpose Health Care FSA if enrolling in the HDHP with Optional Health Savings Account (HSA) medical plan, even if not electing an HSA amount.</li> <li>• HSA when enrolled in the HDHP with Optional Health Savings Account HSA</li> <li>• Well Connected Wellness Program (employees don't need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program).</li> <li>• Lifestyle Reimbursement Program</li> <li>• Disability (Short-Term and Long-Term)</li> <li>• Life Insurance including Accidental Death &amp; Dismemberment and Business Travel Accident (BTA)</li> <li>• Commuter Spending Accounts (Parking and Mass Transit)</li> <li>• Voluntary Lifestyle Benefits</li> </ul>	<p>Medical premiums, Critical Illness Insurance and Universal Life Insurance with Long-Term Care rates are determined based on how you answer the tobacco usage questions during enrollment.</p> <ul style="list-style-type: none"> <li>• Tobacco-Free Discount</li> <li>• Working Spouse/Domestic Partner (SP/DP) Surcharge</li> </ul> <p><b>Note:</b> Your medical premium may change throughout the year if your base pay increases or decreases. If your base pay is less than \$30,000 regardless of how you answer the Working Spouse/Domestic Partner Surcharge question, you will not be subject to the surcharge.</p> <p>If your base pay changes mid-year and is \$30,000 or over, your benefits will be reviewed and a surcharge applied, if applicable.</p>
<p><b>Part-time, Term Part-time or Qwest Union Represented Seasonal employees</b></p>	<p>As a Part-time, Term Part-time or a Qwest Union Represented Seasonal employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> <li>• Medical/prescription drug</li> <li>• Employee Assistance Program (Emotional Wellbeing Solutions) - EAP (no enrollment required, EAP is automatic)</li> <li>• Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care)</li> <li>• Health Savings Account (HSA) when enrolled in the High Deductible Health Plan with Optional Health Savings Account (HSA). Employees who elect an FSA will default to the Limited Purpose Health Care FSA if enrolling in the HDHP with Optional Health Savings Account (HSA) medical plan, even if not electing an HSA amount.</li> <li>• Well Connected Wellness Program (employees don't need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program).</li> <li>• Disability (available to Part-time Non-Union Employees).</li> </ul>	<p>Medical premiums are 150% of the Full-time rates and are determined based on how you answer the tobacco usage questions during your enrollment.</p> <ul style="list-style-type: none"> <li>• Tobacco-Free Discount</li> <li>• Working Spouse/Domestic Partner (SP/DP) Surcharge</li> </ul> <p><b>Note:</b> Your medical premium may change throughout the year if your base pay increases or decreases.</p> <p>If your base pay is less than \$30,000 regardless of how your answer the Working Spouse/Domestic Partner Surcharge question, you will not be subject to the surcharge. If your base pay changes mid-year and is \$30,000 or over, your benefits will be reviewed and a surcharge applied, if applicable.</p>
<p><b>Temporary Full-time, Temporary Part-time and Qwest Union Represented Incidental employees</b></p> <p><b>Note:</b> &gt; or = 20 hours but &lt;30 hours per week</p>	<p>As a Temporary Full-time, Temporary Part-time or a Qwest Union Represented Incidental employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> <li>• Medical/prescription drug</li> <li>• Employee Assistance Program (Emotional Wellbeing Solutions) - EAP (no enrollment required, EAP is automatic)</li> <li>• Well Connected Wellness Program (employees don't need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program).</li> </ul>	<ul style="list-style-type: none"> <li>• Premiums are 100% of the total cost</li> </ul> <p><b>Note:</b> The Tobacco-Free Discount and Working Spouse/Domestic Partner Surcharge does not apply.</p>

# Additional Plan Information and Provisions

The below information provides a brief summary some of the other benefit plans, programs or provisions that may be available or apply to you and/or your eligible dependent(s). You can find additional details including Summary Plan Descriptions (SPDs) and Summary of Material Modifications (SMMs) for the benefit plans or programs on the [InsideLumen](#).

Option/Program	Benefit information
<b>Amazing Benefits</b>	Beyond the comprehensive benefits package, employees are eligible for additional benefits and perks (such as 401(k), Advocacy Services, Employee Concessions, and more).
<b>401(k)</b>	<p><b>Non-Union and Union Represented Employees</b></p> <p><b>When will I be eligible to participate in the 401(k) Plan?</b></p> <p>Once Principal (our 401(k) provider) has been notified that you are a new employee or newly eligible (via weekly updates), you will receive an enrollment packet via email from Principal containing your 401(k) information. After reviewing this information, you may login to the Principal site and make your plan election. You will become a participant following 30 calendar days of employment. Your contributions will begin on the first full payroll following your participation date. The 401(k) Savings Plan has automatic enrollment at 3%, but you can opt out of the Plan by changing the deferral election to 0% or by electing a different percentage or deferral election within 30 days of employment.</p>
<b>Commuter Spending Account (Parking and Mass Transit)</b>	<p>You can contribute to a Qualified Transportation Account (aka Commuter Spending Account) that can be used to pay for mass transit (Private or Public) — including passes, fare cards or vouchers for the bus, ferry, rail, subway, or vanpool (not to be confused with carpooling). This account can also be used for qualified parking expenses — including parking vouchers, direct pay parking and pre-tax cash reimbursement as part of your daily commute to and from work (for example, a train station). You can contribute up to \$315 per month on a pre-tax basis for each account: mass transit and parking during the calendar year. If you contribute more than the maximum IRS allowed, any overage amount will reflect as a post-tax benefit.</p> <p><b>Note:</b> If you remain a Full-Time employee but at any time elect to drop/end your mass transit or parking account and there is still money remaining in the Plan, you will be required to submit claims for reimbursement within 6 months of the “end date” of the Plan. This is an IRS regulation.</p> <p>If you leave the Company and you have already contributed to a Commuter Spending account, IRS rules state any unused funds will be forfeited.</p> <p><b>How to Enroll</b></p> <p>You may enroll in the Commuter Spending Account anytime during the year on the <a href="#">Health and Life website</a>. Enrollment or changes to your Commuter Spending Account (including dropping/ending) must be received by the tenth of the month prior to the month you want the change to take effect (for example, by Jan. 10 for a Feb. change or election). Payroll deductions will be processed the first two pay periods of each month (semi-monthly).</p>
<b>Dependent Eligibility</b>	<p>Your dependent(s) will not be enrolled in coverage until they are approved through the Dependent Verification process. You must provide documentation to confirm eligibility under the Plan in a timely manner. If your documentation is not approved, your dependent(s) will not be enrolled.</p> <p>You can upload your supporting documentation to the Health and Life website after you complete your enrollment. <b>IMPORTANT:</b> You may be asked to provide more than one supporting document to validate relationship status. Refer to the Dependent Verification page on InsideLumen.</p> <p><b>Note:</b> Dependent children of any age are NOT covered for maternity benefits, including complications during pregnancy and at birth with the exception of specific prenatal services that are considered preventive under the Patient Protection and Affordable Care Act (PPACA).</p> <p><b>Exception:</b> This benefit is allowed for covered dependents that reside in Massachusetts due to State law.</p>



Option/Program	Benefit information
<b>Dual Coverage Rule</b>	<p>The Health Care Plan provisions prohibit any person from being enrolled or covered in more than one Company medical/ prescription drug, dental, vision, supplemental life and supplemental accidental death and dismemberment (AD&amp;D) benefit Plan option. Dual coverage is not available if your spouse/domestic partner or dependent child is an employee, whether active, inactive, or in a retired status.</p>
<b>Employee Assistance Program (EAP) - offered through Emotional Wellbeing Solutions</b>	<p>The EAP provides confidential professional counseling, education, and referral services to you and your family members. EAP provides up to eight (8) Counseling Sessions per situation per year, by either Face-to-Face, Telephonically, or by Video Counseling. Personal counselors will help you decide which counseling option fits your needs. You can review articles, resources and enroll in webinars as well on the EAP website.</p> <p><b>Important:</b> This benefit is available to all employees and any family members in the household even if not enrolled in any benefit plan.</p>
<b>Imputed Income</b>	<p>Imputed Income is income that the IRS requires you to be taxed on in certain circumstances as noted below:</p> <ul style="list-style-type: none"> <li>• <b>Your company-paid Employee basic life insurance is over \$50,000.</b> This is listed as GROUP TERM LIFE INS TXBLE under the imputed income section of the paystub located on the left-hand side.</li> <li>• <b>Your company-paid Short-Term Disability election if Post-Tax.</b> This is listed as STD BENEFIT under the imputed income section of the paystub located on the left-hand side. <b>Note:</b> This does not mean you are on STD. It means you elected to enroll in the Post-Tax option which calculates an imputed income amount.</li> <li>• <b>You enroll your Domestic Partner or your Domestic Partner's child/ren under the Medical/Prescription Drug, Dental and/or Vision plans.</b> This is listed as HEALTHCARE IMPUTED INCOME under the imputed income section of the paystub located on the left-hand side.* Domestic Partners (DP) are not considered spouses under the Internal Revenue Code (IRC). Unless the DP otherwise qualifies as a tax dependent under the Internal Revenue Code, he or she may not receive tax-free benefits from employer benefit plans.</li> <li>• <b>You receive Wellness rewards via gift card (calculated each quarter).</b> This is listed as WELLNESS REWARD under the imputed income section of the paystub located on the left-hand side. <b>Note:</b> This means you elected to have your Wellness rewards in the form of a gift card instead of through your health account, if applicable.</li> <li>• <b>Your company-paid Incentive Award based on a recognition - e.g., exceeding sales goal, Milestone Anniversary such as 20, 30, 40 years of service, etc.</b> This is listed as IMP - INCENTIVE AWARDS under the imputed income section of the paystub located on the left-hand side.</li> </ul> <p><b>Important Note:</b> Please do not contact the Payroll team with questions related to Imputed Income. All benefit related questions should go through the Service Center.</p>
<b>Lifestyle Reimbursement Program</b>	<p>To promote employee health and wellbeing, we will reimburse employees for a portion of the cost for individual fitness membership and class fees as well as certain activities that promote and support financial, mental, physical, and occupational well-being.</p> <p>All Full-time employees, as well as spouses/domestic partners enrolled in a Lumen medical plan are eligible.</p> <p><b>Note:</b> The IRS considers this reimbursement a taxable fringe benefit. Applicable taxes will appear under the imputed income section on your paycheck.</p>
<b>Long-Term Disability</b>	<p>Long-Term Disability is designed to help protect your income in the event you cannot work because of a covered illness or injury.</p> <p>Long-Term Disability (LTD) provides partial income protection for you in the event of an extended disability after the Short-Term Disability (STD) elimination period. Lumen provides Basic LTD coverage to employees who have completed one year of service, at no cost. You are eligible to enroll in Supplemental LTD after completing one year of service, during Annual Enrollment. If you become eligible after Annual Enrollment ends, you will have the opportunity to enroll prior to the end of the plan year by calling the Service Center.</p>



**Option/Program**

**Benefit information**

<p><b>Payroll Deductions</b></p>	<p>If you work one or more days in a pay period and are enrolled in healthcare (e.g., Medical/ Prescription Drug, Dental and Vision), you are responsible for paying the full cost of your benefit premiums during that pay period. Premiums are not prorated and are based on the payroll schedule, not the calendar year. Therefore, premiums could cross over from one calendar year to the next calendar year.</p>
<p><b>Pension</b></p>	<p>Once you have five or more years of vesting service under one or more of the Components in the Lumen Combined Pension Plan, you are “vested,” which means you have a right to receive benefits from the Plan.</p>
<p><b>Prescription Drug</b></p>	<p>There is one prescription drug administrator regardless which medical plan you elect; Optum Rx.</p> <p>You can use the pricing tool on the following websites based on the medical plan you are enrolling in for 2024:</p> <p><b>CDHP and HDHP</b> - <a href="http://myuhc.com">myuhc.com</a></p> <p><b>Doctors Plan</b> - <a href="http://lumen.com/whyuhc">lumen.com/whyuhc</a></p> <p><b>Surest Health PPO</b> - <a href="http://lumen.com/joinsurest">lumen.com/joinsurest</a>, Access Code: enroll2024</p> <p><b>Important:</b> Prescription Drug is not a separate plan option. You are automatically enrolled if you elect a Lumen medical plan.</p>
<p><b>Qualified Life Events</b></p>	<p>If you experience a Qualified Life Event (QLE) such as divorce, marriage, having a baby, losing or gaining coverage from another Plan, etc., you have the opportunity to make certain changes under the Health Care Plan and Life Insurance Plan, “the Plan.” In order to make changes, you must make this request within 45 days of the QLE effective date either through the Health and Life website at <a href="http://lumen.com/healthandlife">lumen.com/healthandlife</a> or by calling the Service Center at <b>833-925-0487</b>. The website and advocate at the Service Center cannot process future dated events. For example: If you are getting married June 11, you can go online or call starting June 11 and up to 45 days afterwards. You cannot process your QLE prior to June 11.</p>
<p><b>Short-Term Disability</b></p>	<p>When you have medical circumstances that require time off work, Lumen provides Short-Term Disability benefits to continue all or a portion of pay to eligible employees when you are disabled.</p> <p>Short-Term Disability benefits begin on the 8th calendar day after you meet the waiting period (7 consecutive full or partial calendar days). You are eligible for this plan after completing one year of service.</p> <p>Please refer to the applicable Short-Term Disability Summary Plan Description and/or your governing Collective Bargaining Agreement (CBA) on the Intranet for more information.</p> <p><b>Note:</b> If you elect the Post-tax option for the Short-Term Disability and not the Pre-tax option, you will see a line item on your paycheck under the Imputed Income section with a current and YTD amount each pay period. This does not mean you are out on STD; it is based on your election that the Government requires companies to calculate imputed income from a Post-tax option.</p>
<p><b>Survivor Benefit Plan*</b></p> <p>*For active Full-time Non-Union employees only</p>	<p>The Survivor Benefit Plan will pay your eligible designee six months of your base salary in the unlikely event of your death as an active Full-time employee. Refer to the Policy for more details.</p>

**Option/Program**

**Benefit information**

<p><b>TeleHealth</b></p> <p><b>Doctors Plan:</b> MDLive</p> <p><b>Surest Health PPO:</b> Doctor on Demand, K Health and MDLIVE</p> <p><b>UnitedHealthcare:</b> MDLIVE and Virtual Visits</p>	<p><b>MDLIVE:</b> Provides anytime, anywhere access to quality healthcare from local physicians who can diagnose, treat, and write prescriptions for routine medical conditions. Visit a doctor by phone, secure video, or through the MDLIVE App.</p> <p><b>Doctor on Demand:</b> Talk with real, board-certified doctors via phone, chat or video conference. These visits can be used for allergies, cold and cough, flu, pink eye, sinus infections, and more.</p> <p><b>KHealth:</b> You have 24/7 access to doctors for your routine primary care, acute care, and chronic disease management needs—like colds and coughs, asthma, sinus infections, urinary tract infections, chronic heartburn, allergies, rashes, migraines and more (no appointment needed). For \$0 you can connect and get help from a provider as well as have rapid prescriptions sent to your local pharmacy.</p> <p><b>Virtual Visits:</b> UnitedHealthcare Virtual Visit providers include Teladoc, American Well and Doctor on Demand. These visits can be used for allergies, bladder/urinary tract infection, bronchitis, coughing, diarrhea, fever, migraine/headache, pinkeye, rash, seasonal flu, sinus problem, sore throat, stomachache and more.</p> <p>Visit InsideLumen or review the SPD’s for more information</p>
<p><b>Tobacco-Free Discount</b></p> <p><b>Note:</b> If you are enrolled in the Hawaii Medical Services Association (HMSA) Plan, you will automatically receive the Tobacco-Free discount.</p>	<p><b>Medical/Prescription Drug -</b> The amount you pay for your medical/prescription drug coverage is determined by your base pay, the medical plan elected, coverage level and tobacco use. If your base pay increases or decreases during the year, you may see a change to your premiums. The discount is calculated off the total cost of coverage, not the actual bi-weekly medical premium amount.</p> <p>If you and your eligible dependent(s), if applicable, enroll in a Lumen medical plan and are non-tobacco users or are enrolled in a Company-recognized tobacco cessation program, you are eligible for discounted rates. If you are tobacco users, you are not eligible for discounted rates but are still eligible to enroll.</p> <p><b>What is a Tobacco Product?</b></p> <p>Tobacco products include but are not limited to the following: chewing tobacco, cigarettes, cigars, e-cigarettes, hookahs, nicotine gels/ dissolvables, pipe tobacco, tobacco snuff, vapors and other products associated with tobacco.</p> <p><b>Voluntary Lifestyle Benefits -</b> Your answer may also impact your rate if you enroll in the Critical Illness Insurance or Universal Life Insurance with Long-Term Care through the Voluntary Lifestyle Benefits Program. Be sure to read and answer each Tobacco-Free Discount question as rules differ based on the benefit program.</p>
<p><b>Transgender and Gender Diverse Services</b></p>	<p>You can refer to the Benefits Resource Guide for Transgender and Gender Diverse Services available to employees and their eligible dependent(s) enrolled in a Lumen medical plan on InsideLumen, the <a href="#">Health and Life website</a> or <a href="http://lumenbenefits.com">lumenbenefits.com</a>. This guide will include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Family Building;</li> <li>• Transgender-inclusive Healthcare; and</li> <li>• HIV treatment/prevention.</li> </ul>
<p><b>Virtual Care Network</b></p>	<p>If you live outside the CDHP, HDHP or Surest Health PPO network area and enroll in a medical plan, you will be automatically enrolled in the Virtual Network Plan. The Virtual Network is designed to help those who live in rural areas and/or areas that have no access to adequate provider networks and facilities that are contracted with Surest or UnitedHealthcare. For the CDHP or HDHP, you may be required to pay the provider at the time of service and then submit a medical claim to UHC for processing and reimbursement. Under this plan, you must satisfy your annual deductible first, before the Plan pays 80 percent coinsurance for most covered services. Preventive care services are covered at 100 percent with no deductible. Covered services will be subject to reasonable and customary (R&amp;C) charges, and you are responsible for any amount over R&amp;C.</p>
<p><b>Well Connected Wellness Program</b></p>	<p>The Well Connected Wellness Program is designed to help you achieve a state of balance in your personal and professional life. It doesn’t matter if you are working on your physical wellness, financial wellness, or another area, the wellness program is designed to help you live an optimal life. The Well Connected program provides access to a number of resources and activities to support your health and performance.</p>

**Option/Program**

**Benefit information**

**Well Connected Rewards**

The Well Connected program can improve your wellbeing and you can earn up to \$600 each Plan year for you or \$1,200 for you and your covered spouse/domestic partner enrolled in one of the Lumen medical plan options. You may select Gift Card or Health Account (Health Reimbursement Account - HRA, Health Savings Account - HSA) for your Well Connected Rewards option based on your medical election.

Selecting Gift Card will apply an imputed income calculation that will reflect on your paycheck. In addition, you must follow the Gift Card rules.

Selecting Health Accounts will not be taxable; the rewards will be added to your medical account to use for deductible and out-of-pocket expenses. Any rewards contributed to a Health Account apply to the yearly maximum contribution amount and will follow the specific Health Account rules and guidelines.

**Note:** If you are a Company Couple, and your spouse/domestic partner is enrolled as a dependent under your medical plan benefit option, your spouse/domestic partner will only be eligible for wellness rewards in the form of a gift card.

**Working Spouse/Domestic Partner Surcharge**

You will need to answer the working spouse/domestic partner surcharge question either online or with an advocate through the Service Center if you enroll your spouse/domestic partner in a Lumen medical plan option. If you need to update your Working Spouse/Domestic Partner Surcharge answer, select Edit on the medical page of the Health and Life website or contact the Lumen Health and Life Service Center.

A \$100 surcharge per pay period may apply.

**Note:** Temporary Full-Time, Temporary Part-Time and Incidental employees are not subject to the Working Spouse/Domestic Partner Surcharge.





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# Enroll

Review the Health and Life website to learn about your options and plans.

If you are using your mobile device or enrolling online, be sure to visit Sofia, your personal benefits assistant who can answer questions and guide you as you enroll.

Make sure to use one of the latest versions of the following browsers:

- Chrome
- Firefox
- Edge

**NOTE:** You cannot access the Health and Life website using other browsers.

## Tips to help you enroll (based on a Full-time eligible employee)

- Enter your personal email as your contact preference to receive benefit communication on the [Health and Life website](#).
- Enroll by your deadline noted in the count down banner.
- Answer the Tobacco-Free Discount and Working Spouse/Domestic Partner Surcharge questions.
- Enroll in a Savings or Spending Account: Health Care Flexible Spending Account (FSA), Dependent Day Care FSA and/or a Health Savings Account, if applicable.
- If you added a dependent that requires Dependent Verification, coverage will not become effective until the required documentation is received and approved by the deadline in your packet. You can upload the documentation during your enrollment or follow the instructions in your packet that will be sent after enrollment.
- If you enroll in Supplemental Life Insurance that requires Evidence of Insurability/Statement of Health, be sure to submit the form directly to the carrier.
- Print your Benefits Summary after you enroll for your records.
- Expect to receive ID cards for medical/prescription drug, dental, and or vision coverage.
- Be sure to review your paychecks to know what benefit premiums are being deducted to ensure they are as you expected and are accurate.


**Note: If you don't enroll, you will only receive the Company-paid benefit plans, if eligible, based on your status.**

- Basic Life
- Basic Accidental Death and Dismemberment (AD&D)
- Business Travel Accident (BTA)

## Enroll

You can enroll through the following available options:

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Mobile Device Enrollment:	Online Enrollment:	Phone Enrollment:
<ul style="list-style-type: none"><li>• Download the free MyChoice Mobile App for Android or iOS</li></ul>  <p>Search: <b>MyChoice™ Mobile App</b>, available for free in the App Store and Google Play</p>	<ul style="list-style-type: none"><li>• Health and Life website: <a href="https://lumen.com/healthandlife">lumen.com/healthandlife</a></li></ul>	<ul style="list-style-type: none"><li>• <b>833-925-0487</b></li></ul>

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Member Advocates are available Mon-Fri, 7 a.m. to 7 p.m. (CST).

We encourage you to enroll via mobile or website but if you choose to call, you may have the option to select VirtualHold. You will not lose your place in line if you select this option. A Member Advocate will call you back, once available.

# Plan Overviews

## Doctors Plan in Arizona and Colorado

In Arizona, this plan is available if your address on file is in Maricopa or Pinal County.

In Colorado, this plan is available if your address on file is in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Morgan or Weld County.

**Action Required:** Select your Primary Care Physician (PCP) during Enrollment for you and each covered dependent(s). If you don't, UHC will assign a PCP. In order to receive benefits, the Doctors Plan requires you to use In-Network providers.

**Note:** You pay a flat amount for prescription drug expenses based on the Tier of the medication. The amount you pay can be as low as ten dollars. This plan has a customized drug list covering the most effective drugs at the lowest cost; clinical review is available for coverage of non-formulary drugs.

### UnitedHealthcare Doctors Plan

	<b>In-Network</b>
<b>You Pay</b>	<b>Annual Deductible</b> (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)
	<b>Employee</b>
	\$1,500
	<b>Family</b>
	\$3,000 (deductible must be satisfied before coinsurance applies; no individual limits)
	<b>Annual Out-of-Pocket Maximum</b> (The Out-of-Pocket Maximums are separate for In-Network and Out-of-Network providers and are not combined)
	<b>Employee</b>
	\$3,600
	<b>Family</b>
	\$6,850 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)
<b>Coinsurance</b>	<b>In-Network</b>
	80% covered (Network Provider)
<b>Primary care visit to treat an injury or illness</b>	\$0 Copay 100% covered
<b>Specialist Visit</b>	\$75 Copay 100% covered
	<b>Preventive Care: (No Deductible)</b>
<b>Preventive care/screening/immunization</b>	100%
<b>Outpatient Lab and Pathology</b>	80% after deductible
<b>Outpatient Surgery</b>	<b>In-Network</b>
	80% after deductible

**UnitedHealthcare Doctors Plan**

<b>Emergency Room Services</b>	\$500 copay plus deductible and coinsurance	
<b>Inpatient Hospital Care</b>	80% covered after deductible	Out of Network / Not Covered
<b>Prescription Drugs</b> (Copays shown are for up to a 30 day supply of medication)	<b>Tier 1 Drugs</b>	
	• \$10 copay	
	<b>Tier 2 Drugs</b>	
	• \$25 copay	
	<b>Tier 3 Drugs</b>	
	• \$100 copay	
	<b>Tier 4 Drugs</b>	
	• \$400 copay	





# Medical Plan Comparison - Surest Health PPO, High Deductible Health Plan with Optional HSA and the Consumer Driven Health Plan

This chart is only a snapshot summary of medical benefits. For specific details on how services are covered or excluded, please contact Claims Administrator (Surest Health PPO or UnitedHealthcare) or refer to the medical Summary Plan Description on InsideLumen.

	Surest PPO		UHC HDHP with Optional HSA		UHC CDHP	
<b>HSA/HRA Contributions</b>	Not Applicable - See Flexible Spending Account Options for more information		With Employee-Funded HSA (maximum contribution): <ul style="list-style-type: none"> <li>\$4,150 Employee</li> <li>\$8,300 Employee + One or more dependent(s) enrolled</li> </ul> <b>Note:</b> If you are 55 or older, you can contribute an extra \$1,000 "catch-up" contribution.		With Company-Funded HRA Contribution: <ul style="list-style-type: none"> <li>\$500 Employee</li> <li>\$750 Employee + Spouse/Domestic Partner (DP)</li> <li>\$750 Employee + Child/ren</li> <li>\$1,000 Employee + Family</li> </ul>	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>You Pay</b>	<b>Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)</b>					
	<b>Employee</b>		<b>Employee</b>		<b>Employee</b>	
	\$0	\$0	\$1,600	\$3,200	\$1,600	\$3,200
					<b>Employee + Spouse/DP</b>	
					\$2,400	\$4,800
	<b>Employee + Child/ren</b>		<b>Family</b>		<b>Employee + Child/ren</b>	
	\$0	\$0	\$3,200	\$6,400 (deductible must be satisfied before coinsurance applies; no individual limits)	\$2,400	\$4,800
					<b>Family</b>	
					\$3,200	\$6,400 (deductible must be satisfied before coinsurance applies; no individual limits)
	<b>Annual Out-of-Pocket Maximum (The Out-of-Pocket Maximums are separate for In-Network and Out-of-Network providers and are not combined)</b>					
	<b>Employee</b>		<b>Employee</b>		<b>Employee</b>	
	\$3,600	\$7,200	\$3,600	\$7,200	\$3,200	\$6,400
<b>Employee + Spouse/Domestic Partner</b>				<b>Employee + Spouse/Domestic Partner</b>		
\$5,400	\$10,800			\$4,800	\$9,600	
<b>Employee + Child/ren</b>				<b>Employee + Child/ren</b>		
\$5,400	\$10,800			\$4,800	\$9,600	
<b>Family</b>		<b>Family</b>		<b>Family</b>		
\$6,850	\$14,400 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	\$6,850	\$14,400 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	\$6,400	\$12,800 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	

	Surest PPO		UHC HDHP with Optional HSA		UHC CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary care visit to treat an injury or illness	100% covered		85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
	\$20-\$90	\$180	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
Specialist Visit	\$20-\$90	\$180	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
<b>Preventive Care: (No Deductible)</b>						
Preventive care/screening/immunization	100% covered	100% covered	100%	Not covered	100%	Not covered
<b>Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care</b>						
Outpatient Lab and Pathology	\$0	\$0	85% covered	50% covered (after deductible is met)	85% covered	50% covered (you may be subject to balances over the eligible expense)
Outpatient Surgery	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Up to \$3,000	Up to \$7,200	85% covered (when performed at an Ambulatory Surgery Center) 80% covered (if performed as outpatient in a hospital)	Not covered	85% covered (when performed at an Ambulatory Surgery Center) 80% covered (if performed as outpatient in a hospital)	Not covered
Emergency Room Services	\$500	\$500	• 80% covered after deductible is met		• 80% covered after deductible is met	

	Surest PPO	UHC HDHP with Optional HSA	UHC CDHP		
<b>Inpatient Hospital Care</b>	Up to \$3,000 \$1,400 for Inpatient Emergency Admit	\$7,200 \$2,800 for Inpatient Emergency Admit	80% covered (after deductible is met)  50% covered for Out-of-Network services	80% covered (after deductible is met)	50% covered (after deductible is met)
	<b>Tier 1 Drugs</b>				
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>\$10 for a 30 day retail supply</li> <li>\$25 for a 90 day retail/mail supply</li> <li>\$200 (In-Network) for Specialty Retail Pharmacy</li> <li>Specialty medications are limited to a 30 day supply</li> </ul>	<ul style="list-style-type: none"> <li>85% covered; minimum copay of \$10 for retail, \$25 for mail, \$200 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply/90 day if mail order (In-Network).</li> <li>For certain preventive medications the deductible is waived.</li> <li>Specialty medications are limited to a 31 day supply.</li> </ul>	<ul style="list-style-type: none"> <li>85% covered; minimum copay of \$10 for retail, \$25 for mail, \$200 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply/90 day if mail order (In-Network).</li> <li>Specialty medications are limited to a 30 day supply.</li> </ul>		
	<b>Tier 2 Drugs</b>				
	<ul style="list-style-type: none"> <li>\$45 for a 30 day retail supply</li> <li>\$112.50 for a 90 day retail/mail supply</li> <li>\$225 (In-Network) for Specialty Retail Pharmacy</li> <li>Specialty medications are limited to a 30 day supply</li> </ul>	<ul style="list-style-type: none"> <li>80% covered; minimum copay of \$45 for retail, \$112.50 for mail, \$225 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply/90 day if mail order (In-Network).</li> <li>For certain preventive medications the deductible is waived.</li> <li>Specialty medications are limited to a 31 day supply.</li> </ul>	<ul style="list-style-type: none"> <li>80% covered; minimum copay of \$45 for retail, \$112.50 for mail, \$225 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply/90 day if mail order (In-Network).</li> <li>Specialty medications are limited to a 30 day supply.</li> </ul>		
	<b>Tier 3 Drugs</b>				
	<ul style="list-style-type: none"> <li>\$150 for a 30 day retail supply</li> <li>\$375 for a 90 day retail/mail supply</li> <li>\$300 (In-Network) for Specialty Retail Pharmacy</li> <li>Specialty medications are limited to a 30 day supply</li> </ul>	<ul style="list-style-type: none"> <li>70% covered; minimum copay of \$150 for retail, \$375 for mail, \$300 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply/90 day if mail order (In-Network).</li> <li>For certain preventive medications the deductible is waived.</li> <li>Specialty medications are limited to a 31 day supply.</li> </ul>	<ul style="list-style-type: none"> <li>70% covered; minimum copay of \$150 for retail, \$375 for mail, \$300 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply/90 day if mail order (In-Network).</li> <li>Specialty medications are limited to a 30 day supply.</li> </ul>		
<b>Tier 4 Drugs</b>					
<ul style="list-style-type: none"> <li>\$300 for a 30 day retail supply</li> <li>\$750 for a 90 day retail/mail supply</li> <li>\$400 (In-Network) for Specialty Retail Pharmacy</li> <li>Specialty medications are limited to a 30 day supply</li> </ul>	<ul style="list-style-type: none"> <li>60% covered; minimum copay of \$300 for retail, \$750 for mail, \$400 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply retail and Specialty/90 day if mail order (In-Network).</li> <li>For certain preventive medications the deductible is waived.</li> <li>Specialty medications are limited to a 31 day supply.</li> </ul>	<ul style="list-style-type: none"> <li>60% covered; minimum copay of \$300 for retail, \$750 for mail, \$400 for Specialty; after deductible is met.</li> <li>Mandatory mail after two prescriptions for maintenance Rx.</li> <li>Up to 31-day supply retail and Specialty/90 day if mail order (In-Network).</li> <li>Specialty medications are limited to a 30 day supply.</li> </ul>			
Tier 1, 2, 3 and 4 - Certain life saving/emergency medications on the Vital Medication list are covered at no cost share by you.					
<b>Specialty Medications</b>					
<b>No Out-of-Network coverage for Specialty Medications.</b>					



**UnitedHealthcare Plan Options:** When accessing Network Premium Providers or certain Freestanding Facilities, the Plan pays 85% rather than the 80% where available for services such as: Family Practice, General Surgery, OB-GYN and Pediatrics. Visit myuhc.com for these designations on providers or facilities. A freestanding symbol helps you identify opportunities to save money when you need an out-patient facility, a diagnostic or ambulatory center, independent laboratory, out-patient facility, or physicians office.

**CDHP** - If you enroll in this plan, the Company provides a subsidized Health Reimbursement Account (HRA). You can choose your healthcare providers; however, the Plan pays a greater benefit when you use providers that are in the network.

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 & Spouse/Domestic Partner etc.), even if only one covered person uses the entire HRA benefit. You incur medical expenses and pay the full cost of the medical expenses with money in your HRA first, then you pay out-of-pocket until your deductible is met. You will be responsible for the cost of prescription drugs until you have met your deductible. You can fill your prescriptions up to two times at retail pharmacy, after that, it will not be covered and you will pay the full retail price.

**Note:** If you elect a Health Care Flexible Spending Account (HCFSAs), funds will be taken from your HRA first and then once exhausted, will be taken from your HCFSAs. You do not have the option to have your HCFSAs pay first as the HRA is a component of the medical plan.

### HRA prorated chart:

If your benefits effective date is...	You will receive...
Jan. - March	100% of HRA allocation amount
April - June	75% of HRA allocation amount
July - Sept.	50% of HRA allocation amount
Oct. - Dec.	25% of HRA allocation amount

### What happens to your HRA if you change medical plans as a result of a Qualified Life Event or during Annual Enrollment?

- Any CDHP HRA balance may also roll over if you change from the CDHP to the HDHP with Optional HSA. After the run-out period, any rollover balances will be deposited into a post deductible HRA account. The balance would be available once you have met your HDHP deductible.
- If you elect the Doctors Plan or the Surest PPO and have a prior CDHP HRA balance, these dollars will follow you. Your prior HRA dollars will not be available until after the run-out period (for claims from your prior coverage to clear under the CDHP HRA. This typically takes 90 days.

**HDHP** - If you enroll in this plan, you can choose your healthcare providers; however, the Plan pays a greater benefit when you use providers that are in the network. You can elect a Health Savings Account (HSA) to help you save for qualified medical expenses, including prescription drugs and eligible dental and vision expenses. An HSA allows you to set aside pre-tax dollars from your paycheck. This account rolls over from year to year and the money in the account is 100% yours even if you leave the company. You can enroll in an HSA any time throughout the year but do not need to contribute when you elect the HDHP medical plan.

If you elect a Health Care Flexible Spending Account (FSA), it will automatically be a Limited Purpose FSA and can only be used for eligible out-of-pocket dental and vision care expenses until your medical deductible has been satisfied. After your deductible has been satisfied, you can use the FSA for eligible medical and prescription drug expenses as well as dental and vision expenses. Refer to the FSA and HSA page in this guide for more information.

**Note:** The HSA is not a Company-sponsored plan or benefit and is not covered under ERISA. The Company has chosen to allow Optum Bank to make its program available to Lumen employees, but this is a voluntary program and only you can decide whether the benefits provided by this program are appropriate for you and your eligible dependent(s). You are encouraged to research all suitable alternatives and consult with your personal advisors. The company is not able to provide you with advice regarding this program.

**Surest Health PPO** - You can review treatment options and costs before receiving treatment or choosing a provider. Here's how it works:

- Coverage starts at your first visit or prescription fill because this is a \$0 deductible plan
- Clear, upfront prices for treatments, doctors and prescription drugs. Know before you go what your healthcare choices will cost.
- Get the coverage you would expect from the broad, UHC Choice Plus National Provider Network.
- Shop by quality - copays are lower as an indication of higher-value care, based on quality, efficiency and overall effectiveness.

For an overview, visit [lumen.com/joinsurest](https://lumen.com/joinsurest). Access code: enroll2024



# Dental Plan Comparison

You can choose between two dental plan options; Option 1 or Option 2 or you can 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 Dental Plan options are administered by MetLife.

This chart is only a snapshot summary of dental benefits. For specific details on how services are covered or excluded, please contact MetLife or refer to the Summary Plan Description on InsideLumen.

Option 1	Option 2 (with orthodontia)
<b>Passive PPO In and Out-of-Network</b> (Your Dental PPO plan is passive, meaning that you will pay the same coinsurance levels, have the same deductible requirements and be allotted the same Annual Maximum value regardless of going In or Out-of- Network. In-Network services are subject to MetLife's negotiated Plus network rates. Out-of- Network services will be subject to the reasonable and customary charges. You may have additional out of pocket costs for services received from Out-of-Network providers.)	
<b>Plan Year 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)
<b>Plan Year 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
<b>Plan Pays (after deductible)</b>	<b>Plan Pays (after deductible)</b>
<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, per person (separate from annual deductible)

**Administrator:** MetLife **Group number:** 148069 **Phone number:** [866-832-5756](tel: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 Overview

The vision care benefit has one option offered by EyeMed (aka EyeMed Vision Care/First American Administrators) or you can waive this coverage. Staying In-Network helps you save money on eye exams, contact lenses, and frames and lenses with a variety of options through INSIGHT (name of the in-network benefit) network to help save you even more. Since PLUS Providers are already in the INSIGHT network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork but you still have the same vision benefits, plus a little more savings.

Find plenty of In-Network optometrists, including PLUS Providers by going online to [lumen.com/visionfair](https://lumen.com/visionfair) and entering **code: NF82WY92** whether you are already enrolled or not yet enrolled. You may also call EyeMed at **855-874-4744**. EyeMed's retail stores include but not limited to: **LensCrafters, Target Optical** and most **Pearle Vision** locations. EyeMed offers In-Network online options at: [ContactDirect.com](https://ContactDirect.com), [Glasses.com](https://Glasses.com), [lenscrafters.com](https://lenscrafters.com), [ray-ban.com](https://ray-ban.com) and [targetoptical.com](https://targetoptical.com). You must not only enroll but also register on EyeMed's site to become eligible for additional and special offers as an "EyeMed member."

This chart is only a snapshot summary of the available vision benefits. For specific details on how services are covered or excluded, please refer to the Summary Plan Description (SPD) on [InsideLumen](https://InsideLumen.com), or contact EyeMed.

## Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network Cost	Out-of-Network Reimbursement
<b>Examination Services</b>			
Exam (with Dilation as necessary)	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	\$0 copay	\$0 copay	Up to \$20
Low Vision Supplemental Exam/Testing	\$0 copay	\$0 copay	Up to \$125
Low Vision Aids	25% copay up to a maximum of \$1,000	25% copay up to a maximum of \$1,000	25% copay up to a maximum of \$1,000
<b>Contact Lens (allowance includes materials only)</b>			
Conventional	\$0 copay; 15% off balance; over \$150 allowance	\$0 copay; 15% off balance; over \$150 allowance	Up to \$105
Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$210
<b>Contact Lens Fit And Two (2) Follow-Ups (in lieu of lenses)</b>			
Fit and Follow-Up - Standard	Up to \$40	Up to \$40	Not covered
Fit and Follow-Up - Premium	10% off retail price	10% off retail price	Not covered
<b>Frame (any available frames at Provider locations)</b>			
Frame	\$0 copay; 20% off balance over \$185 allowance	\$0 copay; 20% off balance over \$160 allowance	Up to \$112
<b>Standard Plastic Lenses (in lieu of contacts)</b>			
Single Vision	\$25 copay	\$25 copay	Up to \$30
Bifocal	\$25 copay	\$25 copay	Up to \$50
Trifocal	\$25 copay	\$25 copay	Up to \$70
Lenticular	\$25 copay	\$25 copay	Up to \$70
Progressive - Standard	\$25 copay	\$25 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	\$120 copay	Up to \$50



### Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network Cost	Out-of-Network Reimbursement
Progressive - Premium Tier 3	\$135 copay	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	\$200 copay	Up to \$50
<b>Lens Options</b>			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	\$85 copay	Up to \$5
Photochromic - Non-Glass (Plastic)	\$0 copay	\$0 copay	Up to \$5
Polycarbonate - Standard	\$40 copay	\$40 copay	Not covered
Polycarbonate - Standard - under 19 years of age	\$0 copay	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$15 copay	\$15 copay	Not covered
Tint - Solid or Gradient	\$0 copay	\$0 copay	Up to \$5
UV Treatment	\$15 copay	\$15 copay	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
<b>Low Vision</b>			
Supplemental Exam/Testing	\$0 copay	\$0 copay	Up to \$125 allowance (no reimbursement)
Aids	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000
<b>Member Savings</b> (enrollees who register on EyeMed's website receive additional savings)			
Additional Pairs of Glasses, Conventional Lenses	40% off glasses; 15% discount on lenses (once funded benefit is used)	40% off glasses; 15% discount on lenses (once funded benefit is used)	Not covered
Non-Prescription Sunglasses and other items <b>not covered by Plan*</b> <b>*Note:</b> Safety Glasses and Provider's professional services or contact lenses are not eligible for coverage under the Plan	20% off	20% off	Not covered
Hearing Care from Amplifon Hearing Health Care Network (Call <b>877-203-0675</b> )	40% off hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids at thousands of convenient locations nationwide.)	40% hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids at thousands of convenient locations nationwide.)	Not covered
LASIK or PRK from U.S. Laser Network (Call <b>800-988-4221</b> )	15% off retail or 5% off promotional price	15% off retail or 5% off promotional price	Not covered
<b>Frequency</b> (Adults and Children)			
Exam	Once every plan year		
Frame	Once every plan year		
Lenses (in lieu on Contact Lenses)	Once every plan year		

### Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network Cost	Out-of-Network Reimbursement
Contact Lenses (in lieu of Lenses)		Once every plan year	
Low Vision		Once every other plan year	

### Definition of Contact Lens Fit

- 1. Standard Contact Lens Fit** - Clear, soft, spherical, daily wear contact lenses for single vision prescriptions. Standard Contact Lens does not include extended or overnight wear lenses, which are intended to be worn during periods of sleep.
- 2. Premium Contact Lens Fit** - Toric, multifocal, monovision, post-surgical, gas permeable contact lenses, and other non-Standard Contact Lenses. Premium Contact Lens includes extended and overnight wear lenses, which are intended to be worn during periods of sleep.

You are responsible to pay the Out-of-Network provider in full at the time of service and then submit an Out-of-Network claim for reimbursement. You will be reimbursed up to the amount shown within the Summary of Benefits section. For prescription contact lenses for only one eye, the Plan will pay one-half of the amount payable for contimitations and Exclusions, refer to the Vision Summary Plan Description.

**Offered by:** EyeMed **Group number:** 1029819 **Phone number:** [855-874-4744](tel:855-874-4744)

- 1) In certain states, Members may be required to pay the full retail rate and not the negotiated discount rate with certain participating Providers. Please refer to EyeMed's website and search Providers to determine which participating Providers have agreed to the discounted rate.
- 2) Discounts on vision materials may not be applicable to certain manufacturers' products.



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

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

Traditional Health Care FSA	Limited Purpose Health Care FSA (for HDHP with Optional HSA)	Dependent Day Care FSA (for child/elder care services)	Health Savings Account (HSA) (for HDHP with Optional HSA)
<b>How much can you contribute?</b>			
Between \$150-\$3,200 per plan year <b>Note:</b> FSA limits are determined by the IRS.	Between \$150-\$3,200 per plan year <b>Note:</b> FSA limits are determined by the IRS.	Between \$150-\$5,000 per plan year <b>Note:</b> If you are determined to be a highly compensated employee, the Plan Administrator may need to adjust your contribution election, and you will be notified.	Up to \$3,850 Employee-only Up to \$7,750 Employee + one or more enrolled <b>Note:</b> If you are age 55 or older, you can contribute an extra \$1,000 "catch-up" contribution per plan year.
<b>What types of expenses can you use it for?</b>			
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 Company health care plan.	Only eligible out-of-pocket dental and vision care expenses, including deductibles, copayments and coinsurance not covered by other plans. Medical and prescription drug expenses are not eligible for reimbursement until you have satisfied your annual deductible.	Eligible out-of-pocket child care/elder care expenses for eligible dependents so you (and your Spouse, if married) can work or attend school Full-time.	Eligible medical, prescription, over-the-counter drugs, dental and vision care expenses.
<b>How does it work?</b>			
The plan year amount you elect to contribute is available to you on your benefit effective date. <b>Note:</b> If you enroll in the HDHP with Optional HSA and elect an FSA, you will automatically be enrolled in the Limited Purpose FSA whether or not you contribute in an HSA.	FSA money is available as contributions are deducted from your paycheck and loaded to UnitedHealthcare's system.	<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 contributions are deducted from your paycheck and loaded to Optum Bank's system. Optum Bank must first approve (vet) your account before an account can be set up and contributions deposited.</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> <b>Note:</b> If you open up an HSA with Optum Bank (through payroll deductions), the minimum HSA contribution is \$260 annually or \$10 per pay period.	

## FSA Enrollment Rules

- FSA limits are determined by the IRS and are subject to change. FSA premiums are deducted over 26 pay periods or the remaining pay periods of the Plan year based on the effective date. To ensure employees do not contribute over the IRS maximum allowed amount, the calculation per pay period will always round-down which may result in under contributing between \$.01 to \$.26 at the end of the Plan year. Refer to the example below:  
**Contribution Election Amount: \$5,000**  
Per pay period deduction:  $\$5,000/26 = \$192.30$  (rounded down). Your total deduction for the Plan year is  $\$192.30 \times 26 = \$4,999.80$  which is \$.20 under your \$5,000 contribution election amount.
- If an FSA deduction is missed or the full amount is not deducted, an adjustment is made on your account. The adjustment is taken in subsequent pay periods, in addition to the regular deduction amount.
- 2024 FSA funds can be used for eligible expenses incurred from your benefit effective date to March 15, 2025 (if still employed & eligible). You have until March 31, 2025, 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 or their dependents on your income tax return. If you have additional FSA dollars, you can check out the OptumStore (store.optum.com) that offers all FSA eligible items for purchase.

## HSA Enrollment Rules

- If you are newly enrolled in an HSA, the effective date is the first of the month following the eligibility effective date. Changes in contribution election amounts (including stopping contributions) will be effective based on the payroll cutoff date. If an HSA deduction is missed or the full amount is not deducted, the system may adjust the amount taken on subsequent pay periods depending on your election of either a Total For Plan Year amount or a per pay period amount.

# Life and Accident

## Automatic and Company-Paid Plan Benefits

<b>Employee Basic Life Insurance</b>	Eligible employees have a benefit of 1x eligible pay (Base Pay + anticipated 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 the \$50,000 in coverage.</b> If you are in this category, you will see \$50,000 as an option when you go online to enroll, as well as your 1x Base Pay + anticipated Short-Term Incentive. You have the option to change your Basic Life Insurance coverage amount to \$50,000 and, therefore, you would not be subject to imputed income.
<b>Employee Basic Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b>	Eligible employees have a benefit of 1x eligible pay (Base Pay + anticipated Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit.
<b>Business Travel Accident</b>	Eligible employees have a benefit of 3x eligible pay (Base Pay + anticipated 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/Evidence of Insurability (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 + anticipated 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/Evidence of Insurability (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>Note:</b> You cannot select a different coverage amount per child. The elected amount will be for each child you select to enroll.
<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:

- Ensure you add beneficiaries for all of your Life Insurance plan options by going to [lumen.com/healthandlife](https://lumen.com/healthandlife) or InsideLumen. The Service Center is the record keeper of beneficiary designations. Refer to the SPD for specific beneficiary payment rules, 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.). If your benefit costs increase or decrease, you will receive a notification from the Service Center. Refer to the Life Insurance and AD&D SPD on InsideLumen.
- If both you and your Spouse/Domestic Partner are employed by the Company, or on long-term disability, or in 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 the Company 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.



# Voluntary Lifestyle Benefits

## You must be a Full-time employee to enroll in Voluntary Lifestyle Benefits.

As an employee of Lumen, you have access to a comprehensive Voluntary Lifestyle Benefits program. Availability of certain benefits may be subject to state variations and discounts or service may not be available in all states.

Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance are the only Voluntary Lifestyle Benefits that are company-sponsored and are covered under the federal law known as “ERISA.” All other Voluntary Lifestyle Benefits are not Company-Sponsored.

**Important Note:** The Voluntary Lifestyle Benefits are not Company-sponsored plans or benefits (excluding: Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance) and are not plans covered by the Employee Retirement Income Security Act (ERISA). The Company allows these vendors to make these benefits available to employees as a mere convenience. Please note that the Company is not sponsoring or otherwise endorsing the benefits and is not responsible for any of the program products, services or practices. Your rights and remedies under the program are addressed solely and exclusively with the benefits vendor and not with the Company. These are voluntary benefits and you enroll at your own expense. Only you can decide whether the benefits provided by the program are appropriate for you and your family. The Company is not able to provide you with advice regarding the program.

Access to the Voluntary Lifestyle Benefits Program is provided through the Health and Life website at [lumen.com/healthandlife](https://lumen.com/healthandlife). You can review the Voluntary Lifestyle Guide by going to the Reference Center on the top right-hand side of the home page and then select the Voluntary Lifestyle Benefits folder. **Lumen does not benefit from your participation in these plans and no commissions or incentives are paid to Lumen as a result of the products or services you may choose to purchase.**

Enroll in the following Voluntary Lifestyle Benefits within 30 days from your hire, rehire, transfer date, or during the Annual Enrollment period.	Enroll at any time
<p>Subject to the policy terms:</p> <p><b>Accident Insurance</b></p> <p>Accidents can happen when you least expect them. And while you can't always prevent them, you can help lessen the financial impact and try to make your recovery less stressful. Even the best medical plans may leave you with unexpected expenses like deductibles, copays, extra costs for out-of-network care, and non-covered services.</p> <p><b>Airvet</b></p> <p>Airvet is a 24/7 veterinary telehealth company that can help with anything from urgent health questions to routine pet care. Airvet offers visits with licensed veterinary professionals and has no deductibles, co-pays, and pet restrictions (number of pets, age, breed, etc.)</p> <p><b>Critical Illness Insurance</b></p> <p>Medical insurance may only cover a portion of the expenses associated with treating a serious illness. Plus, additional costs that often come with recovering, like childcare, transportation, and grocery delivery, may be left up to you. Critical Illness Insurance can provide you with a benefit that can help you pay for unexpected costs, such as those that your existing medical insurance may not cover.</p> <p><b>Hospital Indemnity Insurance</b></p> <p>Hospital stays can be pricey and are often unexpected. Since most healthcare plans don't cover all expenses, taking steps to help protect yourself can make a big difference. Hospital stay services can add up and result in out-of-pocket costs beyond what your medical plan may cover in addition to deductibles, copays, and expenses that come with out-of-network care.</p>	<p><b>Disaster Insurance through Recoop</b></p> <p>Recoop is the first and only multi-peril disaster coverage that quickly pays you a lump sum benefit (up to \$25,000) after a disaster: hurricane (with storm surge), wildfire, tornado, earthquake, gas explosion, winter storm, or dust storm.</p> <p><b>Employee Perks</b></p> <p>Can't find that perfect present? Having trouble finding a great price for a new car? Looking for discounted hotel rates? You have access to Employee Perks through PerkSpot as part of your benefits program. PerkSpot is a members-only discount site that provides you with access to hundreds of exclusive deals from brand-name retailers and local merchants.</p> <p>PerkSpot offers travel deals, great gifts, and practical everyday necessities — all at specially negotiated prices. From discounted theater tickets to incredible deals at Target and Costco, this program is a great way to stretch your paycheck. Your family members can save, too.</p> <p><b>Home and Auto Insurance Program*</b></p> <p>Like health insurance, premiums and out-of-pocket expenses for home and auto insurance are going up. From auto accidents to natural disasters, there has been an increase in both severity and frequency of incidents. And without the right coverage, an accident or storm can be devastating to your family's financial security. Now, with Farmers Insurance and Liberty Mutual, you can save money on the right coverage for you and your family, without sifting through dozens of quotes.</p>

Enroll in the following Voluntary Lifestyle Benefits within 30 days from your hire, rehire, transfer date, or during the Annual Enrollment period.	Enroll at any time
<p><b>Legal Services</b></p> <p>Like health insurance, legal assistance is there to help you when the unexpected happens. This can include helping you with matters such as divorce, identity theft, traffic citations, and more. Other times, legal assistance can help you avoid issues ahead of time, such as credit monitoring or preparing a will or trust.</p> <p><b>Universal Life with Long-Term Care through TransAmerica</b></p> <p>Life is unpredictable. TransElite® is universal life insurance that helps provide financial protection at a competitive cost, going beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better. If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier. If you're laid off, monthly deductions are waived for up to six months, so you maintain your policy.</p>	<p><b>Identity &amp; Fraud Protection Program</b></p> <p>Our personal information is more at risk than ever. MetLife's Identity &amp; Fraud Protection, powered by Aura, protects you and your family from fraud by helping to ensure your private information is not anywhere it shouldn't be.</p> <p>Keep your identity secure with extensive monitoring of your personal information, like your accounts, credit, SSNs, IDs, and more. You'll also get near real-time alerts on suspicious credit inquiries, like if someone was opening a loan or credit card in your name. Live with peace of mind that your online personal and financial information is secure.</p> <p><b>Pet Insurance</b></p> <p>Your pets are like an extension of your family. That's why it can be scary if one of them suddenly gets sick or injured. Luckily, pet insurance is there to help with the cost of seeing a vet for those moments when your furry friends are feeling less than well. For a small premium per pet each month, this coverage will pay out a certain amount when you need to make an urgent or emergency vet visit.</p> <p><b>Purchasing Power Program</b></p> <p>Fixed payments and no credit check! When your computer crashes or your washing machine breaks down, cash and credit may not always be an option. If you can't spare the upfront funds for these kinds of surprises, Purchasing Power can help.</p> <p>Purchasing Power provides you with an affordable way to buy today and pay over time, right from your paycheck.</p> <p>Sign up for free and shop thousands of name-brand products, such as computers, electronics, furniture, appliances, vacation packages, and online education services. You'll receive your item upfront and pay over 6 or 12 months through automatic payroll deductions with fixed payments, no credit check, and no hidden fees.</p>






\*The Home and Auto Insurance Program may not be part of the benefit offering in Florida and Massachusetts.








**To enroll:**

- Visit [lumen.com/healthandlife](https://lumen.com/healthandlife); or
- Call 833-925-0487 Mon-Fri, 7 a.m. - 7 p.m. (CST)


# Who Do I Contact - Helpful Resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs located on the Intranet, or in the Reference Center located on the top right-hand side of the home page on the [Health and Life website](#). If you would like a paper copy of these materials, contact the Service Center. Please be advised that mail time is based on the USPS schedule. Lumen and the Service Center is unable to overnight forms, documents, letters, etc.

Administrator - Plan - Program	Website/Group Number	Phone Number
<b>Health Care</b>		
<b>Health and Life Service Center</b>	<a href="https://lumen.com/healthandlife">lumen.com/healthandlife</a>  Search: <b>MyChoice™ Mobile App</b> , available for free in the App Store and Google Play	<b>833-925-0487</b> <b>317-671-8494</b> (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
<b>Health Care Advocacy Services</b> For issues with your Health Care claims that you are unable to resolve on your own through the Claims Administrator or your Health Care provider.	<a href="https://lumen.com/healthandlife">lumen.com/healthandlife</a>	<b>833-925-0487</b> <b>317-671-8494</b> (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
<b>Medical and Prescription Drug</b>		
<b>Blue Cross/Blue Shield Hawaii Medical Services Association (HMSA)</b>	HMSA: <a href="https://hmsa.com/contact">hmsa.com/contact</a>  <b>Group Number:</b> 030541001	<b>800-776-4672</b> Mon-Fri, 5 a.m. - 2 p.m. (CST)
<b>CDHP Doctors Plan HDHP</b>	<b>UnitedHealthcare: <a href="https://myuhc.com">myuhc.com</a></b> <b>Group Number:</b> 192086  Search: <b>UHC App</b> , available for free in the App Store and Google Play	<b>800-842-1219</b> Mon-Fri, 8 a.m. - 10 p.m. (CST)
<b>Surest Health PPO</b>	If you want more information, visit <a href="https://lumen.com/joinsurest">lumen.com/joinsurest</a> , access code: enroll2024.  Search: <b>Surest</b> , available for Free in the App Store and Google Play  <b>Group Number:</b> 78800186	<b>866-683-6440</b> Mon-Fri, 6 a.m. - 9 p.m. (CST)
<b>Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)</b>		
<b>Flexible Spending Accounts</b>	<b>UnitedHealthcare: <a href="https://myuhc.com">myuhc.com</a></b> <b>Policy Number:</b> 199383  Search: <b>UHC App</b> , available for free in the App Store and Google Play	<b>800-842-1219</b> Mon-Fri, 7:30 a.m. - 8 p.m. (CST) <b>Note:</b> For help with card reissues or lost/stolen cards, call FSA Support/Card Services at <b>866-755-2648</b> .
<b>Optum Bank</b>	<a href="https://OptumBank.com">OptumBank.com</a>  Search: <b>Optum Bank App</b> , available for Free in the App Store and Google Play	<b>866-234-8913</b> Available 24/7

Administrator - Plan - Program	Website/Group Number	Phone Number
<b>Additional Medical Programs and Plans</b>		
<b>Bright Horizons Family Solutions</b> Provides high-quality care for your entire family including infants, toddlers, preschoolers, school-age children, teens, adults and elderly family members.	<a href="https://lumen.com/brighthorizons">lumen.com/brighthorizons</a>	<b>888-874-0420</b> Available 24/7
<b>2nd.MD</b> Lumen provides access to 2nd.MD services free for eligible employees and dependent(s) enrolled in a Lumen UHC or Surest PPO Plan.	<a href="https://lumen.com/2ndmd">lumen.com/2ndmd</a>  Search: <b>2nd.MD</b> , available for free in the App Store and Google Play	<b>866-842-1151</b> Mon-Fri, 7 a.m. - 7 p.m. (CST)
<b>Maternity Support Program</b>	<a href="https://surest.com">surest.com</a>  Search: <b>Surest</b> , available for Free in the App Store and Google Play <a href="https://myuhc.com">myuhc.com</a>  Search: <b>UHC App</b> , available for Free in the App Store and Google Play	<b>866-683-6440</b> Mon-Fri, 6 a.m. - 9 p.m. (CST)  <b>800-842-1219</b> Mon-Fri, 8 a.m. - 10 p.m. (CST)
<b>Telemedicine</b> <b>Doctors Plan:</b> MDLIVE <b>Surest:</b> Doctor on Demand, K Health and MDLIVE <b>UnitedHealthcare:</b> MDLIVE and Virtual Visits	<a href="https://patient.doctorondemand.com">patient.doctorondemand.com</a> <a href="https://lumen.com/mdlive">lumen.com/mdlive</a>  Search: <b>MDLIVE</b> , available for free in the App Store and Google Play <a href="https://myuhc.com/virtualvisits">myuhc.com/virtualvisits</a>  Search: <b>UHC App</b> , available for free in the App Store and Google Play	<b>866-683-6440</b> Mon-Fri, 6 a.m. - 9 p.m. (CST)  <b>800-842-1219</b> Mon-Fri, 8 a.m. - 10 p.m. (CST)
<b>Dental</b>		
<b>Dental</b>	<a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a>  Search: <b>MetLife</b> , available for Free in the App Store and Google Play  Group Number: 148069	<b>866-832-5756</b> Mon-Fri, 6 a.m. - 10 p.m. (CST)
<b>Vision</b>		
<b>Vision</b>	<a href="https://lumen.com/eyemed">lumen.com/eyemed</a>  Search: <b>EyeMed</b> , available for free in the App Store and Google Play  Group Number: 1029819	<b>855-874-4744</b> Mon-Fri, 8 a.m. - 11 p.m. (CST)
<b>Disability and Life Insurance</b>		
<b>Short-Term Disability Sedgwick</b>	<a href="https://lumen.com/disability">lumen.com/disability</a>	<b>844-223-7153</b> Mon-Fri, 7 a.m. - 4 p.m. (CST)
<b>Long-Term Disability MetLife</b>	<a href="https://metlife.com/mybenefits">metlife.com/mybenefits</a>	<b>833-622-0135</b> Mon-Fri, 8 a.m. - 11 p.m. (CST)



Administrator - Plan - Program	Website/Group Number	Phone Number
<b>Life, Accident, and Business Travel Accident (BTA)</b>	<a href="https://lumen.com/healthandlife">lumen.com/healthandlife</a>  Search: <b>MyChoice™ Mobile App</b> , available for free in the App Store and Google Play	<b>833-925-0487</b> <b>317-671-8494</b> (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
<b>Retirement</b>		
<b>401(k) Savings Plan Principal</b>	<a href="https://lumen.com/401k">lumen.com/401k</a>	<b>800-547-7754</b> Mon-Fri, 7 a.m. - 9 p.m. (CST)
<b>Combined Pension Plan</b>	<a href="https://lumen.com/pension">lumen.com/pension</a>	<b>888-324-0689</b> Mon-Fri, 8 a.m. - 7 p.m. (CST)
<b>Wellness</b>		
<b>Employee Assistance Program (Emotional Wellbeing Solutions)</b>	<a href="https://lumen.com/eap">lumen.com/eap</a>	<b>866-270-0033</b> Available 24/7
<b>Well Connected, Rally, and Coaching Programs</b>	<a href="https://lumen.com/wellconnected">lumen.com/wellconnected</a>  Search: <b>Rally Coach™</b> available for Free in the App Store and Google Play	<b>877-818-5826</b> Mon-Fri, 8 a.m. - 8 p.m. (CST)
<b>Lifestyle Reimbursement</b>	<a href="https://lumen.com/wellconnected">lumen.com/wellconnected</a>	N/A
<b>Voluntary Lifestyle Benefits</b>		
<b>Voluntary Lifestyle Benefits - Health and Life Service Center</b>	<a href="https://lumen.com/healthandlife">lumen.com/healthandlife</a>	<b>833-925-0487</b> <b>317-671-8494</b> (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)

## Summary of benefits and coverage availability

We offer an array of resources to help you understand and choose your medical benefits options. 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 medical coverage options in a standard format, to help you compare features across Plan options. SBC's are available in the Reference Center on the Health and Life website.

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# Claims and Appeals for Enrollment Issues

If you wish to file a claim or appeal regarding enrollment for you and/or your eligible dependents in a benefit Plan option or change in benefit Plan options, you must submit a Claim Initiation Form, which you can find on the Health and Life website in the Resource Center.

## Decisions concerning the Plan

Claims and appeals are reviewed, and decisions are made based on benefit Plan provisions. The Benefits Appeals Committee, the Claims Administrators and the Plan Administrator have each been delegated the sole and absolute discretion to make decisions with respect to questions and requests related to the benefits under the Plan. This includes but is not limited to interpreting the Plan Document and determining eligibility for benefits.

The time frame for making an initial claim for a premium payroll adjustment is the earlier of: (1) within 180 days of an adverse decision by the Plan Administrator, or (2) the earlier (a) within 180 days of the effective date of an election claimed to be erroneous, or (b) by the last day of the plan year of when the election error is claimed to have occurred. If the initial claim is not filed by this deadline, it shall be deemed untimely and denied on that basis.

**Important:** In selecting your coverage and advising of your eligibility and the eligibility of your dependents, if applicable, you are held to the standard of honesty and truthfulness. Falsifying or omitting information in enrolling for coverage under the Plan will subject you to disciplinary action, up to and including termination. If you have questions about whether your responses in the enrollment process are accurate, please call the Service Center.

**Note:** Each Plan has its own claims and appeal process for benefit claims. Refer to the SPD for additional information regarding these procedures.

In most cases, claims and appeals are reviewed within 30 days of receipt, but additional time may be required. Health care claims are reviewed sooner if they are related to pre-service or urgent claims. Call the Service Center for further assistance or ask additional questions regarding the claims and appeals process.

If an appeal is approved on a retroactive benefit basis, you may experience retroactive premium deductions on your paychecks. Refer to the Payroll & Benefits schedule available on the [Health and Life website](#) and on [InsideLumen](#).

For example, if your appeal is approved and your medical/prescription drug coverage level changes from Employee Only to Employee + Family, you will be responsible for paying the retroactive benefit premium difference between the Employee Only and Employee + Family coverage amount. Review any and all deductions on your pay stub for accuracy.

# Legal and Important Required Notices

## U.S. Reserved Rights

Lumen reserves the right to amend or terminate any employee policy – with respect to any or all classes of employees – without prior consultation with any employee, subject to any applicable laws and collective bargaining agreements. Lumen has the sole right and discretion to interpret and administer the terms of this Policy, including resolution of any questions regarding its scope, application or meaning. The decision of the Company shall be conclusive and Suring on all persons.

## A note about privacy

Keeping your personal information secure is of primary importance. 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 your User ID and password confidential for accessing the 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. We encourage you add your personal email address as your contact preference information on the [Health and Life Website](#). Please be advised that using an email that is not secured, such as your work email address, may increase your risk of unauthorized disclosure.

## California Department of Managed Health Care Notification

### Grievance Process and Independent Medical Review

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your behavioral health care service plan, you should first telephone your plan at **800-999-9585** or 711 for TTY (at operator request say "1-800-999-9585") and use the plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment

disputes for emergency or urgent medical services.

- The department also has a toll-free telephone number (**888-466-2219**) and a TDD line (**877-688-9891**) for the hearing and speech impaired.
- The department's internet website: [dmhc.ca.gov](http://dmhc.ca.gov) has compliant forms IMR application forms and instructions online.

## Company's reserved rights

The Company reserves the right to amend or terminate any of the Benefits provided in the Plan. For more information, review the Lumen Health Care Plan General Information for Active Employees Summary Plan Description on the Intranet or the Health and Life website at [lumen.com/healthandlife](http://lumen.com/healthandlife) in the Reference Center located on the top right hand side of the home page.

## 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 life events (QLEs) due to employment termination or reduction of hours of employment. Certain QLEs, or a second 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 Qualified Beneficiaries (QBs) will receive COBRA enrollment information. QLEs for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. QLEs for Spouses/Domestic Partners or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare, divorce 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 before eligibility is sent to the Claims Administrators. 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 **833-925-0487**.

## 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.

## Health Care Reform Requirements

Medical Plan benefit options under the Health Care Plan comply with the Health Care Reform benefit coverage and affordability requirements. As long as you are enrolled in a Medical Plan benefit option in 2024, your coverage will meet (or exceed) the mandated affordability and coverage requirements. Since the Company's Medical Plan benefit options meet Health Care Reform requirements, it is unlikely you will receive any kind of financial help (subsidy) from the government to pay for any coverage you may purchase from a public exchange.

## 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; and
- 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 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 life event. For example, if you have Employee Only coverage in a 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 benefit options available to you, provided you verify your Spouse's/Domestic Partner's eligibility for the Plan.

## Honesty is the Best Policy

As an employee, you are held to the Code of Conduct's standard of honesty and truthfulness. Falsifying or omitting information when enrolling for coverage under the Plan will be cause for disciplinary action, up to and including termination. If you have questions about whether your responses in the enrollment process are accurate, please call the Service Center.

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.

## 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 General Information Summary Plan Description.

## Important note regarding Enrollment elections

By electing to participate in the Plans, 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, plan or program including voluntary or supplemental coverages. Please refer to the applicable Plan document or SPD on the Intranet 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, plan or program including voluntary or supplemental coverages; enrolling in and paying for coverage for which you are ineligible will not entitle you to benefits; you understand that it is your responsibility to terminate benefit coverage once you or your dependent(s) become ineligible, for example, due to death or a divorce. 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.

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. You can review the complete notice on the Intranet, the Health and Life website at [lumen.com/healthandlife](https://lumen.com/healthandlife), or by calling the Service Center at **833-925-0487** to request a copy.

## 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. For more information, review the Lumen Health Care Plan General Information for Active Employees Summary Plan Description on the Intranet or the Health and Life website at [lumen.com/healthandlife](https://lumen.com/healthandlife) in the Reference Center located on the top right hand side of the home page.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Lumen may use aggregate information it collects to design a program based on identified health risks in the workplace, Rally will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and never used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness

program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

## Right to amend and/or discontinue

The Company and its delegate, the Plan Design Committee, each has reserved the right, in its sole discretion, to change, modify, discontinue 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 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.

## Wellness Program Notice

Lumen's Well Connected program is a voluntary wellness program available to all employees and eligible spouses/domestic partners enrolled in a Lumen medical plan. The program is administered according to federal rules permitting Company sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health survey through Rally, our wellness platform, that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., diabetes, heart disease, or COPD). You will also be asked to complete a biometric screening, which will include a blood test for cardiac disease or diabetes. You are not required to complete the health survey or to participate in the biometric screening or other medical examinations.

However, employees and eligible spouses/domestic partners who choose to participate in the wellness program will receive an incentive in the form of gift cards or a deposit into a medical account for completing both the health survey and biometric screening. Although you are not required to complete the health survey or participate in the biometric screening, only those who do so will each receive the \$150 each incentive.

Additional incentives of up to \$600 total may be available for employees and covered spouses/domestic partners who participate in certain health-related activities such as preventive screenings, walking activities, or health coaching.

**If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request**

**a reasonable accommodation or an alternative standard by contacting Rally at 877-818-5826.**

The information from your health survey and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as nurse engagement or the Total Health Immersion Program. You also are encouraged to share your results or concerns with your own doctor.

## 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) on the Intranet regarding any applicable restrictions. Contact the Claims Administrator of your medical benefit option for more information.

## Working After Retirement

**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 to see how your retiree benefits may be impacted.

**Note:** If you had CTT (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 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 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/or supplemental life coverage, if applicable, will continue under the terms of the 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 active employee health care benefits. Retiree health care benefits are reinstated once your work with the supplier/contractor for the Company has ended. You will need to call the Service Center to have 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 **833-925-0487**. If you returned to work for a supplier on assignment to the Company, the Company 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 the disenrollment process to be released by that carrier from the individual plan (which can take up to 60 days).