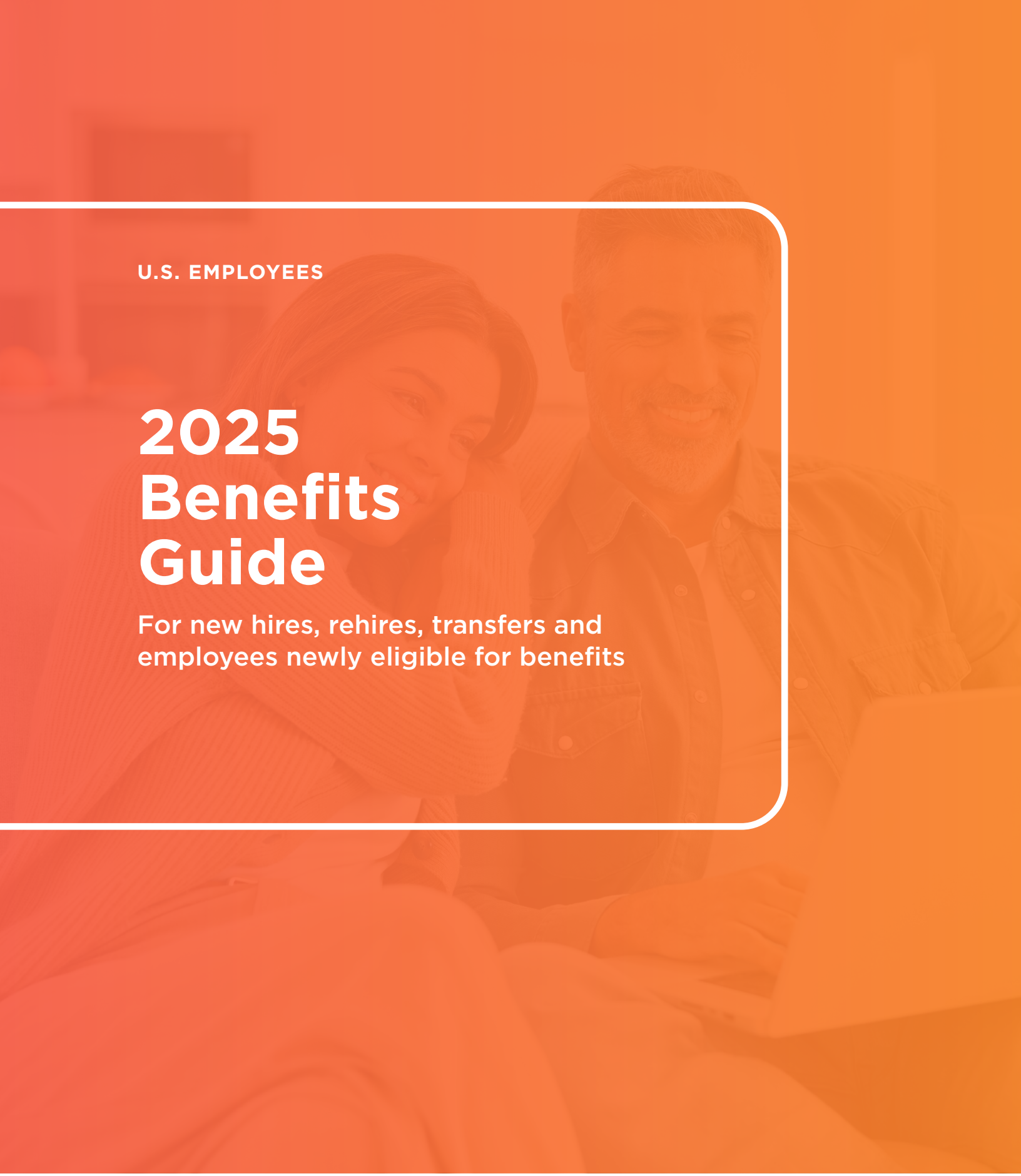
U.S. EMPLOYEES

2025 Benefits Guide

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



LUMEN®

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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 to request one to be mailed to you.

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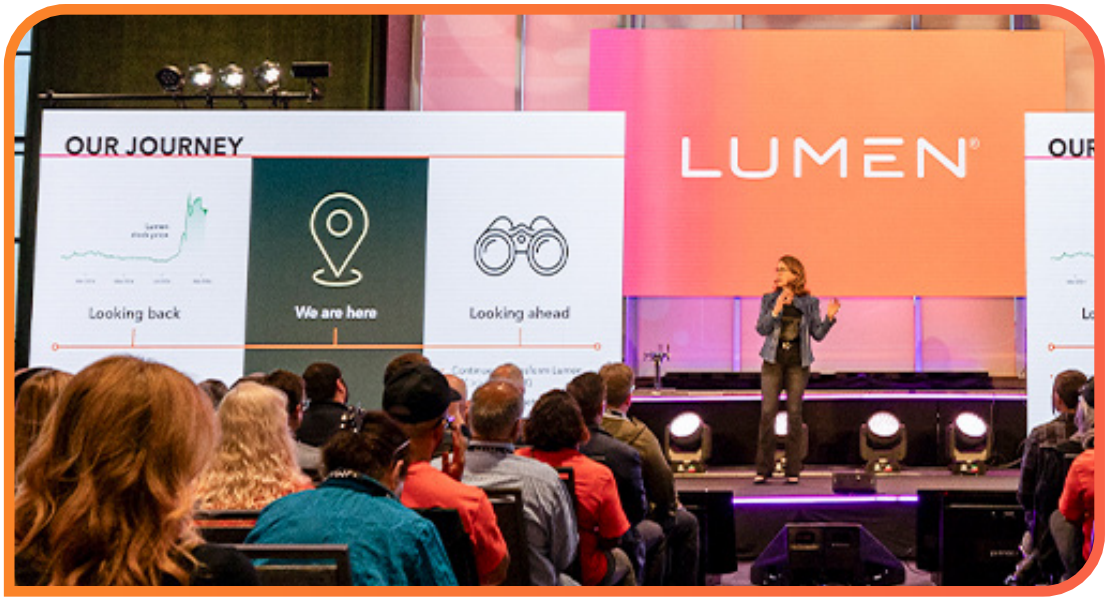

Welcome to Lumen

At Lumen, we pride ourselves on making amazing happen every day.

Lumen is dedicated to fostering a culture that prioritizes the physical, mental, financial, social, and professional well-being of our employees. Well-being encompasses both feeling good and functioning well, and it is influenced by various factors unique to each individual. The overall well-being of our employees is essential to their success as well as the success of the company.

We offer a wide range of Health, Life, and Voluntary Lifestyle benefits to support your overall wellbeing. Beyond the comprehensive benefits package, employees are eligible for additional benefits and perks.

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 - A customized benefits portal that will transform the way you manage your health, financial and well-being benefits.

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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.

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
- Select the **Accept SMS Terms and Conditions** check box and enter your cell phone number with area code to receive critical benefit communications via text messaging (Message and data rates may apply).
- Save

Due to legal requirements, certain benefit communications will continue to be mailed through the USPS.

Dual Enrollment - If you are newly eligible for benefits in the months of October, November, or December, 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.

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.

Note: Based on the information below, Union Represented employees should refer to their Collective Bargaining Agreement regarding benefit eligibility.

- **Full-time -** Positions which are normally scheduled to work a minimum of 30 hours per week and are classified as Full-time status in the Payroll system. Employees in a Full-time status position are eligible for all employee Health and Life benefits, subject to eligibility requirements and satisfaction of waiting periods. Hours scheduled or worked doesn’t determine status position.
- **Part-time -** Positions which Employees are normally scheduled to work at least 20 hours per week and classified as Part-time in the Payroll system are eligible for certain Health benefits, subject to eligibility requirements and satisfaction of waiting periods. Hours scheduled or worked does not determine status 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 employees will be automatically enrolled in EAP and can participate in the wellness programs. Temporary employees will need to elect medical coverage. Temporary employment should not exceed six continuous months without review by Human Resources, division management and approval by the Vice President of Benefits and Policy.

When benefits begin

Employees have 30 days to enroll, applicable coverage will be retroactive to the effective date. Coverage is based on plan and program eligibility and timely enrollment.

- **Regular Full-time, Term Full-time, Regular Part-time, Term Part-time and Seasonal employees –** Coverage is effective on the date of hire.
- **Temporary Full-time, Temporary Part-time and Incidental employees -** Coverage is effective 91 days from the date of hire.
- **Rehired Employees –** Coverage is effective on the date of rehire.
- **Rehired Retirees (initially eligible for retiree benefits) -** Coverage is effective the first of the month following the rehire date. If rehire date is the first day of a month, coverage effective the date of rehire.

If the employee fails to enroll by the deadline, they will automatically default into the Company-paid benefit plans; Employee Assistance Program, Basic Term Life Insurance, Basic/Personal Accidental Death and Dismemberment (AD&D) and Business Travel Accident, and the Well Connected Wellness Program, if eligible.

Note: Employees who are eligible for Disability benefits (Short-term disability and Long-term disability) must complete one year of continuous service before coverage begins. If the employee was affected by a previous Reduction In Force (RIF) that occurred within 365 days and are rehired, they are eligible for the Disability benefits they had prior to the RIF (e.g. if enrolled in Short-Term Disability (STD) at termination, they will be enrolled as of 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

Refer to the below employee classifications to determine eligibility in the benefit plans and programs. **Union Represented employees** should refer to their Collective Bargaining Agreement.

The Service Center administers eligibility for the Lumen Health Care Plan, Lumen Surest Health Plans, Lumen Disability Plan, Lumen Business Travel Accident Insurance Plan, Lumen Life Insurance Plan, Lumen Survivor Benefit Plan and the Lumen Qualified Transportation Plan.

Employee Classification	Eligibility	Premiums
Full-time or **Term Full-time** employees	As a Full-time employee, you and your eligible dependent(s) may enroll in: • Medical • Dental • Vision • Employee Assistance Program (Emotional Wellbeing Solutions). Employees are automatically enrolled even if not enrolled in a Lumen medical plan; all family members in your household are eligible to participate. • Flexible Spending Accounts (Health Care, and Dependent Care). Employees who elect a Health Care 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 to contribute to the HSA. You do not need to be enrolled in a Lumen medical plan to enroll in a FSA. • Health Savings Account (HSA). Available when enrolled in the High Deductible Health Plan (HDHP) with Optional Health Savings Account. • Well Connected Wellness Program (Employees don't need to be enrolled in a Lumen medical plan to participate in the Wellness Program) • Lifestyle Reimbursement • Disability (Short-Term and Long-Term) • Life Insurance including Accidental Death & Dismemberment and Business Travel Accident (BTA) • Commuter Spending Accounts (Parking and Mass Transit) • Voluntary Lifestyle Benefits	Depending on how you answer the Tobacco usage and Working Spouse/Domestic Partner statements for the Lumen medical plans will determine whether you will have additional deduction(s). The Tobacco surcharge is $80 bi-weekly and the Working Spouse/Domestic Partner surcharge is $100 bi-weekly. If your base pay is less than $30,000 regardless of how your answer the Working Spouse/Domestic Partner Surcharge statement, you will not be subject to the surcharge. If your base pay changes mid-year and increases to $30,000 or more, a surcharge may apply based on how you answer the statement. The amount you pay for your medical coverage is determined by your base pay, the medical plan selected, and the coverage level (e.g., Employee only, Employee + Spouse/ Domestic Partner, etc.) elected. If your base pay increases or decreases during the year, you may see a change to your bi-weekly premiums at which time you will receive an email notification sent to your personal email addres indicating you have an updated Benefit Summary available on the Health and Life website.

Employee Classification	Eligibility	Premiums
Part-time, Term Part time or **Qwest Union Represented Seasonal** employees	As a Part-time, Term Part-time or a Qwest Union Represented Seasonal employee, you and your eligible dependent(s) may enroll in: • Medical • Employee Assistance Program (Emotional Wellbing Solutions). Employees are automatically enrolled even if not enrolled in a Lumen medical plan; all family members in your household are eligible to participate. • Flexible Spending Accounts (Health Care, and Dependent Care). Employees who elect a Health Care FSA will default to the Limited Purpose Health Care FSA if enrolling in the HDHP with Optional HSA even if not electing to contribute to the HSA. You do not need to be enrolled in a Lumen medical plan to enroll in a FSA. • Health Savings Account (HSA). Available when enrolled in the High Deductible Health Plan with Optional Health Savings Account (HDHP). • Well Connected Wellness Program (Employees don't need to be enrolled in a Lumen medical plan to participate in the Wellness Program) • Short-term and Long-term Disability (available to Part-time Non-Union employees); not Term Part-time or Seasonal employees.	Premiums are 150% of the Full-time rates. Depending on how you answer the Tobacco usage and Working Spouse/Domestic Partner statements for the Lumen medical plans will determine whether you will have any additional deduction(s). The Tobacco surcharge is $80 bi-weekly and the Working Spouse/Domestic Partner surcharge is $100 bi-weekly. If your base pay is less than $30,000 regardless of how your answer the Working Spouse/Domestic Partner Surcharge statement, you will not be subject to the surcharge. If your base pay changes mid-year and increases to $30,000 or more, a surcharge may apply based on how you answer the statement. The amount you pay for your medical coverage is determined by your base pay, the medical plan selected, and the coverage level (e.g., Employee only, Employee + Spouse/ Domestic Partner, etc.) elected. If your base pay increases or decreases during the year, you may see a change to your bi-weekly premiums at which time you will receive an email notification sent to your personal email addres indicating you have an updated Benefit Summary available on the Health and Life website.
Temporary Fulltime, **Temporary Part-time** and **Qwest Union Represented Incidental** employees **Note:** > or = 20 hours but <30 hours per week	As a Temporary Full-time, Temporary Part-time or a Qwest Union Represented Incidental employee, you and your eligible dependent(s) may enroll in: • Medical • Employee Assistance Program (Emotional Wellbeing Solutions). Employees are automatically enrolled even if not enrolled in a Lumen medical plan; all family members in your household are eligible to participate. • Health Savings Account (HSA). Available when enrolled in the High Deductible Health Plan (HDHP) with Optional HSA	Premiums are 100% of the total cost **Note:** The Tobacco Surcharge and Working Spouse/Domestic Partner Surcharge does not apply.

Additional plan information and provisions

The below information provides a brief summary of 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 InsideLumen.

Option/Program	Benefit information
Amazing Benefits	Beyond the comprehensive benefits package, employees are eligible for additional benefits and perks (such as 401(k), Advocacy Services, Employee Concessions, and more). Visit the Amazing Benefits page on InsideLumen for more information.
401(k)	**Non-Union and Union Represented Employees** **When will I be eligible to participate in the 401(k) Plan?** For newly hired employees, the Plan eligibility date will be your hire date. Once Principal (the 401(k) administrator) 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 website and make your plan election. You can begin participating in the Plan as soon as administratively possible after your hire date and enrollment in the Plan. 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. Your contributions will begin on the first full payroll following your affirmative election or auto-enrollment.
Company couples or parent/child relationships and employed/retired from Lumen (dual coverage)	Refer to the Lumen Welfare Benefits Plan (Health and Welfare Benefits) General SPD for more information. If you are a Company Couple or have a parent/child relationship, and are employed with Lumen, please contact the Service Center at 833-925- 0487 so that your record can be updated.
Dependent Eligibility	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. You can upload your supporting documentation to the Health and Life website after you complete your enrollment. **Important:** You may be asked to provide more than one supporting document to validate relationship status. Refer to the Dependent Verification page on InsideLumen. **Note:** 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). **Exception:** This benefit is allowed for covered dependents that reside in Massachusetts due to State law.
Dual Coverage Rule	The Health Care Plan provisions prohibit any person from being enrolled or covered in more than one Company medical, dental, vision, supplemental life and supplemental accidental death and dismemberment (AD&D) benefit Plan. Dual coverage is not available if your spouse/domestic partner or dependent child is an employee, whether active, inactive, or in a retired status.
Employee Assistance Program (EAP) - offered through Emotional Wellbeing Solutions	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. **Important:** This benefit is available to all employees and any family members in the household even if not enrolled in any benefit plan.

Option/Program	Benefit information
Imputed Income	Imputed Income is income that the IRS requires you to be taxed on in certain circumstances as noted below: • **Your company-paid Employee basic life insurance is over $50,000.** This is listed as EE GTI taxable under the imputed income section of the paystub located on the left-hand side. • **Your company-paid Short-Term Disability election if Post-Tax.** This is listed as STD BENEFIT under the imputed income section of the paystub located on the left-hand side. Note: 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. • **You enroll your Domestic Partner or your Domestic Partner's child/ren under the Medical/ Prescription Drug, Dental and/or Vision plans.** 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. • **You receive Wellness rewards via gift card (calculated each quarter).** This is listed as WELLNESS REWARD under the imputed income section of the paystub located on the left-hand side. Note: This means you elected to have your Wellness rewards in the form of a gift card instead of through your health account, if applicable. • **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. This is listed as IMP – INCENTIVE AWARDS under the imputed income section of the paystub located on the left-hand side. **Important Note:** Please do not contact the Payroll team with questions related to Imputed Income. All benefit related questions should go through the Service Center (excluding the company-paid Incentive Award based on a recognition, those should be sent to the following email: hrconnect-na@Lumen.com).
Lifestyle Reimbursement Program	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 professional well-being. All Full-time employees, as well as spouses/domestic partners enrolled in a Lumen medical plan are eligible. **Note:** The IRS considers this reimbursement a taxable fringe benefit. Applicable taxes will appear under the imputed income section on your paycheck
Long-Term Disability	Long-Term Disability is designed to help protect your income in the event you cannot work because of a covered illness or injury. 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.
Out of Area Plan	If you live outside the HDHP or Surest Plans network area and enroll in a medical plan, you will be automatically enrolled in the Out of Area Plan. The Out of Area Plan 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 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 Allowed Amounts charges, and you are responsible for any amount over the Allowed Amount.
Payroll Deductions	If you work one or more days in a pay period and are enrolled in healthcare (e.g., medical, 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.

Option/Program	Benefit information
Pension	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.
Prescription Drug	There is one prescription drug administrator regardless which medical plan you elect; OptumRx. You can use the pricing tool on the following websites based on the medical plan you are enrolling in for 2025: • HDHP with Optional HSA - Visit the OptumRx website • Surest Health PPO and Surest Select Health PPO - Visit the OptumRx website **Important:** Prescription Drug is not a separate plan option. You are automatically enrolled if you elect a Lumen medical plan.
Qualifed Life Events	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 lumen.com/healthandlife or by calling the Service Center at 833-925-0487. 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 can't process your QLE prior to June 11.
Short-Term Disability	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. 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. Please refer to the applicable Short-Term Disability Summary Plan Description and/or your governing Collective Bargaining Agreement (CBA) on InsideLumen for more information. **Note:** If you electo to have STD benefits paid on a pre-tax basis, this means STD benefits would be subject to tax. If an election is not made, you will default to the post-tax option, which means STD benefit payments are not subject to tax. Changing from pre-tax to post-tax or vice versa can only be done during Annual Enrollment.
Tobacco Surcharge **Note:** If you are enrolled in the Hawaii Medical Services Association (HMSA) Plan, you will not be subject to the surcharge.	**Medical -** 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 not subject to the tobacco surcharge. If you and your eligible dependent(s), if applicable, enroll in a Lumen medical plan and are tobacco users (just one individual that uses would mean you are tobacco users) and are not enrolled in a Company-recognized tobacco cessation program, you are subject to the $80 tobacco surcharge, which will be added to your bi-weekly medical cost on your paycheck. The Benefit Summary on the Health and Life website will display the medical cost and tobacco surcharge separately. **What is a Tobacco Product?** 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. **Voluntary Lifestyle Benefits -** 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 Surcharge question as rules differ based on the benefit program.
Transgender and Gender Diverse Services	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 Health and Life website or lumenbenefits.com. This guide will include but is not limited to: • Family Building; • Transgender-inclusive Healthcare; and • HIV treatment/prevention.

Option/Program	Benefit information
Well Connected Wellness Program	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.
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 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.

Enroll

Log in to 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)

- On the Health and Life website, enter your **Contact Preference** on how you wish to receive benefit communications. Make sure to enter your personal email address by selecting **Electronic Mail** and select the radio button indicating **Primary**. Click **Continue**.
- Enroll by your deadline noted in the count down banner.
- Answer the Tobacco Surcharge 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. Please note that depending on when your documentation is received and approved, you may experience retroactive payroll adjustments.
- If you enroll in Supplemental Life Insurance that requires Evidence of Insurability/Statement of Health, be sure to submit the form directly to the Claims Administrator. You will receive a link at the end of your enrollment or on the home page where you can complete required information.
- 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)

You can enroll through the following available options

Mobile Device Enrollment	Online Enrollment	Phone Enrollment
Download the free MyChoice Mobile App for Android or iOS **Search:** MyChoice™ Mobile App, available for free in the App Store and Google Play	Health and Life website: lumen.com/healthandlife	833-925-0487 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.

Medical Plan overviews

Surest Health PPO, Surest Select Health PPO and HDHP with Optional HSA

You can choose the medical plan options listed, or you can waive this coverage. When you waive medical coverage, you also waive prescription drug coverage. This chart is only a snapshot summary of medical benefits.

Note: Dependent(s) can enroll in medical coverage if the employee is enrolled. If the employee waives medical coverage, the dependent(s) can't enroll. For example, if employee elects medical but waives dental and vision, his/her dependent(s) can enroll in medical only.

<table>
<tr><th></th><th colspan="2">Surest Health PPO</th><th colspan="2">Surest Select Health PPO</th><th colspan="2">HDHP with Optional HSA</th></tr>
<tr><td>HSA Contributions</td><td colspan="2">Not Applicable - Refer to the Flexible Spending Account (FSAs) section of this guide for more information</td><td colspan="2">Not Applicable - Refer to the Flexible Spending Account (FSAs) section of this guide for more information</td><td colspan="2">With Employee-Funded HSA (maximum contribution):
• $4,300 Employee
• $8,550 Employee + one or more dependent(s) enrolled
Note: If you are 55 or older, you can contribute an extra $1,000 "catch-up" contribution.</td></tr>
<tr><td rowspan="20">You Pay</td><td>In-Network</td><td>Out-of-Network</td><td>In-Network</td><td>Out-of-Network</td><td>In-Network</td><td>Out-of-Network</td></tr>
<tr><td colspan="6">Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)</td></tr>
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<tr><td colspan="4">The In-Network copays apply towards the In-Network and Out-of-Network Out-of-Pocket Maximum.</td><td colspan="2">The In-Network and Out-of-Network Out-of-Pocket Maximums are separate and are not combined.</td></tr>
<tr><td colspan="2">Employee</td><td colspan="2">Employee</td><td colspan="2">Employee</td></tr>
<tr><td>$3,600</td><td>$7,200</td><td>$3,200</td><td>$6,400</td><td rowspan="5">$3,600</td><td rowspan="5">$7,200</td></tr>
<tr><td colspan="2">Employee + Spouse/Domestic Partner</td><td colspan="2">Employee + Spouse/Domestic Partner</td></tr>
<tr><td>$5,400</td><td>$10,800</td><td>$4,800</td><td>$9,600</td></tr>
<tr><td colspan="2">Employee + Child/ren</td><td colspan="2">Employee + Child/ren</td></tr>
<tr><td>$5,400</td><td>$10,800</td><td>$4,800</td><td>$9,600</td></tr>
<tr><td colspan="2">Family</td><td colspan="2">Family</td><td colspan="2">Family (Employee + one or more dependents)</td></tr>
<tr><td>$6,850</td><td>$14,400
(Entire family out of pocket must be satisfied before eligible expenses are 100% covered)</td><td>$6,400</td><td>$12,800
(Entire family out of pocket must be satisfied before eligible expenses are 100% covered)</td><td>$6,850</td><td>$14,400
(Entire family out of pocket must be satisfied before eligible expenses are 100% covered)</td></tr>
</table>

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	100% covered		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)
Primary care visit to treat an injury or illness	$20 - $90	$180	$10 - $65	$180	• 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	$10 - $65	$180	• 85% covered (Tier 1 Premium Provider) • 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
Preventive Care: (No Deductible)						
Preventive care/ screening/ immunization	100% covered	100% covered	100% covered	100% covered	100% covered	Not covered
Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care						
Outpatient Lab and Pathology	$0	$0	$0	$0	85% covered	50% covered (you may be subject to balances over the eligible expense)
Outpatient Surgery	$150 - $3,000	$2,500 - $7,200	$75 - $2,500	$1,500 - $5,400	• 85% covered (when performed at an Ambulatory Surgery Center) • 80% covered (if performed as outpatient in a hospital)	Not covered

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Emergency Room Services	$500	$500	$375	$375	80% covered after deductible is met	
Inpatient Hospital Care	• Up to $3,000 • $1,400 for Inpatient Emergency Admit	• Up to $7,200 • $2,800 for Inpatient Emergency Admit	• Up to $2,500 • $1,400 for Inpatient Emergency Admit	• Up to $5,400 • $2,600 for Inpatient Emergency Admit	80% covered after deductible is met	50% covered after deductible is met
Prescription Drugs	**Tier 1 Drugs**					
	• $10 for up to a 30 day retail supply • $25 for up to a 90 day retail/home delivery supply • $200 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.		• $10 for up to a 30 day retail supply • $25 for up to a 90 day supply for home delivery • $200 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 85% covered; minimum copay of $10 for retail, $25 for home delivery, $200 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 31 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	
Prescription Drugs	**Tier 2 Drugs**					
	• $45 for up to a 30 day retail supply • $112.50 for up to a 90 day retail/home delivery supply • $225 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.		• $45 for up to a 30 day retail supply • $112.50 for up to a 90 day supply for home delivery • $225 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 80% covered; minimum copay of $45 for retail, $112.50 for home delivery, $225 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery order (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 31 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	

	Surest Health PPO	Surest Select Health PPO	HDHP with Optional HSA
Prescription Drugs	**Tier 3 Drugs**		
	• $150 for up to a 30 day retail supply • $375 for up to a 90 day retail/home delivery supply • $300 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.	• $150 for up to a 30 day retail supply • $375 for up to a 90 day supply for home delivery • $300 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	• 70% covered; minimum copay of $150 for retail, $375 for home delivery, $300 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 31 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.
Prescription Drugs	**Tier 4 Drugs**		
	• $300 for up to a 30 day retail supply • $750 for up to a 90 day retail/home delivery supply • $400 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.	• $300 for up to a 30 day retail supply • $750 for up to a 90 day supply for home delivery • $400 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	• 60% covered; minimum copay of $300 for retail, $750 for home delivery, $400 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 31 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.
	Tier 1, 2, 3 and 4 - Certain life saving/emergency medications on the Vital Medication list are covered at no cost to you.		
	Specialty Medications		
	No Out-of-Network coverage for Specialty Medications.		

Surest Health PPO and the Surest Select 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 and doctors. Know before you go what your healthcare choices will cost.
- Get the coverage you would expect from the UHC Choice Plus National Provider Network.
- Shop by quality - Copays are lower for providers and locations evaluated as high-quality, based on quality, efficiency, and overall effectiveness of care.

Refer to the below examples to see how one of the Surest plans can work for you.

Find doctors, treatments, or procedures in the Surest App, or on the website. Download the Surest App, available for free in the App Store and Google Play. To check on costs, see if your provider is in-network or to review additional information, visit lumen.com/joinsurest.

The information below assumes In Network (UHC Choice Plus) charges.

Surest plans offer 'copay ranges' for many services. To get started from your Surest App, use the Search bar, type in your condition, or symptoms like "my head hurts". Results will show care options and you can select a doctor or location to see the copay. You can also search by provider name. You also have the option to turn on filters like specialty, gender, and distance. By evaluating providers, locations, and costs in advance, you can make more informed decisions for you and your eligible dependent(s).

Childbirth	Surest Health PPO	Surest Select Health PPO
Copay – labor and delivery	As low as $500	As low as $400
Copays include: hospital charges, OB, anesthesiologist, epidural, emergency C-section, baby's stay (if discharged with mother)		

Emergency Room	Surest Health PPO	Surest Select Health PPO
Copay (copay is waived if admitted)	$500	$375
Copays include: hospital/facility charges, attending physician, radiologist, X-rays, splint		

Knee Arthroscopy	Surest Health PPO	Surest Select Health PPO
Copay range	$1250 - $2600	$700 - $1950
Copays include: facility charges, attending physician, radiologist, x-rays		

Pink Eye	Surest Health PPO	Surest Select Health PPO
Primary (PCP) or urgent care virtual visit	$0	$0
Office visit (and/or virtual visit)	$20 - $90	$10 - $65
Office visit copays include: blood work, x-rays and standard labs		

The $20 copay for the Pink Eye example in the range above represents what you would pay if you chose the highest quality provider or facility. Conversely, the $90 copay in the range represents a lower quality provider or facility.

HDHP with Optional HSA - 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 you do not need to contribute when you elect HDHP with Optional HSA.

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 offer 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, including the Service Center, is not able to provide you with advice regarding this program.

If you elect a Health Care Flexible Spending Account (FSA), it will be automatically 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 section in this guide for more information.

Dental Plan overviews

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 and orthodontia coverage. Both of the Dental Plan options are administered by MetLife.

This chart is only a snapshot summary of dental benefits.

Note: Dependent(s) can enroll in dental coverage if the employee is enrolled. If the employee waives dental coverage, the dependent(s) can't enroll. For example, if employee elects dental but waives medical and vision, his/her dependent(s) can enroll in dental only.

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

Vision Plan overview

The vision care benefit has one option offered by EyeMed (aka EyeMed Vision Care/First American Administrators). **Note:** You also have the option to 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 the Insight (name of the in-network benefit) network to help save you even more. Since PLUS Providers are already through 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 regardless if enrolled or not yet. 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: ContactsDirect.com, Glasses.com, lenscrafters.com, ray-ban.com and 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."

Note: Dependent(s) can enroll in vision coverage if the employee is enrolled. If the employee waives vision coverage, the dependent(s) can't enroll. For example, if employee elects vision but waives medical and dental, his/her dependent(s) can enroll in vision only.

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
Examination Services			
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
Contact Lens (allowance includes materials only)			
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
Contact Lens Fit And Two (2) Follow-Ups (in lieu of lenses)			
Fit and Follow-Up - Premium	Up to $40	Up to $40	Not covered
Fit and Follow-Up - Premium	10% off retail price	10% off retail price	Not covered
Frame (any available frames at Provider locations)			
Frame	$0 copay; 20% off balance over $185 allowance	$0 copay; 20% off balance over $160 allowance	Up to $112

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
Standard Plastic Lenses (in lieu of contacts)			
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
Progressive - Premium Tier 3	$135 copay	$135 copay	Up to $50
Progressive - Premium Tier 4	$200 copay	$200 copay	Up to $50
Lens Options			
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
Low Vision			
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
Member Savings (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

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
Non-Prescription Sunglasses and other items not covered by Plan* *Note: 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 877-203-0675)	40% off hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids at thousands of convenient locations nationwide.)	40% off 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 800-988-4221)	15% off retail or 5% off promotional price	15% off retail or 5% off promotional price	Not covered
Frequency (Adults and Children)			
Exam		Once every plan year	
Frame		Once every plan year	
Lenses (in lieu on Contact Lenses)		Once every plan year	
Contact Lenses (in lieu of Lenses)		Once every plan year	
Low Vision		Once every other plan year	

Definition of Contact Lens Fit

- **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.
- **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.

Offered by: EyeMed **Group number:** 1029819 **Phone number:** 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.

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 conttimitations and Exclusions, refer to the Vision Summary Plan Description.

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

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)
How much can you contribute?			
Between $150–$3,300 per plan year **Note:** FSA limits are determined by the IRS.	Between $150–$3,300 per plan year **Note:** FSA limits are determined by the IRS.	Between $150–$5,000 per plan year **Note:** 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 $4,300 Employee-only Up to $8,500 Employee + one or more enrolled **Note:** If you are age 55 or older, you can contribute an extra $1,000 "catch-up" contribution per plan year.
What types of expenses can you use it for?			
A range of eligible out-of-pocket health care expenses not covered by a medical, prescription drug, dental or vision care plan can be used for any eligible dependent, even those not covered by a 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.
How does it work?			
The plan year amount you elect to contribute is available to you on your benefit effective date. **Note:** 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.	• You can open an HSA with Optum Bank (through payroll deductions), a bank of your choice, or an insurance Company or other IRS-approved trustee. • HSA money is available as contributions are deducted from your paycheck and loaded to **Important:** Optum Bank's system. Optum Bank must first approve (vet) your account before an account can be set up and contributions deposited.

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)
How does it work?			
			• There are no federal taxes on contributions, interest earned or expenses paid from the HSA (except for Alabama, California and New Jersey). **Note:** If you open up an HSA with Optum Bank (through payroll deductions), the minimum HSA contribution if $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 x 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.
- 2025 FSA funds can be used for eligible expenses incurred from your benefit effective date to March 15, 2026 (if still employed & eligible). You have until March 31, 2026, to file 2025 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 Accidental Death & Dismemberment (AD&D)

You must be a Full-Time or Qwest Term Full-Time employee to be eligible for Life and Accidental Death & Dismemberment Insurance benefits. Spouse/DP means Spouse/Domestic Partner coverage.

Life Insurance is a cost effective way to help ensure your short-term as well as long-term financial obligations are met if something unforeseen happens.

The Life Insurance plans are Term Life Insurance coverages which pays the claim when you pass away. The claim is paid to your beneficiary or beneficiaries on file at the Service Center. The Service Center is the recordkeeper for all beneficiary information.

To help take the pressure off of having beneficiaries make immediate financial decisions after your loss, MetLife will set up a Total Control Account (TCA), a flexible settlement option that allows beneficiaries full access to the life insurance proceeds to use now or in the future. These payments can help cover mortgage or rent to childcare costs and college tuition, credit card bills or even utilities. TCA may also provide competitive interest rates.

A beneficiary can instead receive a one-time, lump sum check if required by state law, regulation, or at the beneficiary's request. However, the TCA is the automatic default. **Important:** Your beneficiaries likely won't have to pay income tax on the payment(s) they receive. The Service Center and MetLife are not financial advisors and decisions on the tax rules should be discussed between you, your beneficiaries and your financial or tax advisors.

If your spouse or child(ren) pass away and you elected to enroll in the Spouse/DP Supplemental Life and/or Child(ren) Supplemental LIfe, you are automatically the beneficiary to the Spouse/DP Supplemental Life and Child(ren) Supplemental Life plans.

Life can be unpredictable, so take the next step and determine what coverage amount you need to provide protection for your loved ones. What's a minimum amount of life insurance that may be right for you? To help you get an idea of how much to consider, try the calculator at metlife.com/lifeneeds.

Automatic and Company-Paid Plan Benefits	
Basic Term Life (Employee Basic Life - 1x Eligible pay and if eligible, Employee Basic Life - $50k)	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 of 1x Eligible pay. If your Employee Basic Life coverage amount is more than $50,000, the IRS requires you pay taxes on imputed income. **To avoid paying taxes on imputed income, you have the option to choose Employee Basic Life - $50k.** If you are eligible, you will see two options: Employee Basic Life - $50k and Employee Basic Life - 1x Eligible pay. If you change to Employee Basic Life - $50k you would not be subject to imputed income. **Important:** If you elect the Employee Basic Life - $50k and at a later date (including a future Annual Enrollment) you decide you want to go back to the Employee Basic Life - 1x Eligible pay, you will be required to complete a Supplemental Enrollment form and the Claims Administrator will determine if you are approved.
Basic Accidental Death & Dismemberment Insurance (AD&D)	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.

Automatic and Company-Paid Plan Benefits	
Business Travel Accident (BTA)	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.
Employee-Paid Plan Benefits	
Employee Supplemental Term Life (completion & approval of a Supplemental Enrollment form may be required)	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x Base Pay rounded up to the next higher $1,000 up to $2,000,000 maximum benefit.
Employee Supplemental AD&D	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x eligible pay (Base Pay + anticipated Short-Term Incentive) rounded up to the next higher $1,000 up to $2,000,000 maximum.
Spouse/DP Supplemental Term Life (completion & approval of a Supplemental Enrollment form may be required.)	$5,000, $10,000, $25,000, $50,000, $75,000, $100,000 or $200,000 (cannot elect more than 100% of Basic Life + Employee Supplemental Life coverage).
Child(ren) Supplemental Term Life (can be for more than one child)	Each child: $3,000, $5,000, $10,000 or $20,000 (cannot elect more than 100% of Basic Life + Employee Supplemental Life coverage). **Note:** You cannot select a different coverage amount per child. The elected amount will be for each child you select to enroll and there will be one premium deduction amount regardless of the number of children you enroll.
Spouse/Domestic Partner Supplemental Accidental Death & Dismemberment Insurance (AD&D)	50% of Employee Supplemental AD&D Coverage up to $750,000 maximum benefit. **Note:** The plan name will be displayed online as **Employee & Dependent(s) Supplemental AD&D**.
Child Supplemental Accidental Death & Dismemberment Insurance (AD&D)	25% of Employee Supplemental AD&D Coverage up to $100,000 maximum benefit. **Note:** The plan name will be displayed online as **Employee & Dependent(s) Supplemental AD&D**.

Take the next step to review services **MetLife Advantages** provides at no cost to you when you are enrolled in a Basic Life (regardless if enrolled in the Employee Basic Life - 1x Eligible pay or the Employee Basic Life - $50k) and Basic Accidental Death & Dismemberment plan.

- **Grief Counseling:** provides you, your dependent(s) and your beneficiary or beneficiaries up to five (5) private counseling sessions with a licensed grief counselor to help cope with a loss or major event. For more information contact TELUS Health One at 888-319-7819, (anytime 24/7), or log in to one.telushealth.com. Username is **metlifeassist** and password is **support**.
- **Funeral Assistance Services** are provided through Dignity Memorial. For more information, contact 866-853-0954.

If you take the next step to enroll in a Supplemental Life plan, the plan(s) offers additional services through **MetLife Advantages**. These are:

- **Will Preparation:** offers you and your spouse/DP face-to-face meetings or phone calls with a MetLife Legal Plans attorney to prepare or update a will, living will or power of attorney. Contact MetLife Legal Plans, Inc. at 800-821-6400.
- **Probate Services:** provides you and your beneficiary or beneficiaries of your estate with face-to-face meetings or phone consultations with a participating MetLIfe Legal Plans attorney to help settle your or your spouse/DP's estate. Contact MetLife Legal Plans, Inc. at 800-821-6400.

Please ensure that you have primary and contingent beneficiaries for all of your Plans by going to lumen.com/healthandlife or calling the Service Center 833-925-0487. The Service Center is the recordkeeper of beneficiary designations and beneficiary information.

Important: Complete all of the beneficiary information fields online, not only those that indicate it is a required field. This will ensure if a claim is filed, it is processed accurately and timely. When you go online or call the Service Center to add or update your beneficiary information make sure to have the following information of your beneficiary readily available:

- -First and last name
- Date of birth
- Phone number with area code
- Mailing address
- Social Security Number, if available

If you are listing an Estate or Trust as your beneficiary, please make sure you have the following information readily available:

- Name of your estate or name of the trust
- Type of trust
- Name of the individual or group of individuals who manages your estate or trust
- Phone numbers with area codes of the individual or group of individuals
- Mailing addresses of the individuals or group of individuals

Important Plan rules

- If both you and your Spouse/DP are employed by the Company, or on Long-Term Disability, or in a parent/child relationship and are employed by the Company, you cannot be covered on each other's benefits. If both you and your Spouse/DP are employed by the Company and one of you is not enrolled in the Employee Supplemental Life plan, you may enroll under the Spouse/DP Supplemental Life plan. You cannot be covered under Employee Supplemental Life and Spouse/DP Supplemental Life. Also, you cannot both enroll in the Child(ren) Supplemental Life and AD&D coverage for the same dependent children. You must decide which parent will cover the child/ren.
- If you are in a parent/child relationship and both are employed by the Company, as the child you cannot be enrolled in both Employee Supplemental LIfe under your benefits and Child(ren) Supplemental Life under your parent's benefits. You must decide who will cover the supplemental life coverage. This is the same rule for the Employee and the Employee & Dependent(s) Supplemental AD&D plans.

Bi-weekly premiums for Life Insurance:

- Coverage amount and benefit premium deductions may increase or decrease throughout the Plan year in certain situations (for example, if you have a change in pay or change age brackets; age brackets are every five years, i.e., 30, 35, 40, 45, etc.). If your benefit premiums increase or decrease, you will receive an email notification sent to your personal email address on file from the Service Center indicating an updated Benefit Summary is available on the Health and Life website. You can view and print your updated Benefit Summary for your records.

Notifications of a death:

- All notifications of someone passing (whether it is an employee or a dependent of an employee) should be provided to WTW, the Pension Administrator who will then notify all Lumen Claims and Plan Administrators to process the notification. Please do not reach out to each Service Center. They will not be able to process until they receive notification from WTW. WTW is available Mon-Fri, 8 a.m. to 7 p.m. (CST) at 888-324-0689.

  WTW will need first and last name, SSN, date of birth, date of passing, mailing address, phone number with area code as well as if the deceased is an employee, the following: Legacy Company (CenturyTel, Embarq, Qwest, etc.) and status (active employee, on a leave, LTD, etc.). Information will also be requested of the caller such as first and last name, phone number with area code and the relationship to the deceased. Please do not delay calling if you don't have all the information requested but the more information you have, the better for all the administrators to process accurately and timely.

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.

Note: The Company allows these vendors to make these benefits available to employees as a mere convenience. 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(s) 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 dependent(s). 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. 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. The Company does not benefit from your participation in these plans and no commissions or incentives are paid to the Company 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 or cancel at any time
Subject to the policy terms: **Accident Insurance** 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 noncovered services.	**Disaster Insurance through Recoop** 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. **Note:** This program is based on your mailing address on file, you may or may not see this as an available option when you go through enrollment.
Airvet 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.)	**Employee Perks** 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. 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.

Enroll in the following Voluntary Lifestyle Benefits within 30 days from your hire, rehire, transfer date, or during the Annual Enrollment period.	Enroll or cancel at any time
Critical Illness Insurance 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.	**Home and Auto Insurance Program** 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. **Note:** This program may not be offered in Florida and Massachusetts.
Hospital Indemnity Insurance 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.	**Identity & Fraud Protection Program** Our personal information is more at risk than ever. MetLife's Identity & 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. 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.
Legal Services 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.	**Pet Insurance** 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. Pet Insurance offers a standard plan to cover the costs related to injuries and illnesses and an add-on benefit for wellness matters, from regular wellness visits to certain medications. For a small premium per pet each month, these coverages will pay out a certain amount when you need to make an urgent or emergency vet or wellness visit.
Universal Life through TransAmerica 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.	**Purchasing Power Program** 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. Purchasing Power provides you with an affordable way to buy today and pay over time, right from your paycheck. 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.

To enroll:

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

Commuter Spending Account - Mass Transit and Parking

Mass Transit Expenses*	Parking Reimbursements
How does it work?	
You make pre-tax contributions to reimburse yourself for expenses incurred throughout the Plan year.	
What types of expenses can I use it for?	
Mass transit expenses, including fare cards, passes, tokens or vouchers for the bus, ferry, rail, subway or vanpool.	Parking expenses include parking passes or vouchers, direct pay for qualified parking at or near your Company's property/ facility or near a facility from which you commute to work (ex: light rail or train station)
What is the minimum and maximum I can contribute?	
$10 - $325 per month	$10 - $325 per month
Maximum contributions are defined by the IRS, and are subject to change.	

Commuter Spending Account tips

- You can enroll, change or waive your Commuter Spending Account at anytime. You must enroll or make changes by the 10th of the month prior to the month you want to have coverage or process your change (example: enroll Feb. 8 for March 1 effective date, enroll Feb. 20 for April 1 effective date) **Note:** If you enroll during Annual Enrollment, the effective date will be Jan 1.
- Commuter Spending Account contributions are processed through payroll the first two pay periods of each month, for a total of 24 pay periods. **Important:** This is different than the Health and Life benefit premium deductions, which are bi-weekly, for a total of 26 pay periods.
- If you elect a contribution that is over the contribution maximum, the IRS allowed maximum will be pre-tax and the remaining will be post-tax. (example: elect $400 per month for Mass Transit, $325 will be pre-tax Mass Transit and $75 will be post-tax Mass Transit).
- You can elect both the Mass Transit and the Parking Expense accounts, or you can elect one or the other. You cannot mix and match. What you are enrolled in is what you can submit for reimbursement. (Example: If you enroll in Mass Transit but provide parking vouchers for qualified parking location, your reimbursement will be denied).
- In order to continue using the MyChoice Visa Debit card (sent to you after you enroll), you must be actively enrolled in the Plan and contribute a minimum of $10 per month/$5 per pay period.
- If you elect to drop/stop participating and have a remaining balance, you cannot use future services/expenses after you ended your participation. In order to "use" any remaining balance, the service/expense must be for the period of time you were enrolled in the Plan.
- As an active employee enrolled in the account, you must submit for reimbursement within 180 days from the date of the service/expense. This is an IRS rule and Lumen cannot extend the deadline or make exceptions.
- If you terminate from the Company, whether voluntarily or involuntarily, your coverage in the Plan will end on your termination date and any remaining balance(s) will not be refunded. You can submit for reimbursement for the period of time you were enrolled in the Plan. This is an IRS rule and Lumen cannot make an exception.

Who do I contact? - Helpful resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs located on InsideLumen 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.

Summary of benefits and coverage availability

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

Administrator/Plan/Program	Website/Group number	Phone number
To Report a passing of an employee or a dependent, please contact the Pension Administrator, WTW who will notify all Lumen Claims and Plans Administrators.	N/A	888-324-0689 Mon-Fri, 8 a.m. - 7 p.m. (CST)
Lumen Health and Life Service Center	lumen.com/healthandlife Download the free MyChoice Mobile App for Android or iOS **Search:** MyChoice™ Mobile App, available for free in the App Store and Google Play	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
Health Care Advocacy Services For issues with your Health Care claims that you are unable to resolve with the Claims Administrator or your Health Care provider.	Advocacy Services on InsideLumen	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST) **Note:** Request to speak to the Advocacy Services team, you will be asked a few questions before being transferred. You will need to contact the Service Center in order to reach Advocacy Services.
Medical and Prescription Drug		
Blue Cross/Blue Shield Hawaii Medical Services Association (HMSA)	HMSA: hmsa.com/contact Group Number: 030541001	800-776-4672 Mon-Fri, 5 a.m. – 2 p.m. (CST)
HDHP with Optional HSA including prescription drug through OptumRx	UnitedHealthcare: myuhc.com Group Number: 192086 **Search:** UHC App, available for free in the App Store and Google Play	800-842-1219 Mon-Fri, 8 a.m. - 10 p.m. (CST)
Surest Health PPO and Surest Select Health PPO including prescription drug through OptumRx	If you want more information, visit lumen.com/joinsurest **Search:** Surest App, available for free in the App Store and Google Play Group Number: 78800186	800-531-6329 Mon-Fri, 6 a.m. - 9 p.m. (CST)

Administrator/Plan/Program	Website/Group number	Phone number
Virtual Care Surest Health PPO and Surest Select Health PPO	lumen.com/joinsurest **Search:** Surest App, available for free in the App Store and Google Play	800 531-6329 Mon-Fri, 6 a.m. – 9 p.m. (CST)
HDHP with Optional HSA	myuhc.com **Search:** UHC App, available for free in the App Store and Google Play	800-842-1219 Mon-Fri, 8 a.m. - 10 p.m. (CST)
MD Live is available for all plans	lumen.com/mdlive	888-632-2738
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)		
Flexible Spending Accounts (Dependent Day Care and Health Care, General Purpose and Limited Purpose)	UnitedHealthcare: myuhc.com Policy Number: 199383 **Search:** UHC App, available for free in the App Store and Google Play	800-842-1219 Mon-Fri, 7:30 a.m. - 8 p.m. (CST) **Note:** For help with card reissues or lost/stolen cards, call FSA Support/Card Services at 866-755-2648.
Health Savings Account (HSA)	OptumBank.com **Search:** Optum Bank App, available for free in the App Store	866-234-8913 Available 24/7
Bright Horizons Family Solutions Provides high-quality care for your entire family including infants, toddlers, preschoolers, school-age children, teens, adults and elderly family members.	lumen.com/brighthorizons	888-874-0420 Available 24/7
2nd.MD Access to 2nd.MD services free for eligible employees and dependent(s) enrolled in a Lumen medical plan.	lumen.com/2ndmd **Search:** 2nd.MD, available for free in the App Store	866-842-1151 Mon-Fri, 7 a.m. – 7 p.m. (CST)
Maternity Support Program	lumen.com/joinsurest **Search:** Surest App, available for free in the App Store and Google Play myuhc.com **Search:** UHC App, available for free in the App Store and Google Play	800 531-6329 Mon-Fri, 6 a.m. - 9 p.m. (CST) 800-842-1219 Mon-Fri, 8 a.m. - 10 p.m. (CST)
Dental		
Dental (Option 1 and Option 2)	metlife.com/mybenefits **Search:** Metlife App, available for free in the App Store and Google Play Group Number: 148069	866-832-5756 Mon-Fri, 6 a.m. - 10 p.m. (CST)

Administrator/Plan/Program	Website/Group number	Phone number
Vision		
Vision	lumen.com/eyemed **Search:** EyeMed App, available for free in the App Store and Google Play Group Number: 1029819	855-874-4744 Mon-Fri, 8 a.m. - 11 p.m. (CST)
Disability and Life Insurance		
Short-Term Disability – Sedgwick	lumen.com/disability	844-223-7153 Mon-Fri, 7 a.m. - 4 p.m. (CST)
Long-Term Disability – MetLife	metlife.com/mybenefits	833-622-0135 Mon-Fri, 8 a.m. - 11 p.m. (CST)
Business Travel Accident (BTA)	aig.com/us/travelguardassistance AIG/Travel Guard Policy Number: MTA 0009157182	Toll- Free Phone (within the US): 800-533-0699 Collect/Reverse Charge (outside of the US): 817-826-7051
Life Insurance **(Life and Accidental Death and Dismemberment (AD&D))**	lumen.com/healthandlife **Search:** MyChoice™ Mobile App, available for free in the App Store and Google Play **Policy Numbers:** Basic Life and Supplemental AD&D - 148069	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST) If you have questions about an open or closed claim, please contact Metropolitan Life Insurance Company directly at 800-638-6420, Mon-Fri, 7 a.m. - 4 p.m. (CST)
MetLife Legal Plan, Inc.	Will Preparation and Probate Services when enrolled in a Supplemental Life plan	800-821-6400 Mon-Fri, 7 a.m. - 7 p.m. (CST)
Dignity Memorial	finalwishesplanning.com **Username:** metlifeassist **Password:** support Funeral Assistance Services when enrolled in a Basic Life and Basic AD&D plan	866-853-0954 Available 24 hours a day/7 days a week
Grief counseling - TELLUS Health One	one.telushealth.com **Username:** metlifeassist **Password:** support	888-319-7819 (anytime 24/7)
Retirement		
401(k) Savings Plan – Principal	lumen.com/401k	800-547-7754 Mon-Fri, 7 a.m. – 9 p.m. (CST)
Combined Pension Plan	lumen.com/pension	888-324-0689 Mon-Fri, 8 a.m. – 7 p.m. (CST)
Wellness		
Employee Assistance Program (Emotional Wellbeing Solutions)	lumen.com/eap	866-270-0033 Available 24/7
Well Connected Coaching Programs	lumen.com/wellconnected	800-478-1057

Administrator/Plan/Program	Website/Group number	Phone number
Well Connected through Rally	lumen.com/wellconnected **Search:** Rally Coach™ Mobile App, available for free in the App Store and Google Play	877-818-5826 Mon-Fri, 8 a.m. – 8 p.m. (CST)
Lifestyle Reimbursement	Active Living on InsideLumen	N/A
Voluntary Lifestyle Benefits		
Voluntary Lifestyle Benefits - Health and Life Service Center	lumen.com/healthandlife	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)

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 **Reference 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. Ifthe 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 in the **Reference Center** 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 theEmployee Only and Employee + Family coverage amount. Review any and all deductions on your pay stub for accuracy.

Legal and important required notices

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. The Service Center will generally not send benefit communications to a work email address. For assistance on how to add or change to a personal email address, contact the Service Center.

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 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 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 available on InsideLumen or the **Reference Center** on the Health and Life website.

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. **Note:** In the case of a divorce, even if your court order indicates you must continue providing healthcare and/or life benefits for your ex-spouse, the Plan doesn't allow ex-spouse's coverage. You will need to remove your ex-spouse from all Lumen benefits.

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 InsideLumen, in the **Reference Center** on the Health and Life website at 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 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 are not required to complete the health survey.

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 the health survey. Although you are not required to complete the health survey, only those who do so will each receive an incentive.

Additional incentives of up to $600 total may be available for employees and covered spouses/domestic partners who participate in certain 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 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.

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).