



Amazing People. Amazing Benefits.

Get ready to choose your 2021 options Nov. 9 - 20.

2021 Annual Enrollment Guide

For Active Employees



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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 [866-935-5011](tel:866-935-5011) to request one to be mailed to you.

Note: If you leave the Company before the end of the year, you should review the Benefits Resource Guide for Departing Employees on the Company Intranet for more information.

Welcome to Annual Enrollment

Annual Enrollment is your opportunity to review and make changes to the benefits offered and to update you on Plan changes. Please review this guide in its entirety.

Our people help our customers do inspiring things, so we're proud to offer benefits that inspire them to be their best, both at work and at home. Like the solutions our company offers, many of our benefit programs are data-driven – meaning we tailor them to meet our people's needs and improve common health conditions. This guide will help you learn about some of the benefits we offer. You can choose the options that are right for you and your family, then use them to achieve your full potential.

Be sure to take the time to view:



- Your Personal Benefits Budget Worksheet on the Company Intranet to help you plan wisely.
- **ALEX** at lumen.com/alex. ALEX can help you learn about benefits including Flexible Spending Accounts (FSAs) and Health Savings Account (HSA) options. Although ALEX provides estimates and suggestions, you make the final decision on which plans you want to enroll in through the Health and Life website.
- The new on-demand videos providing high level overviews of our benefit options including; Medical/ Prescription Drug, Dental, Vision, Flexible Spending Accounts and more. You can find these videos on the Annual Enrollment home page on the Company Intranet.
- The Tobacco-Free Discount, Working Spouse Surcharge and Well Connected Rewards as they can impact your medical premium and Health Account. Refer to page 10 and 11 for more information.

What you need to do next:

1. Go to **Your Profile** on the Health and Life website, select **Personal Information**, and confirm/update your preferred mailing address, email address and your phone numbers. If you want to update your permanent address, you will need to go to SuccessFactors on the Company Intranet.
2. Review your enrollment options on the Health and Life website. If you don't enroll by Nov. 20, 2020, you will be automatically enrolled in the plans and coverage levels listed on the Health and Life website, **with the exception of** FSAs and/or an HSA. You must enroll in these accounts each year.

Online enrollment

To make online changes or updates to your coverage:

1. Go to lumen.com/healthandlife or lumen.com/healthbenefits. We recommend using the latest versions of Chrome, Firefox, Safari and MS Edge for the best performance on the Health and Life website.
2. Locate the Annual Enrollment banner that says: **Welcome to Annual Enrollment. To start, click here.** and then make your Annual Enrollment elections.
3. Review options, coverage level, and premiums. Then, make your elections.
4. Confirm your elections by selecting the **Confirm** button.
5. Look for the **Completed Successfully!** message listing your confirmation number.

Once you enroll or make online updates, you will receive an email from the Service Center confirming your elections at your preferred email address on file. You should keep a copy for your records. If you do not make any changes, you will not receive an email confirming your elections.

Note: If you enroll with a Customer Care Representative, you will receive a Confirmation of Enrollment in the mail at your address on file. You can also request to have your Confirmation of Enrollment sent directly to your email rather than to your mailing address on file.

If you have questions that are not answered in this guide, Summary Plan Descriptions, Summary of Material Modifications or through ALEX, contact the Service Center.

Log in to lumen.com/healthandlife. Once logged in, navigate to the scrolling

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|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | |

message entitled “**Ways to Contact Us**” and select from the following options:

- Chat with a representative or,
- Email a representative

You can also schedule an appointment by selecting the scrolling message on the left-hand side of the home page entitled: “**Schedule an appointment with a representative.**”

Due to high call volume usually on the first and last day of Annual Enrollment, we encourage you to use one of the options listed above. However, If you wish to contact a representative by **phone**, please call **866-935-5011** before Friday, Nov. 20 at 5:30 p.m. Mountain time.

Note: Virtual Hold may be an option for you if you call during peak hours. You will not lose your place in line if you select this option and a representative will call you back, once available.

You must enroll between Nov. 9 and Nov. 20. Weekends are available for online enrollment only. Customer Care Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m. Mountain time.



Eligibility

| Employee Classification | Eligibility |
|---|---|
| <p>Regular Full-time or Term Full-time employees</p> | <p>As a Regular Full-time or Term Full-time employee, you and your eligible dependents may enroll in:</p> <ul style="list-style-type: none"> • Medical/prescription drug (may be eligible for the Tobacco-Free Discount and/or subject to the Working Spouse/Domestic Partner Surcharge) • Dental • Vision • Flexible Spending Accounts (Health Care and Dependent Day Care) • Health Savings Account (HSA) when enrolled in the Savings High Deductible Health Plan (Savings HDHP) • Well Connected Wellness Program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program) • Fitness Reimbursement Program • Disability • Life Insurance • Commuter • Voluntary lifestyle benefits (these are not company-sponsored ERISA benefits) |
| <p>Regular Part-time, Term Part-time or Seasonal (Qwest Represented only) employees</p> | <p>As a Regular Part-time, Term Part-time or Seasonal employee, you and your eligible dependents may enroll in:</p> <ul style="list-style-type: none"> • Medical/prescription drug (may be eligible for the Tobacco-Free Discount and/or subject to the Working Spouse/Domestic Partner Surcharge) • Flexible Spending Accounts (Health Care and Dependent Day Care) • Health Savings Account (HSA) when enrolled in the Savings High Deductible Health Plan (Savings HDHP) • Well Connected wellness program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program) • Disability - Only available to Seasonal employees if hired before Jan. 1, 2018. |
| <p>Temporary Full-time, Temporary Part-time and Incidental (Qwest Represented only) employees Note: Temporary and Incidental employees pay the total cost, 100%, for medical/prescription drug coverage.</p> | <p>As a Temporary Full-time, Temporary Part-time or an Incidental employee, you and your eligible dependents may enroll in:</p> <ul style="list-style-type: none"> • Medical/prescription drug (may be eligible for the Tobacco-Free Discount and/or subject to the Working Spouse/Domestic Partner Surcharge) • Well Connected wellness program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program) <p>Note: Temporary employees are not subject to the Tobacco-Free Discount and/or the Working Spouse/Domestic Partner Surcharge</p> |

What's New for 2021

The information listed below describes what's new for 2021. This section serves as a Summary of Material Modifications (SMM), pursuant to the requirements of Section 104 of the Employee Retirement Income Security Act of 1974, as amended (ERISA). This SMM notifies you of certain changes to the Company-sponsored Plans (collectively, the "Plan"). For further details, refer to your Summary Plan Descriptions (SPD's) as well as the Legal and Important Required Notices section of this Guide.

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

Benefit premiums

For the third year in a row, there will be no changes to most employee bi-weekly benefit premiums. Even better, premiums for the Bind Medical Plan and Supplemental Life Insurance will be lower.

This is possible because so many of our people have embraced our wellness and condition management programs and have been smart healthcare consumers. Keep up this amazing trend.

Note: Coverage and benefit premium deductions may increase or decrease throughout the year, in certain situations. Refer to the General Information Summary Plan Description (SPD) and the Life Insurance SPD on the Company Intranet or the Health and Life website for more information. You can also call the Service Center at 866-935-5011 if you have questions.

You may want to consider contributing to or increasing the amount you contribute to the 401(k) retirement plan, a Health Care or Dependent Day Care Flexible Spending Account (FSA) or Health Savings Account (HSA), if applicable.

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

You must enroll each year to take advantage of a Health Care FSA, Dependent Day Care FSA, or an HSA (if enrolled in the Savings High Deductible Health Plan (HDHP)). Refer to the FSA and HSA section of this guide for more information. HSA and FSA limits are determined by the IRS and subject to change.

FSA - If the Health Care FSA contribution limit increases from \$2,750 for 2021 and you elect the maximum amount for 2021, you will be provided information from the Service Center with your options to increase to the new amount established by the IRS.

Note: If you elect to have your Health Account as your 2021 Wellness Reward option, you must open an HSA through OptumBank. You can contribute as much as you would like up to the IRS maximum. It's important to note that if you elect your Well Connected rewards to be deposited into your Health Account, these amounts do count towards the IRS maximum.

HSA - Employee contribution limit increases from \$3,550 to **\$3,600** and Employee + One or more enrolled increases from \$7,100 to **\$7,200**. The catch-up contribution for age 55 and older remains \$1,000 annually.

If you are Medicare eligible and planning to retire, you should review "Medicare and You", the government's Medicare handbook. While each employee's situation will differ, planning and education are key. You can find this handbook on the official [medicare.gov](https://www.medicare.gov) website.

Medical

Bind Medical Plan (Bind On-Demand)

There are some minor design changes which include the following:

New - \$7,500 out-of-pocket maximum for those within Employee + Spouse/Domestic Partner or Employee + Child/ren coverage.

Specific Treatment Pricing

Bind is introducing more specific treatment pricing in areas such as **cardiac therapy, chemotherapy, mental health treatment, radiation therapy, surgical procedures and therapies, and pulmonary therapy**. You will see changes to the prices within the Bind option, be sure to check lumen.com/choosebind and use access code **enroll2021** to see all 2021 prices!

Expansion of Coverage Requiring Activation

There is an expanded set of coverages that require “Activation” (formerly called “Add-In’s”) which include the following procedures: **Ankle Replacement and Revision, Cardiac Ablation, Cataract Surgery, Elbow Arthroscopy and Tenotomy, Elbow Replacement and Revision, Fibroid Removal (Myomectomy), Gallbladder Removal Surgery (Cholecystectomy), Kidney Stone Ablation and Removal (Lithotripsy), Pace Makers and Defibrillators, Prostate Removal Surgery, Spinal Ablation and Neurostimulators, Valve Replacement, Wrist and Hand Joint Replacement, Wrist Arthroscopy and Repair.**

If you are considering having any of these procedures, or any of the other Activation procedures, you can go to mybind.com for more information.

2nd.MD – required second opinion (for employees and your eligible dependents over the age of 18 who are enrolled in the UnitedHealthcare (UHC) or Bind Medical Plan) for certain procedures.

Healthcare Decisions Made Clear with 2nd.MD

You and your eligible dependents have access to 2nd.MD, a service which offers expert-lead education and guidance on any major medical decisions you and your family may be facing. With one of the highest satisfaction ratings in healthcare, 2nd.MD provides you with the answers you need within days, so you can get the care you need and deserve. 2nd.MD can help you gain medical certainty by connecting you with an expert who can help you with the following:

- Pair you with a skilled, experienced nurse who can help you understand your medical situation, review important questions to ask your doctor and help you navigate the healthcare system.
- Virtually connect with a doctor who specializes in your specific issue or condition. The Specialist will review your medical records and have a detailed conversation with you so you can gain confidence in your diagnosis and treatment plan – all within 3-5 days!
- When you need assistance finding a local doctor or specialist to assist in your care, 2nd.MD helps to identify a specialist in your local area to support your unique needs. They identify a high-quality, local provider or facility using clinically precise data, quality standards, your preferences (distance from home, language, gender, etc.) and ensure the specialist is covered in network with your medical plan. If you’ve selected a new specialist, the team takes care of transferring your records to the new doctor or facility and scheduling your first appointment.
- 2nd.MD consultations are **free** for eligible employees and dependents enrolled in a company-sponsored UnitedHealthcare or Bind Medical Plan option. But costs related to services or procedures 2nd.MD consultants may recommend are subject to the UHC or Bind Medical Plan option benefits and coverage. Review your plan documents for specific coverage and benefit details or call the number on the back of your medical ID card.

New for 2021: Lumen will require that you consult with 2nd.MD prior to a **hip, knee or spine surgery** (on a non-emergency basis). It is your choice to follow the guidance of the 2nd.MD specialist. However, if you do not seek a second opinion for these surgeries you will be responsible for an additional **\$500 of out-of-pocket cost**, whether or not you’ve met your annual deductible. Depending on where you live and the physician you are currently seeing, treatment recommendations can vary widely for certain surgical procedures, like joint and spine surgeries. Lumen is committed to ensuring employees and their families are fully educated by some of the best doctors in the country before making major medical decisions.

Wellness (UnitedHealthcare or Bind Medical Plan)

- All employees will be eligible for a \$50 Rally reward for completing 12 weeks of Weight Watchers. Lifetime Weight Watchers members can earn a \$50 Rally reward after monthly weigh-ins are completed for a minimum of 3 months.
- Employees and spouses/domestic partners who are enrolled in a UHC or Bind Medical Plan option will be eligible to receive up to \$55/month for participating in Weight Watchers. In order to receive the reimbursement for a Weight Watchers program, you must submit a prescription from your doctor along with the Weight Watchers Reimbursement Form which can be found on the Company intranet.
- [Principal Milestones](#) can help you prioritize and make more informed financial decisions. Access [Principal Milestones](#) and create an Enrich account to develop a household budget, manage debt, and understand your credit report.
- All employees will be eligible for a \$25 Rally reward for linking a fitness tracking device to the Rally App.
- Employees who have been diagnosed with Diabetes can earn a \$50 Rally reward once a second A1C is completed during the year.

Employee Assistance Plan (EAP)

The EAP administrator is changing from Beacon Health Options to **Optum**.

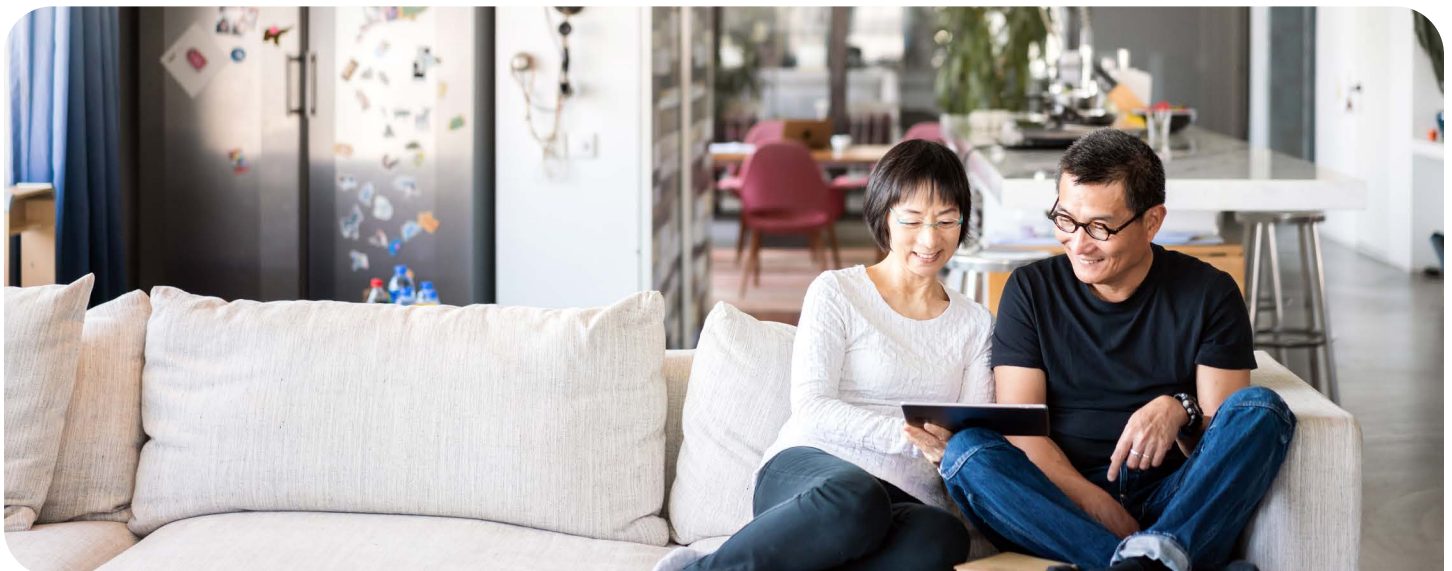
We're all balancing a lot. Sometimes we need a little extra help to keep up with our to-do lists and live our healthiest lives. That's why we are excited to announce that starting January 1, 2021, we are partnering with Optum to bring you a new EAP that offers 24/7 support and resources so you can tackle whatever life throws your way.

Available at no cost to employees (including those not enrolled in a medical option), your EAP can help with:

- **Personal health support** — talk with a network specialist via phone at **866-374-6061** anytime or visit [liveandworkwell.com](#) to access helpful tools to help you better manage a chronic condition or find the right support for mental and emotional health concerns.
- **Family support** — parenting challenges, finding day care, caring for aging parents, adoption support, marriage and relationship issues, pet services and more.
- **Legal support** — consult an attorney on topics such as landlord/tenant disputes, personal injury and bankruptcy.
- **Financial assistance** — includes 60-minute phone consultations with a credentialed finance professional to discuss financial planning, debt, investments and other financial topics.

Sanvello - a new app that offers on-demand help for stress, anxiety and depression.

Stay connected with daily mood tracking, coping tools and community support. Sanvello Premium is available at no cost to you. Visit [sanvello.com](#) or download the app from the Apple App Store or on Google Play.



Dental

There are several new enhancements described below that will help keep dental visits competitively priced for you and your eligible dependents.

- **Expanded access** to thousands more providers via MetLife's expanded PDP Plus Network.
- **Service** where and when you want it by providing you access to your personal information online at www.metlife.com/mybenefits or on the go via the MetLife Mobile App.
 - **Immediately** locate PDP Plus providers
 - **View** claims
 - **Review** plan design
 - **Download** an ID Card
- **Locate providers** even if you are not enrolled in by visiting www.metlife.com. Under Find A Provider, choose the PDP Plus Network.

Changes to the MetLife Dental plan:

| Current Plan | | 2021 Plan | |
|-------------------------------|------------------------|-------------------------------|------------------------|
| Service Network | PDP | Service Network | PDP Plus |
| Service | Benefit | Service | Benefit |
| Periodontal Maintenance | Up to 2 times per year | Periodontal Maintenance | Up to 4 times per year |
| Missing Tooth Exclusion | Applicable | Missing Tooth Exclusion | Not Applicable |
| Porcelain Crowns | Not Allowable | Porcelain Crowns | Allowable |
| Sealant and Preventive Resins | To age 18 | Sealant and Preventive Resins | To age 19 |
| R&C Cost | 90% | R&C Cost | 80% |

Vision

The Vision Plan administrator is changing from Vision Service Plan (VSP) to **EyeMed**. If you are enrolled in vision coverage through VSP as of Dec. 31, 2020, you will automatically be enrolled in vision coverage through EyeMed.

Major retail networks have increased which will now include America's Best, Lens Crafters, and Target Optical. Costco and Visionworks will no longer be offered. The Eye 360 Program will be offered which provides a \$0 copay on an exam and an additional \$25 in frame allowance at over 4,500 VisionPlus providers. You can also receive a savings on non-prescription sunglasses, \$20 off any purchase, or, \$50 off of \$200 or more.

To review detailed network providers and benefits information, visit: <http://eye360.eyemedvirtualbenefitfair.com> and enter the password- UF677XBD

If enrolled in vision coverage, keep an eye out for your EyeMed welcome kit including ID cards coming to your mailing address on file in December.

Miscellaneous

Subrogation

The Subrogation Plan administrator, Accent, has merged with HMS. The updated website is <https://resources.hms.com/tpl-questionnaire>. If you have questions you can contact HMS (formally known as Accent) at **888-556-3373**.

Enrollment Reminders

IMPORTANT – Confirm or update your selection for the Tobacco-Free Discount, Working Spouse/Domestic Partner Surcharge and the Well Connected Rewards.

Be sure to review the below information during your enrollment as it could impact the cost of your medical premiums as well as your Health Account.

Note: The below questions are for informational purposes only and is how they are displayed on the Health and Life website. If you are not sure how to answer these questions, contact the Service Center for assistance.

Tobacco-Free Discount

You may be eligible for a discount to your medical benefit premiums based on how you answer the question.

To promote a healthy work environment, Lumen provides a tobacco-free discount that supports our ongoing focus on wellness. If you and your eligible dependents enrolled in a Lumen medical Plan option are **non-tobacco users** **OR** are enrolled in a Company recognized tobacco cessation program, you will receive a discount to the cost of your medical Plan premium. A Company recognized program includes the company-sponsored Optum program, but also a tobacco cessation program of your choice, such as one sponsored by a local hospital or by the American Lung Association. The difference would be that using the company-sponsored program doesn't require the manual submission of documentation that the other programs would require to get the discount, because the Optum program would provide automatic notification of enrollment to the Plan Administrator.

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 any other products associated with tobacco.**

Please select your response to the following below:

Yes - I and/or my dependent/s enrolled in my medical plan smoke or use tobacco products and are **not enrolled** in a Company-recognized tobacco cessation program. Therefore, I am **not eligible** for the discounted premium.

No - Neither I nor any of my dependent/s enrolled in my medical plan smoke or use tobacco products; **OR** those that do use tobacco products are enrolled in a Company-recognized tobacco cessation program. Therefore, I am **eligible** for the discounted medical Plan premiums.

Please make the appropriate selection based on the information provided above.

- Yes
- No

To **verify** your selection, please review your confirmation statement after you complete your enrollment. Under the medical plan details on your statement, it will indicate as a line item either:

- a. "You are enrolled in a medical plan where the tobacco free discount **was** applied," or
2. "You are enrolled in a medical plan where the tobacco free discount **was not** applied."

Note: Lumen offers the Optum Coaching Program to employees and covered dependent/s at no cost. You can find more information about this program on the Company Intranet. If you are unsure how to answer this question or if you have a medical condition that does not allow you to stop using tobacco products and/or does not allow you to enroll in a smoking cessation program, please contact the Service Center for further assistance prior to completing your enrollment.

If you don't make any changes, your current enrollment election will continue, if applicable.

Working Spouse/Domestic Partner Surcharge

You may be subject to a working spouse/domestic partner per pay period surcharge based on how you answer below.

Yes – All of the following apply and therefore, I **will be** subject to the surcharge.

- I am married or in a domestic partner (DP) relationship.
- My spouse/DP is NOT employed by Lumen.
- My spouse/DP is currently employed.
- My spouse/DP is eligible to enroll in their Employer group medical plan.
- My spouse/DP has elected not to enroll in their Employer group medical plan.
- I will enroll my spouse/DP in the Lumen group medical plan.

No – At least **one** of the following applies and therefore, I **will not be** subject to the surcharge.

- I am not married or in a domestic partner (DP) relationship.
- My spouse/DP is employed by Lumen.
- My spouse/DP is not currently employed.
- My spouse/DP is self-employed.
- My spouse/DP is not eligible to enroll in their Employer group medical plan.
- My spouse/DP has elected to enroll in their Employer group medical plan.
- My spouse/DP is enrolled in Medicaid, Medicare or another plan that is not defined as an “Employer group medical plan.”
- My spouse/DP’s annual enrollment has already passed.
- My spouse/DP’s employer has less than 50 employees and my Lumen base salary is less than \$100k.

Note: You are not subject to the Working Spouse/Domestic Partner surcharge if your base pay is less than \$30,000. If your base pay amount **changes** during the benefit plan year, the surcharge will be automatically reassessed and effective on the date of the change, if applicable.

Yes – applies (\$100 per pay period surcharge)

No – no surcharge (\$0)

To **verify** your selection, please review your confirmation statement after you complete your enrollment. Under the medical plan details on your statement, it will indicate as a line item, Pay Period Working Spouse/DP Surcharge either

- a. Working Spouse/DP Surcharge – **No**-no surcharge, or
- b. Working Spouse/DP Surcharge –**Yes**, applies.

If you do not make any changes, your current election will continue, if applicable.

Well Connected Rewards

You may select Gift Card or Health Account (Health Reimbursement Account – HRA, Health Savings Account – HSA) for your Well Connected Rewards option based on your medical election below.

| Medical Plan Elected | Well Connected Reward Option |
|--------------------------------|---|
| UHC CDHP (Premium or Standard) | Gift Card or deposit into your Health Account (HRA) |
| UHC Savings HDHP | Gift Card or deposit into your Health Account (HSA) * |
| Bind | Gift Card |
| HMSA (HI residents only) | Gift Card |
| Waived Medical | Gift Card |

*Your rewards will apply towards the IRS maximum.

Please note the following:

- 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. If you have any unused rewards, the amount will roll over into the following

Plan year as long as you remain in the same medical plan.

You understand that if enrolled in the Savings HDHP medical plan (whether contributing or not contributing into the HSA) and electing a Well Connected Reward of Health Accounts, you acknowledge Lumen will establish an account through Optum Bank and you agree to complete all necessary steps in order to have your account activated in accordance with the HSA Terms & Conditions (view on the Health and Life website).

Your current Well Connected Rewards **As of Today**

<View on the Health and Life website>

Next Year’s Well Connected Rewards **(Jan 1, 2021)**

Well Connected Rewards

- Health Accounts
- Gift Card

To **verify** your selection, please review your confirmation statement after you complete your enrollment. Under the medical plan details on your statement, it will indicate as a line item either

- a. You are enrolled in the Well Connected Rewards – **Gift Card**, or
2. You are enrolled in the Well Connected Rewards – **Health Account**

Wellness reward maximums for employees and their spouse/domestic partner are as follows: \$600 for Employee (available to all employees), \$600 for Spouse/Domestic Partner (must be enrolled in one of the Company medical plan options).

Note: If you do not make any changes, your current election will continue, if applicable.

| Benefit Details | Plan/Option Information | Take Action |
|--|--|---|
| Dependent Day Care FSA | You have the option each Annual Enrollment to elect to contribute to the Dependent Day Care FSA. Between \$150-\$5,000 per year. FSA limits are determined by the IRS and are subject to change for 2021. | Enroll each annual enrollment! Contribution elections do not carry over into the new year. |
| Dependent Eligibility | Adding a new dependent to one or more of your Health and Welfare plans. | If you are adding a new dependent to coverage, you will need your dependents’ Social Security Number and birthdates before you begin enrollment. A dependent verification packet will be mailed to you as part of the dependent verification process. Follow the instructions as you will be required to provide information to the Service Center by the deadline listed in your packet. |
| Health Care Flexible Spending Account (FSA) | You have the option each Annual Enrollment to elect to contribute to the Health Care FSA. Between \$150-\$2,750 per year. FSA limits are determined by the IRS and are subject to change for 2021. | Enroll each annual enrollment! Contribution elections do not carry over into the new year. |

| Benefit Details | Plan/Option Information | Take Action |
|---|---|--|
| Health Savings Account (HSA) | <p>You have the option each Annual Enrollment to elect to contribute to a Health Savings Account (HSA) when enrolling in a HDHP medical option.</p> <p>You may choose to establish your HSA with any financial institution. However, we partner with Optum Bank to allow your contributions to be set up as before tax through payroll bi-weekly deductions.</p> <p>The contribution limit is \$3,600 for employee and \$7,200 for Employee + One or more enrolled. The catch-up contribution limit for age 55 and older remains \$1,000.</p> | <p>Enroll each annual enrollment!</p> <p>If you enroll in an HSA, through Optum Bank, payroll deductions will occur each pay period and will be administered through Optum Bank.</p> <ul style="list-style-type: none"> • Contribution elections do not carry over into the new year. • If this is the first time you are enrolling in an HSA with Optum Bank, you will receive a Welcome Kit from Optum Bank in Dec. |
| Imputed Income | <p>Imputed Income is income that the IRS requires you to be taxed on in certain circumstances as noted below:</p> <ul style="list-style-type: none"> • Your company-paid basic life insurance is over \$50,000. This is listed as GROUP TERM LIFE INS TXBLE under the imputed income section of the paystub located on the left-hand side. • Your company-paid Short-Term Disability enrollment election is After-Tax. This is listed as STD BENEFIT under the imputed income section of the paystub located on the left-hand side. • You are covering your Domestic Partner or your Domestic Partner's child/ren under the Medical/ Prescription Drug, Dental and/ or Vision plan. 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. • 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. | <p>If any of the circumstances apply to you, please make sure you review your bi-weekly paychecks. Calculations of imputed income is based on the effective date and may adjust your taxable amount as a lump sum if the effective date is retroactive. The imputed income calculation is otherwise processed bi-weekly.</p> |
| Life Insurance <ul style="list-style-type: none"> • Basic • Supplemental <ul style="list-style-type: none"> - Employee - Spouse/Domestic Partner - Child/ren | <p>Coverage and premium deductions may increase throughout the year in certain scenarios (for example, if you have a change in pay or change age bracket.) Age brackets are updated every 5 years, i.e., 30, 35, 40, 45, etc. Refer to the Life Insurance and AD&D SPD on the Company Intranet.</p> | <p>Please confirm that you have designated beneficiaries for all your Life Insurance plans by going to lumen.com/healthandlife. The Service Center is the record keeper of beneficiary designations. Refer to the Life Insurance and AD&D SPD on the Company Intranet for Facility of Payment to find out what happens when no beneficiaries are on file.</p> |

| Benefit Details | Plan/Option Information | Take Action |
|---|--|--|
| <p>Long-Term Disability</p> | <p>You are eligible for coverage after completing one year of service. The basic LTD plan is company-paid.</p> <p>Note: Part-time, Incidental and Temporary employees are not eligible to participate.</p> | <p>No action is required as you will be automatically enrolled based on the eligibility waiting period. A confirmation statement will be mailed to you once you meet your one year of service.</p> |
| <p>Short-Term Disability</p> | <p>Regular full-time employees are eligible for tax treatment election on the first day following one year of continuous service.</p> <p>Note: Part-time, Incidental and Temporary employees are not eligible to participate.</p> | <p>We provide a tax treatment option for you to elect for you to elect to have your benefit paid on a before-or after-tax basis. If you elect “before-tax”, your STD benefit would be taxed. If you elect “after-tax”, your STD benefit would not be taxed.</p> <p>Note: Some unions don’t allow an employee to make a tax treatment election for a tax election. Please refer to your respective Collective Bargaining Agreement (CBA) for more information.</p> <p>If you do not make any changes, your current enrollment election will continue, if applicable. Changes to this tax treatment election can only be made during Annual Enrollment.</p> <p>Refer to the STD Summary Plan Description available on the Company Intranet.</p> |
| <p>Supplemental LTD</p> | <p>The Supplemental LTD option is employee-paid and provides additional LTD coverage. You are eligible to elect coverage during the first Annual Enrollment after you have completed one year of service.</p> <p>Note: Part-time, Incidental and Temporary employees are not eligible to participate.</p> | <p>If you are eligible for Supplemental LTD for the first time and do not enroll during Annual Enrollment, but decide to during a subsequent Annual Enrollment period, you will be required to complete the Statement of Health/Evidence of Insurability (EOI) and our vendor will determine if you qualify for this benefit. Refer to the LTD Summary Plan Description (SPD) for limitations that may apply. The SPD is available on the Company Intranet.</p> |
| <p>Survivor Benefit*</p> <p>* For active full-time Non-Represented employees only</p> | <p>The Survivor Benefit Plan will pay your designee six months of your base salary in the unlikely event of your death as an active full-time employee.</p> | <p>Refer to the Survivor Benefit Policy available on the Company Intranet to determine who you can list as your designee. A designee may or may not be listed as your covered dependent; however, if your designee is your covered dependent, you will still need to enter their information. Please refer to the eligibility rules within the policy and then enter your designee on the Health and Life website under the Survivor Benefit plan.</p> <p>Note: A designee will be subject to the Verification process and, therefore, if you add a designee, you will receive a packet in the mail that requires you to respond by the deadline. If you have any questions, please contact the Service Center.</p> |
| <p>Voluntary Lifestyle Benefits*</p> <p>* These are not Company-Sponsored ERISA plans.</p> | <p>Refer to the Voluntary Lifestyle Benefits section of this guide for further information.</p> | <p>Visit lumen.com/voluntarybenefits to learn about voluntary lifestyle benefits.</p> <p>Electing voluntary lifestyle benefits is through a separate enrollment platform. Make sure when you complete your enrollment that you also visit the Voluntary Lifestyle Benefits website above and review the available options.</p> |

Miscellaneous Reminders

| Benefit Details | Plan/Option Information | Take Action |
|--------------------------------|--|---|
| <p>Medical Premiums</p> | <p>The amount you pay for your medical coverage is determined by your base pay, the medical plan option elected, coverage level and tobacco use. Refer to the Tobacco-Free Discount details within this guide. If your salary increases or decreases during the year, you may see your medical premiums increase or decrease. Similarly if your tobacco use changes during the year, or the number of dependents changes, these events should be reported to the Service Center and will affect your premium accordingly.</p> <p>Pay period 1 includes 2021 health, welfare, FSA and HSA premium deductions.</p> | <p>Refer to the Benefits and Payroll schedule on the Company Intranet, or the Health and Life website.</p> <p>Any questions related to benefit premiums should be directed to the Service Center. Please do not contact the Payroll department or submit a ticket through HRconnect, as they will be unable to assist you with benefit premium questions.</p> <p>Be sure to verify your payroll deductions are correct each pay check. Please Note: There is a June 30, 2021 deadline to dispute any deductions you believe to be inaccurate retroactive to January 1, 2021.</p> |
| <p>Pharmacy</p> | <p>The Prescription Drug List (PDL) is updated periodically throughout the year.</p> | <p>Depending on the anticipated prescription drug costs you might incur during a plan year, this may have an impact on which medical plan option you choose. You can use the below tools to estimate your costs.</p> <p>Bind Medical Plan:</p> <p>Bind provides medications with a copay instead of charging a deductible and coinsurance dependent on the type and tier of the medication. Bind does not have a deductible and, therefore, starts helping you pay for your prescriptions on the first fill. With Bind, all prescriptions have a set price. You can calculate the price of your upcoming prescriptions or the total of what you may fill throughout the course of the year.</p> <p>For those not enrolled in Bind, visit lumen.com/choosebind to check your pharmacy coverage, estimate costs and obtain further information. For those currently enrolled in Bind visit mybind.com.</p> <p>UnitedHealthcare Options:</p> <p>To reduce costs and make filling medications more convenient, maintenance medications for conditions such as diabetes, cholesterol and high blood pressure <u>must be</u> filled by mail order. You can fill your prescription up to a maximum of 2 times at a retail pharmacy. After that, the prescription will not be covered, and you will pay the full retail price.</p> <p>If you are currently enrolled in a UHC medical plan option, you can refer to the pricing tool on myuhc.com.</p> <p>For those not enrolled in a UHC medical plan option, and would like an estimate of your prescription costs, visit OptumRx.</p> <p>Note: Whichever medical plan option you choose, you cannot opt-out of the prescription drug benefit, including mail order (UHC only). The Plan Administrator for prescription drug benefits is OptumRx.</p> |
| <p>ZIP Code</p> | <p>Medical provider networks are determined by ZIP code area, and those ZIP codes are reviewed each Annual Enrollment as providers go in- and out-of-network.</p> | <p>Be sure to review the medical benefit option available to you as options may change (based on your address on file).</p> |

Medical and Prescription Drug Overview - Bind Medical Plan Option

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

Clear prices. No deductible or coinsurance.

Bind is health coverage designed like the other useful services of our daily lives. Choices and costs are clear—designed to be easy to understand. And you have personal control over how your benefit works for you.

Fewer barriers

With the Bind Medical Plan, there is no deductible and you don't chip away at anything before your plan starts to pay benefits. Without a deductible, the plan starts paying whenever you use it.

An easy, intuitive experience

The MyBind app and website were built to answer your coverage and cost questions with clarity and ease. Like the other useful services in our daily lives, the MyBind app shows your full cost of a visit before you see the doctor.

Opportunities to save

When and where you look for services, we let you know when lower-cost options are around the corner or across town. And you can easily compare provider quality ratings for many providers.

How Bind prices work

Bind provides you with simple, straightforward prices that vary by provider. That means you can know what it's going to cost before you enter the doctor's office. If that sounds different, well, it is—and it's a powerful way to make health care choices.

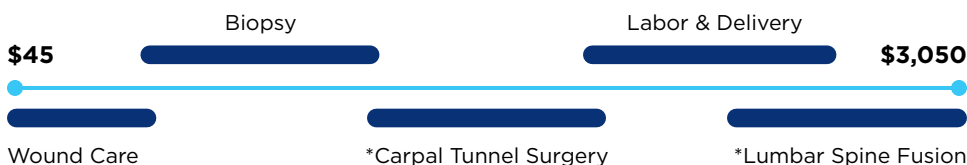
Some tips:

- People can easily compare provider quality ratings for many providers. And they can map-view prices of lower-cost pharmacies across the street or across town.
- When a price says \$0, that means no additional out-of-pocket cost to you.
- Treatment prices include all the services needed to complete the treatment.
- A subset of 45 plannable treatments few people need can be activated during the year--if you need it. Inactive coverage must be activated at least three business days prior to the covered procedure. The additional paycheck deductions for the activated coverage will not count toward the out-of-pocket maximum.

Provider Visits



Procedures



*Indicates coverage that requires activation, the price noted above does not include associated paycheck deductions.

Bind Pricing

| Drugs | | |
|--|---------------|------------------|
| Prescription Drugs | 30-day | 90-day |
| Tier 1 | \$10 | \$25 |
| Tier 2 | \$70 | \$175 |
| Tier 3 | \$100 | \$250 |
| Medical Infusions | | \$425 to \$1,350 |
| Mental Health and Substance Use Disorder | | |
| Virtual Visit | | \$10 |
| Office Visit | | \$20 |
| Partial Day Treatment | | \$175 |
| Inpatient Setting | | \$1,400 |
| Preventative | | |
| Annual Physical | | \$0 |
| Vaccinations | | \$0 |
| Mammograms | | \$0 |
| Parental Care | | \$0 |
| Testing and Diagnostics | | |
| Basic Lab Tests, X-Rays and Ultrasounds | | \$0 |
| Sleep Study | | \$75 to 240 |
| MRI, CT Scan | | \$150 to \$575 |
| Therapies and Rehab | | |
| Acupuncture | | \$20 |
| Chiropractic | | \$20 |
| Physical Therapy | | \$10 to \$30 |
| Occupational Therapy | | \$10 to \$30 |
| Speech Therapy | | \$10 to \$30 |
| Urgent and Emergency Care | | |
| Urgent Care Visit | | \$65 |
| Emergency Room Visit | | \$500 |
| Ambulance | | \$600 |
| Emergency Hospitalization | | \$1,400 |
| Out-of-Pocket Max* | | |
| The most you will pay out of your wallet: | | |
| Employee | | \$5,000 |
| Employee + Spouse/Domestic Partner or Employee + Child/ren | | \$7,500 |
| Family | | \$10,000 |

Questions?

Compare costs at: lumen.com/ChooseBind

Access Code: enroll2021

Call: **833-576-6519**

Medical and Prescription Drug Overview - UnitedHealthcare Medical Plan Options

This chart is only a snapshot summary of UHC options. For specific details on how services are covered or excluded, please contact UHC or refer to the Summary Plan Description on the Company Intranet.

| | | Savings HDHP | | Standard CDHP | | Premium CDHP | |
|--|--|--|---|---|---|---|---|
| | | With Employee-Funded HSA (maximum contribution): | | With Company-Funded HRA Contribution: | | With Company-Funded HRA Contribution: | |
| | | <ul style="list-style-type: none"> \$3,600 Employee \$7,200 Employee + One or more enrolled | | <ul style="list-style-type: none"> \$500 Employee \$750 Employee + Spouse/Domestic partner \$750 Employee + Children \$1,000 Family | | <ul style="list-style-type: none"> \$1,000 Employee \$1,500 Employee + Spouse/Domestic partner \$1,500 Employee + Children \$2,000 Family | |
| | | Note: If you are 55 or older, you can contribute an extra \$1,000 "catch-up" contribution. | | | | | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| | | Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined) | | | | | |
| | | Employee | | Employee | | Employee | |
| | | \$1,500 | \$3,000 | \$1,500 | \$3,000 | \$1,500 | \$3,000 |
| | | | | Employee + Spouse/Domestic Partner | | Employee + Spouse/Domestic Partner | |
| | | | | \$2,250 | \$4,500 | \$2,250 | \$4,500 |
| | | Employee + One or more enrolled | | Employee + Children | | Employee + Children | |
| | | \$3,000 | \$6,000 | \$2,250 | \$4,500 | \$2,250 | \$4,500 |
| | | | | Family | | Family | |
| | | | | \$3,000 | \$6,000 | \$3,000 | \$6,000 |
| | | Annual Out-of-Pocket Maximum (The Out-of-Pocket Maximums are separate for In-Network and Out-of-Network providers and are not combined) | | | | | |
| | | Employee | | Employee | | Employee | |
| | | \$3,600 | \$7,200 | \$3,600 | \$7,200 | \$3,200 | \$6,400 |
| | | | | Employee + Spouse/Domestic Partner | | Employee + Spouse/Domestic Partner | |
| | | | | \$5,400 | \$10,800 | \$4,800 | \$9,600 |
| | | Employee + One or more enrolled | | Employee + Children | | Employee + Children | |
| | | \$6,850 | \$14,400 (Charges in excess of the Plan's allowable amount are not covered by the Plan.) | \$5,400 | \$10,800 | \$4,800 | \$9,600 |
| | | | | Family | | Family | |
| | | | | \$6,850 | \$14,400 (Charges in excess of the Plan's allowable amount are not covered by the Plan.) | \$6,400 | \$12,800 (Charges in excess of the Plan's allowable amount are not covered by the Plan.) |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| | | Preventive Care: (No Deductible) | | | | | |
| | | 100% | Not Covered | 100% | Not Covered | 100% | Not Covered |
| | | Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care | | | | | |
| | | 80% | 50% of allowable amount | 80% | 50% of allowable amount | 80% | 50% of allowable amount |

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

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

Prescription drug expenses are paid the same as any other medical expense. You will be responsible for the cost of the prescription drugs until you have met or satisfied the deductible under the Savings HDHP or the Standard or Premium CDHP. Any maintenance prescription, after two (2) retail fills, will require future fills through the mail order program through OptumRx. There is only one prescription drug administrator, OptumRx, available for enrollment in the Savings HDHP, Standard CDHP or Premium CDHP. Eligible expenses are determined solely in accordance with UnitedHealthcare's reimbursement policy guidelines.

Dental

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

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

| Basic option | Enhanced option (includes 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 PDP 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.) | |
| Annual 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) |
| Annual 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) | |
| 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) |

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

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

Vision

The vision care benefit option is administered by EyeMed. **Note:** You also have the option to waive this coverage. Staying in-network (Insight-Walmart Network) helps you save money on eye exams, frames and lenses. Visiting a PLUS Provider is designed to help save you even more. Since PLUS Providers are already in our network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork. The same vision benefits, plus a little more savings. Find plenty of in-network eye doctors, including [PLUS Providers](#) (password - UF677XBD) or call **855-874-4744**.

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

SUMMARY OF BENEFITS

| VISION CARE SERVICES | IN-NETWORK MEMBER COST AT PLUS PROVIDERS | IN-NETWORK MEMBER COST | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|--|---|---|-------------------------------------|
| EXAM SERVICES | | | |
| Exam | \$0 copay | \$10 copay | Up to \$40 |
| Retinal Imaging | Up to \$39 | Up to \$39 | Not covered |
| CONTACT LENS FIT AND FOLLOW-UP | | | |
| Fit and Follow-Up - Standard | Up to \$40 | Up to \$40 | Not covered |
| Fit and Follow-Up - Premium | 10% off retail price | 10% off retail price | Not covered |
| FRAME | | | |
| Frame | \$0 copay; 20% off balance over \$185 allowance | \$0 copay; 20% off balance over \$160 allowance | Up to \$112 |
| STANDARD PLASTIC LENSES | | | |
| 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 | \$45 | Up to \$5 |
| Anti Reflective Coating - Premium Tier 1 | \$57 | \$57 | Up to \$5 |
| Anti Reflective Coating - Premium Tier 2 | \$68 | \$68 | Up to \$5 |
| Anti Reflective Coating - Premium Tier 3 | \$85 | \$85 | Up to \$5 |
| Photochromic - Non-Glass | \$0 copay | \$0 copay | Up to \$5 |
| Polycarbonate - Standard | \$40 | \$40 | Not covered |
| Polycarbonate - Standard - < 19 years of age | \$0 copay | \$0 copay | Up to \$5 |
| Scratch Coating - Standard Plastic | \$15 | \$15 | Not covered |
| Tint - Solid or Gradient | \$0 copay | \$0 copay | Up to \$5 |
| UV Treatment | \$15 | \$15 | Not covered |

SUMMARY OF BENEFITS

| VISION CARE SERVICES | IN-NETWORK MEMBER COST AT PLUS PROVIDERS | IN-NETWORK MEMBER COST | OUT-OF-NETWORK MEMBER REIMBURSEMENT |
|--|---|--|--|
| All Other Lens Options | 20% off retail price | 20% off retail price | Not covered |
| CONTACT LENSES | | | |
| Contacts - Conventional | \$0 copay; 15% off balance over \$150 allowance | \$0 copay; 20% off balance over \$150 allowance | Up to \$105 |
| Contacts - Disposable | \$0 copay; 100% of balance over \$150 allowance | \$0 copay; 100% of balance over \$150 allowance | Up to \$105 |
| Contacts - Medically Necessary | \$0 copay; paid in full | \$0 copay; paid in full | Up to \$210 |
| OTHER | | | |
| Hearing Care from Amplifon Network | Discounts on hearing exam and aids; call 877-203-0675 | Discounts on hearing exam and aids; call 877-203-0675 | Not covered |
| LASIK or PRK from U.S. Laser Network | 15% off retail or 5% off promo price; call 800-988-4221 | 15% off retail or 5% off promo price; call 800-988-4221 | Not covered |
| FREQUENCY | | | |
| Exam | | Once every plan year | |
| Frame | | Once every plan year | |
| Lenses | | Once every plan year | |
| Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services) | | Once every plan year | |

Administrator: EyeMed, **Group number:** 1029819, **Phone number:** **855-874-4744**



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

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

| Traditional Health Care FSA | Limited Purpose Health Care FSA (for HDHP Medical Plan) | Health Savings Account (HSA) (for HDHP Medical Plan) | Dependent Day Care FSA (for child day care services) |
|--|---|--|--|
| How much can you contribute? | | | |
| Between \$150-\$2,750 per year Note: FSA limits are determined by the IRS and subject to change for 2021. | Between \$150-\$2,750 per year Note: FSA limits are determined by the IRS and subject to change for 2021. | Up to \$3,600 Employee-only Up to \$7,200 Employee + one or more enrolled Note: If you are age 55 or older, you can contribute an extra \$1,000 "catch-up" contribution annually. | Between \$150-\$5,000 per year Note: The maximum for highly compensated employees is \$2,000; if you are married and filing taxes separately, the maximum is \$2,500. If you are determined to be a highly compensated employee the Plan Administrator may have to adjust your contribution election, but in that case you will be notified. |
| 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 option. | 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. | Qualified medical, prescription, over-the-counter drugs, dental and vision care expenses. | Eligible out-of-pocket day care expenses for eligible dependents so you (and your spouse, if married) can work or attend school full-time. |
| How does it work? | | | |
| The annual amount you elect to contribute is available for you to use on Jan. 1, 2021. Note: If you enroll the HDHP and elect an FSA, you will automatically be enrolled in the Limited Purpose FSA whether or not you enroll in an HSA. | <ul style="list-style-type: none"> 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 Optum Bank's system. There are no federal taxes on contributions, interest earned or expenses paid from the HSA (except for Alabama, California and New Jersey) | | FSA money is available as contributions are deducted from your paycheck and loaded to UnitedHealthcare's system. |

Reminder: Pay period 1 includes 2021 health, welfare, FSA and HSA premium deductions.

Note: 2021 FSA funds can be used for eligible expenses incurred from Jan. 1, 2021 to March 15, 2022. You have until April 30, 2022 to file claims, or remaining funds are forfeited. The Internal Revenue Service (IRS) does not allow expenses incurred by domestic partners or their dependents to be reimbursed through an FSA unless you claim your domestic partner or their dependents on your income tax return.

If you are enrolled in the traditional Health Care Spending Account, keep your Health Care Spending Card (HCSC) from 2020, as 2021 elections will be added to your existing card. If your HCSC has expired, you will automatically be mailed a new card in December. HCSC are not issued for the Limited Purpose Health Care FSA.

Life and Accident

Automatic and Company-Paid Plan Benefits

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

Reminders:

- Please confirm that you have current and up-to-date beneficiaries for all of your Life Insurance plan options by going to lumen.com/healthandlife or lumen.com/healthbenefits. The Service Center is the record keeper of beneficiary designations. The wording “Choose your Beneficiaries” appear on the Benefits Summary page on the Health and Life website even if you have already added your beneficiary information. Refer to the Life Insurance and AD&D SPD on the Company Intranet for Facility of Payment to find out what happens when no beneficiaries are on file.
- Coverage and benefit premium deductions may increase or decrease throughout the year in certain situations (for example, if you have a change in pay or change age brackets; age brackets are every 5 years, i.e., 30, 35, 40, 45, etc.). If your deductions increase or decrease, you will receive a Confirmation Statement in the mail from the Service Center. Refer to the Life Insurance and AD&D SPD on the Company Intranet.
- If both you and your spouse/domestic partner are employed by the Company, or on long-term disability, or in a parent/child relationship, you cannot be covered for Supplemental Life Insurance as an employee, long-term disability participant and a dependent on each other’s benefit coverage. If both you and your spouse/domestic partner are employed by the Company and one of you is not enrolled in the Employee Supplemental Life plan, you may enroll under the Dependent Spouse/Domestic Partner Supplemental Life plan of the other Spouse/Domestic Partner. You cannot be covered for both Employee Supplemental Life and Dependent Supplemental Life. Also, you cannot both purchase Child Supplemental Life and AD&D Insurance coverage for the same dependent children. You must decide which parent will cover the children.

Short-Term Disability (STD) - Non-Represented and Represented

A brief overview of your STD benefits.

| Represented | Non-Represented and Qwest Represented Outside Sales Representatives |
|--|---|
| Eligibility | |
| You must have one year of service to be eligible for this benefit. | You must have one year of service to be eligible for this benefit. |
| Benefit Election Options | |
| <p>For those employees in the unions listed below, refer to the Non-Represented and Qwest Represented Outside Sales Representatives Benefit Election Options columns to the right.</p> <p>New hires, rehires and transfers on or after Jan. 1, 2021 in the following unions:</p> <ul style="list-style-type: none"> • CWA: 1101, 2204, 3176A, 3680, 3680A, 3681, 3682, 3685, 6372, 6171N, 6171C, 6372A • IBEW: 199N, 257A, 688, 1106, 1181, 1912 <p>For all other employees in those unions not listed above, refer to the information below, and your collective bargaining agreement (CBA) for more information.</p> | <p>You may elect to have STD paid on an after-tax basis, which means your STD benefits are not subject to tax. Or, you may elect to have STD paid on a before-tax basis, which means if STD benefits are paid, it would be paid subject to tax. If you do not make any changes, your current tax treatment enrollment election will continue, if applicable.</p> <p>No changes can be made until the next Annual Enrollment period.</p> |
| Maximum Benefit Period (Duration of Benefits) | |
| Generally 182 days (6 months) | 182 days (6 months) |
| Benefit Amount | |
| <p>Tier level ranges from 100% to 50% based on years of service.</p> <p>Note: You are not eligible to supplement your STD with accrued Paid Time Off (PTO) or vacation time.</p> | <p>70% of your base pay</p> <p>If you choose to elect the after-tax option, your STD benefit amount is not taxed if/when the benefit is paid. You are not eligible to supplement your STD with accrued Paid Time Off (PTO) or Flexible Time Off (FTO). Imputed income* is added to your taxable pay so that you will not have to pay taxes on benefits you receive from the Plan.</p> <ul style="list-style-type: none"> • When electing the after-tax option, your Confirmation of Enrollment (COE) will show two lines under Short-Term Disability: Pay Period Price and Pay Period STD Credit. • Although these amounts offset, it is based on excluding imputed income as part of your Total Pay Period Cost (at the bottom of your COE). The Pay Period Price will appear as imputed income on your paycheck. <p>If you choose to elect the before-tax option, your STD benefit amount is taxed if/when the benefit is paid. You are eligible to supplement your STD with accrued PTO or FTO only if you elect the before-tax option. When selecting the STD (before-tax) option, there will not be a line item on your paycheck as the cost and credit amount offset.</p> |

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

This chart is only a snapshot summary of STD benefits. For specific details refer to the STD Summary Plan Description and the collective bargaining agreement (CBA), if applicable, on the Company Intranet.

Short-Term Disability (STD) - Qwest Represented

A brief overview of your STD benefits.

You must be a Regular Full-Time or Term Full-Time employee to be eligible for Short-Term Disability benefits. Seasonal employees are eligible if hired, rehired or transferred prior to Jan. 1, 2018.

| Qwest Represented Hired Before Jan. 1, 2009 | Qwest Represented Hired, Rehired Or Transferred On Or After Jan. 1, 2009 | Qwest Represented Hired, Rehired Or Transferred On Or After Jan. 1, 2018 |
|--|---|--|
| You must have six months of service to be eligible for this benefit. | You must have one year of service to be eligible for this benefit and have an Equivalent Work Week (EWW) of at least 20 hours. | You must have one year of service to be eligible for this benefit, employed full-time. |
| Maximum Benefit Period (Duration of Benefits) | | |
| 270 days (9 months) | 270 days (9 months) | 182 days (6 months) |
| Benefit Election Options | | |
| You are automatically enrolled. | You may elect to have STD benefits paid on a before-tax basis, which means STD benefits would be subject to tax. If an election is not made, you will default to the after-tax option, which means STD benefit payments are not subject to tax. No changes can be made until the next Annual Enrollment period. | |
| Benefit Amount | | |
| After completing your Eligibility Period, you will receive an allowance of 60% to 100% of your Normal Take Home Pay, per your collective bargaining agreement. See the STD Summary Plan Description (SPD) on the Company Intranet. | <p>70% Base Pay after- or before-tax option</p> <p>If you choose the after-tax election, your STD benefit amount is not taxed when you receive payment. Imputed income* is added to your taxable pay so that you will not have to pay taxes on benefits you may receive from the Plan.</p> <ul style="list-style-type: none"> When electing the after-tax option, your Confirmation of Enrollment (COE) will show two lines under Short-Term Disability: Pay Period Price and Pay Period STD Credit. Although these amounts offset, it is based on excluding imputed income as part of your Total Pay Period Cost (at the bottom of your COE). The Pay Period Price will appear as imputed income on your paycheck. <p>If you choose the before-tax option, your STD benefit amount is taxed when you receive benefits from the Plan. When selecting the STD (before-tax) option, there will not be a line item on your paycheck as the cost and credit amount offsets.</p> <p>Note: If you are eligible and on STD for longer than 6 months, and enrolled in the before-tax option, your STD benefit becomes FICA Free due to IRS regulations.</p> | |

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

This chart is only a snapshot summary of STD benefits. For specific details refer to the STD Summary Plan Description and the collective bargaining agreement (CBA), if applicable, on the Company Intranet.

Long-Term Disability (LTD)

A brief overview of your LTD benefits.

| Basic LTD (Fully paid by the Company, basic level of LTD coverage) | Supplemental LTD (Employee-paid, higher level of LTD coverage) |
|---|---|
| Eligibility | |
| You are eligible for Basic LTD after you have completed one year of service. | You are eligible for the Supplemental LTD the first Annual Enrollment after completing one year of service. Note: If you were hired in 2020, you are not eligible to enroll in Supplemental LTD until 2022 Annual Enrollment. If you are eligible for Supplemental LTD for the first time and do not enroll during this Annual Enrollment period, but decide to enroll later, you will be required to complete the Statement of Health/Evidence of Insurability (EOI). Refer to the LTD Summary Plan Description (SPD) for limitations that apply. |
| Benefit Amount | |
| Maximum of 50% of Pre-disability earnings up to \$12,000 maximum per month. | 65% of Pre-disability earnings up to \$25,000 maximum per month. |
| Rates | |
| If you elect Supplemental LTD, calculate your bi-weekly premium rate by using the table below. Premiums for Supplemental LTD will be deducted per pay period directly from your paycheck. If you do not enroll in Supplemental LTD, subject to eligibility requirements, you will automatically be enrolled under Basic LTD with no premium cost to you. | |
| If you have questions regarding how to determine your earnings, please review the Basic & Supplemental LTD Highlights found on the Company Intranet. | |
| 1. Enter your bi-weekly Pre-disability Earnings, not to exceed \$17,752. | Line 1: \$ _____ |
| 2. Your bi-weekly premium rate: <ul style="list-style-type: none"> • .00238 for Qwest Represented employees hired, rehired, or transferred prior to Jan. 1, 2018 • .00297 for Qwest Represented employees hired, rehired, or transferred on or after Jan. 1, 2018; Non-Represented; Represented; Qwest Represented Outside Sales Representatives | Line 2: \$ _____ |
| 3. Multiply the amount on Line 1 by the amount on Line 2 , and enter the total here. The amount on Line 3 is your estimated bi-weekly premium for coverage under Supplemental LTD. | Line 3: \$ _____ |

Note: If you are on STD as of Jan. 1, 2021, and enroll in Supplemental LTD, your Supplemental LTD will not become effective until the day you complete one full day of Active work or until your Supplemental LTD is approved. Refer to the actively at work provisions in the LTD SPD on the Company Intranet.

This chart is only a snapshot summary of LTD benefits. For specific details refer to the LTD SPD and the collective bargaining agreement (CBA), if applicable, on the Company Intranet.

Voluntary Lifestyle Benefits

You must be a full-time employee to enroll in Voluntary Lifestyle Benefits. Information on these programs can be found on the Company Intranet.

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

Enroll for the following Voluntary Lifestyle Benefits only during Annual Enrollment, Nov. 9-20, 2020

Subject to the policy terms:

Accident Insurance

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

Cancer Program

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

Critical Illness Insurance

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

Hospital Indemnity Insurance

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

Legal Plan*

Helps when resolving common legal issues.

Enroll for the following Voluntary Lifestyle Benefits at any time

Auto and Home Insurance**

Get competitive quotes on auto and home insurance.

Employee Perks

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

Identity Protection

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

Pet Insurance

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

Purchasing Power

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

SmartPath Financial Coaching

SmartPath Financial Coaching offers unbiased, sales-free guidance from certified coaches that are 110% focused on you. Whether it be through the budgeting app, webinars or a full library of video tutorials, articles and other helpful tools, SmartPath assists employees in making decisions about their financial journey.

Visit lumen.com/voluntarybenefits or call **800-380-0378** (M-F, 7:00 a.m.-4:00 p.m., MST)






Benefits elected during the annual enrollment period will be effective Jan. 1, 2021. You may have the option for payroll deductions from the programs listed above.



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

****** Home insurance may not be part of the benefit offering in Florida and Massachusetts.

Helpful Resources

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

| Benefit Option | Phone | Online |
|--|--|---|
| Health Care | | |
| Health and Life Service Center | 866-935-5011 M-F, 7:30 a.m. - 5:30 p.m., MST | lumen.com/healthandlife  Search: UPoint Mobile HR App , available for Free in the App Store and Google Play |
| Medical | Bind: 833-576-6519 M-F 6:00 a.m. - 9:00 p.m., CST Group Number: 78800186 | lumen.com/choosebind Access Code: enroll2021  Search: MyBind , available for Free in the App Store and Google Play |
| | UnitedHealthcare: 800-842-1219 Group Number: 192086 | UnitedHealthcare: myuhc.com  Search: UHC App , available for Free in the App Store and Google Play |
| | Blue Cross/Blue Shield: Hawaii Medical Services Association (HMSA) 800-776-4672 | HMSA: hmsa.com |
| Flexible Spending Accounts | UnitedHealthcare: 877-311-7849 Group Number: 199383 | myuhc.com |
| Optum Bank | Optum Bank: 866-234-8913 | optumbank.com/resources |
| Maternity Support Program | Bind: 833-576-6519 M-F 6:00 a.m. - 9:00 p.m., CST UnitedHealthcare: 800-842-1219 | lumen.com/choosebind UnitedHealthcare: myuhc.com |
| Prescription Drug Program | Bind: 833-576-6519 M-F 6:00 a.m. - 9:00 p.m., CST UnitedHealthcare: 800-842-1219 | lumen.com/choosebind UnitedHealthcare: myuhc.com |
| Telemedicine | Bind: Doctor On-Demand 833-576-6519 | patient.doctorondemand.com |
| | UnitedHealthcare: 888-632-2738 • MDLive • Teledoc • Virtual Visits | lumen.com/MDLive  Search: MDLive , available for Free in the App Store and Google Play myuhc.com/virtualvisits |
| 2nd.MD (Second opinions for all conditions) (An expert medical consultation service offered at no cost to you and your eligible dependents over the age of 18 who are enrolled in a Company medical plan.) | 866-842-1151 | lumen.com/2ndmd  Search: 2nd.MD , available for Free in the App Store and Google Play |

| Benefit Option | Phone | Online |
|--|--|--|
| Dental Plans | MetLife: 866-832-5756 Group Number: 148069 | metlife.com/mybenefits |
| Vision Care Plan | EyeMed: 855-874-4744 | eyemed.com  |
| Advocacy Services (Free assistance with health and life claims and accessing health care services if enrolled in any health care benefit options through the Company Health Care Plan) | Service Center: 866-935-5011 Email a representative at AlightHealthPro@Alight.com M-F, 7:30 a.m. - 5:00 p.m., MST | Service Center Advocacy Services: Select Advocacy Services from the home page at lumen.com/healthandlife |
| Life Insurance & Disability | | |
| Life, Accident, & Business Travel Accident (BTA) | Service Center: 866-935-5011 M-F, 7:30 a.m. - 5:30 p.m., MST | lumen.com/healthandlife |
| Short-Term Disability | Sedgwick: 844-223-7153 | lumen.com/disability |
| Long-Term Disability | The Standard: 855-290-9480 | N/A |
| Retirement | | |
| 401(k) Savings Plan | Retirement Service Center: 877-379-0118 | lumen.com/401k  Search: Wells Fargo Mobile , available for Free in the App Store and Google Play |
| Combined Pension Plan | Service Center: 800-729-7526 , Option 1, then Option 3 | lumen.com/pension |
| Wellness | | |
| Employee Assistance Program | Optum: 866-374-6061 | lumen.com/EAP |
| Real Appeal | 844-344-7325 | lumen.com/realappeal |
| Well Connected, Rally, and Coaching Programs (Prevention and Well Being) | 877-818-5826 | lumen.com/wellconnected |
| Fitness Reimbursement Program | N/A | Access on the Company Intranet |
| Voluntary Lifestyle Benefits | | |
| Voluntary Lifestyle Benefits | Mercer: 800-380-0378 (M-F, 7:00 a.m.-4:00 p.m., MST) | lumen.com/voluntarybenefits |

Summary of benefits & coverage availability

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

1. Log onto the Health and Life website at lumen.com/healthandlife or lumen.com/healthbenefits
2. Click on the tile, **Benefit Information and Documents**
3. Choose the **Summary of Benefits and Coverage** you'd like to review. A paper copy is also available, free of charge, by calling the Service Center at **866-935-5011**. Representatives are available Monday through Friday from 7:30 a.m. to 5:30 p.m., MST.

Legal and Important Required Notices

A note about privacy

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

Notice of Privacy Practices

You can review the complete notice on the Company Intranet at lumen.com/healthandlife, or by calling the Service Center at **866-935-5011** to request a copy.

Coverage is not advice

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

Right to amend and/or discontinue

The company and its delegate, the 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.

Company's reserved rights

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

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

Important note regarding your Annual Enrollment elections

By electing to participate in the Plans (the Health Care Plan, the Life Insurance Plan, Business Travel Accident Insurance Plan, the Disability Plan, or if applicable, Retiree and Inactive Health Plan), by your submission of information, you have agreed to be bound to and by the provisions of each of the Plans and their administrative practices, including, but not limited to with respect to the recovery of over and underpayments, terms and conditions for eligibility and Benefits. You certify that the submission of information by you in this enrollment process is true and accurate to the best of your knowledge; you agree that you'll submit new information timely as changes occur. You understand that if you are found to have falsified any document in support of a claim for eligibility or reimbursement, the Plan Administrator may, subject to and as may be permitted under the requirements of law, without anyone's consent, terminate your and/or your dependent(s) coverage, and the Claims Administrator may refuse to honor any claim you or your dependent(s) may have made or will make under the Plans if applicable. You understand that you are liable and bear the full financial responsibility

for the misappropriation of Plan funds through the filing of false documentation under any of the Plans; You certify that you or your dependent(s) are eligible to enroll in a benefit option, including voluntary or supplemental coverages. Please refer to the applicable Plan document or SPD on the Company 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, 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 of a divorce. This excludes dependents who turn age 26, as they are automatically removed from coverage.

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

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

Health Insurance Portability and Accountability Act (HIPAA)

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

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

If your spouse/domestic partner or other dependents have special enrollment rights, you may enroll and make changes to your enrollment in any health plan benefit option available to you based upon your home ZIP code and plan service areas within 45 days following the qualifying event. For example, if you have Employee Only coverage in a 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.

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 below to see how your retiree benefits may be impacted.

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

If you are rehired in a status that is eligible for active benefits, you will be offered the same benefits as other similarly situated employee 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 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 **866-935-5011**. 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 a disenrollment process to be released by that carrier from the individual plan (which can take up to 60 days).

If you voluntarily elect to drop coverage

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

Continuation of coverage

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

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

Other coverage options

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

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under COBRA, because the new coverage may impose a new deductible.

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

More information on health insurance options through the Marketplace can be found at [healthcare.gov](https://www.healthcare.gov).

California Employees

The Employee Assistance Program provider, Optum, has a grievance procedure in place for California employees. This notice is required to comply with California Department of Managed Health Care (DMHC) regulations. You can find the grievance from

on the Optum [website](http://www.liveandworkwell.com) at www.liveandworkwell.com, at the bottom of the home page. If you have any questions, contact Optum at **800-999-9585**.

