



Amazing People. Amazing Benefits. Find Your Fit.

Take Action and Enroll Nov. 7 - Nov. 18, 2022.

2023 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 at Businessolver (referred to hereafter as the Service Center) at [833-925-0487](tel:833-925-0487) 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 Intranet for more information.

Welcome to Annual Enrollment

Annual Enrollment is your opportunity to find the options and plans that are right for you. You can add, change or waive your health and life benefits for you and/or your eligible dependent(s). If you don't enroll by Nov. 18, you will be automatically enrolled in the plans with the same coverage levels listed on the Health and Life website, lumen.com/healthandlife, with the exception of FSAs and/or an HSA. You must enroll in these accounts each year, current elections and goal amounts DO NOT roll over. Refer to the Eligibility section of this guide to determine what plans you are eligible to enroll in based on your employment status, e.g., full-time, part-time, etc.



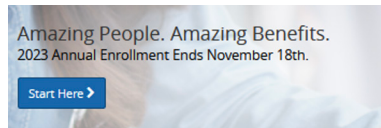
Take action:

- Review/Add** your personal information on the Health and Life website. Be sure that your personal email address as well as your preferred method to receive benefit communication is up-to-date. You are strongly encouraged not to list your company email address as your primary email address as the company email does not guarantee privacy and does not comply with company policy. **Note:** If you need to update your mailing address, you will need to update through SuccessFactors on the Intranet.
- Ask ALEX.** ALEX can help you learn about your health and life benefit options including: medical plans, Health Savings Account (HSA), Flexible Spending Accounts (FSAs), Voluntary LifeStyle Benefits and more. Keep in mind, even if you use ALEX, you must enroll through the Health and Life website. 
- Watch** short benefit videos that provide you with a 2-3 minute, high-level summary of available benefit options and plans. You can find these on the Annual Enrollment home page on the Intranet.
- Read** the employee newsletter (#LiveWellatLumen) to learn more about Annual Enrollment.
- Review/Answer** the Tobacco-Free Discount, and the Working Spouse/Domestic Partner Surcharge if enrolling in a Lumen medical plan and enrolling your spouse or domestic partner in the plan as they can impact the cost of your medical premium.
- Register** for MyEvive at lumen.com/myevive if you have not already done so. MyEvive is a new customized benefit portal that puts control of your health, wealth and well-being at your fingertips. MyEvive is a portal to review the full spectrum of benefits and well-being information. MyEvive is available through a mobile app and is also open to spouses, domestic partners and adult dependents from age 18-26 who are enrolled in a Lumen medical, dental or vision plan. Eligible spouses/domestic partners will have their own account and will need to access their account at lumen.myevive.com.

Check List - Tips to help you enroll

The below information is based on your eligibility. You may or may not see everything listed below.

1. Navigate to the [Health and Life website](#) and log in. If you have not accessed the Health and Life website, continue to step 2. If you have, go to step 4.
2. Review the **Getting Started Details** to agree to the electronic disclosure agreement and select **Continue**.
3. Enter your **Personal Preference** on how you wish to receive benefit communication. Click **Continue**.
4. Select **Start Here** at the top of the screen to begin your 2023 Annual Enrollment elections.



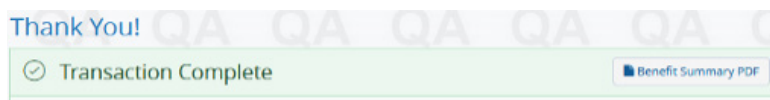
5. Read the opening message and select **Start Enrollment**.
6. Read information introducing Sofia, your personal benefits assistant. Select **Start Enrollment**.
7. Review your personal information and update an alternate address, if applicable, click **Next**.
8. Read the Tobacco Free Discount information and confirm response, click **Next**.
9. Confirm all applicable dependents are on file. Add any new dependents. Review dependent demographic information.
10. Elect all healthcare (medical, dental, vision) plans, spending account plans (Health Care Flexible Spending Account (FSA), Dependent Day Care FSA and/or Health Savings Account (HSA)). If you are enrolling in the new Doctors Plan, you will be asked to identify your Primary Care Physician (PCP) during enrollment. Refer to the What's New section for additional detail.
Note: If you enroll a spouse/domestic partner in medical coverage, you may be subject to a bi-weekly surcharge based on how you answer the working spouse/domestic partner surcharge questions.
11. Review Disability and Life insurance plans. Confirm/update beneficiaries.
12. Elect Voluntary Lifestyle Benefit plan options.
13. Elect Commuter Spending Account plan options.
14. Review Your Elections, including plans, coverage levels and pricing in their entirety and select **Approve** to authorize your transaction.



15. Read the Confirmation pop up and select **I Agree**.



16. If you added new dependent(s) to coverage, you will see information regarding the requirements for dependent verification. Read the requirements carefully. After you complete your enrollment, you can go back to the homepage to review the next steps to validate your dependent(s).
17. If an election has been made that requires Statement of Health/Evidence of Insurability (EOI), you will be provided information on how to complete the application.
18. On the Transaction Complete page, click **Benefit Summary PDF** to print your Benefit Summary as this is your confirmation of enrollment. Take note of the Confirmation Number for your records.



What's New for 2023

The information listed below describes what's new for 2023. 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 (SPDs) 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 the Plan Administrator the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan.

We have a number of significant changes this year, and it's important that you educate yourself before selecting your benefits. Please review this guide in its entirety so that you are aware of the changes for the upcoming year.

Benefit Premiums

For the fifth year in a row, Lumen **will not increase** medical premiums if you and your eligible dependents enrolled in a Lumen medical plan live a smoke free or tobacco free lifestyle. This is possible because so many of you have embraced our wellness and condition management programs, and you continue to be smart healthcare consumers.

- Some employees may experience a slight increase due to the consolidation of the Consumer Driven Health Plans (CDHPs). In that case, a lower cost medical plan is available.
- If you and your eligible dependents enrolled in a Lumen medical plan are tobacco users but not enrolled in a tobacco cessation program, you will see a slight increase in your medical premiums to adjust rates to equal our stated 15% discount for non-tobacco users.
- Dental and vision premiums will not increase.
- Employee, Spouse/Domestic Partner and Child Supplemental Life Insurance premiums will increase.

Note: Coverage amounts and benefit costs 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 Intranet or the Health and Life website for more information.

COBRA

COBRA coverage is limited to medical, dental and/or vision as applicable. **COBRA rates have changed.** Refer to your enrollment options on the [Health and Life website](#) and your COBRA Annual Enrollment Guide if this applies to you.

Plan Design Updates

Consumer Driven Health Plans (CDHPs), Option 1 and Option 2 have been consolidated into the New CDHP - Health Reimbursement Account (HRA)

Employees enrolled in these Plans will be defaulted to the new CDHP. If you want to enroll in another available plan option, you will need to make a positive election during Annual Enrollment.

Coverage Level	2023 CDHP	2022 CDHP Option 1	2022 CDHP Option 2
Employee Only	\$500	\$500	\$800
Employee Spouse/DP	\$750	\$750	\$1,200
Employee Child(ren)	\$750	\$750	\$1,200
Employee & Family	\$1,000	\$1,000	\$1,600

Surest Health Plan (previously the Bind Health Plan)

The Surest Health Plan is a copay plan that is easy to use with clear costs you can see before you get care. Surest offers the UnitedHealthcare Choice Plus network and lower copays for efficient and effective providers allowing participants the opportunity to save money. There are a few things that will be different this year:

Eliminate Flexible coverage (formerly Add-Ins)

- The 45 add-in coverages will no longer require activation. The coverages will have copay ranges and will no longer require additional paycheck deductions.
- The out-of-pocket maximum will work the same way as all other plans, there will no longer be an individual cap within the family plan.

Prescription Drug benefit co-pay amounts for a 30 day supply are as follows:

- Retail Copays Tier 1 - \$10, Tier 2- \$70, Tier 3- \$100, Tier 4- \$200
- Specialty Copays Tier 1-\$200, Tier 2- \$225, Tier 3- \$300, Tier 4- \$400

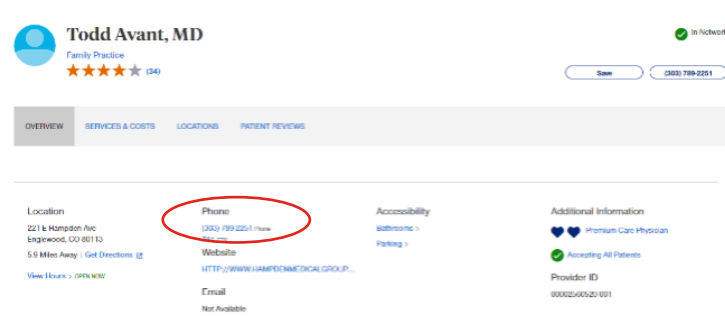
The Surest Member Services team is available for any questions. Refer to the Helpful Resources section of this guide for further information.

High Performing Network (HPN) Doctors Plan in AZ & CO (administered by UnitedHealthcare)

In Arizona, this plan is available if you live in Maricopa and Pinal County.

In Colorado, this plan is available if you live in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso or Jefferson County.

The Doctors Plan focuses on your relationship with your doctor. During enrollment, you will be asked to identify your Primary Care Physician (PCP) so that UnitedHealthcare can enable data sharing with the PCP and the PCP can begin pro-actively reaching out to you. You will need to locate the UHC Provider ID for your PCP found on lumen.com/whyuhc. Refer to the below screen shot to locate the Provider ID. After you locate your PCP, click on the provider's name and you will see the Provider ID that will need to be entered or provided during enrollment. If you don't select a PCP during enrollment, UHC will auto assign a PCP. You can update your PCP at any time by calling **800-842-1219**.



This plan offers:

Lower out-of-pocket costs

- \$0 copays for PCP visits
- \$0 copays for online doctor visits
- Working with a PCP may help you avoid cost surprises

A streamlined experience

- Online tools to help you get familiar with your plan
- More convenient ways to fill prescriptions
- Your PCP can help you navigate care options

Greater access to care

- 24-hour online doctor visits
- No referrals needed to see network specialists
- Choose from a network of quality physicians

Medical Plan ID Cards

New ID cards will be issued by Jan. 1 if you enroll in any Lumen medical plan by the Annual Enrollment deadline, Nov. 18.

Health Savings Account (HSA) Limits Increase - must be enrolled in the High Deductible Health Plan with Optional HSA

- You must enroll each year to take advantage of an HSA. HSA limits are determined by the IRS and are subject to change.
- The Employee contribution limit increases from **\$3,650** to **\$3,850**, and the Employee + One or more eligible dependents enrolled increases from **\$7,300** to **\$7,750**. The catch-up contribution for age 55 and older remains at **\$1,000** annually.

Enrolling in an HSA

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 pre-tax through a bi-weekly payroll deduction.

- If you wish to contribute and receive a pre-tax benefit, Lumen will submit your payroll contributions to Optum Bank. Optum Bank must first approve (vet) your account before deductions begin. Deduction will begin the first of the following month after Optum Bank has approved your account.

You may be requested to provide further documentation to Optum Bank, i.e., current driver's license/Identification Card/ Social Security Card and a recent bill to open your account. A welcome kit and debit card will be sent shortly after you are successfully enrolled and your payroll contributions will begin. If an HSA deduction is missed or the full amount is not deducted, the payroll system will re-amortize and adjust the amount taken on subsequent pay periods.

Note: Due to IRS regulations, you must use a physical mailing address. Use of a PO Box as your mailing address is prohibited.

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- If you elect to have your Health Account as your 2023 Wellness Reward option, you must open an HSA through Optum Bank. 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.
-
- When you become Medicare Eligible due to age, your contributions will end at the end of the month prior to becoming Medicare Eligible.
-

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

Voluntary Lifestyle Benefits

We've made robust enhancements to your Voluntary Lifestyle Benefit offerings and have reduced costs. If you haven't reviewed these benefits, now is the year to ensure you're getting the most out of your available benefits while protecting your pocket. Please review the following information for instructions on accessing and/or enrolling in these benefits. **Note:** Some of these benefits may require election during Annual Enrollment in order to participate and avoid terminating previous coverage.

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

Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance benefits will move to employee-paid ERISA group benefits to provide more comprehensive benefit coverage and will generally allow for lower premiums.

For access to specific plan documents, go to the Reference Center located on the top right-hand side of the home page on the [Health and Life website](#). Once in the Reference Center, you can search for the Voluntary Benefits folder and review each benefit plan in more detail.

Below are the Voluntary Lifestyle Benefit plans available:

- Accident Insurance
- Critical Illness Insurance
- Disaster Insurance
- Employee Perks/Discounts
- Employee Purchasing Program
- Home and Auto Insurance
- Hospital Indemnity Insurance
- Identity & Fraud Protection
- Legal Services
- Pet Insurance
- Universal Life Insurance with Long-Term Care

Note: The new Critical Illness Insurance plan provides cancer coverage; therefore, the Cancer Insurance plan through Allstate will no longer be offered. To keep your current Cancer Insurance policy, please contact Allstate at **800-521-3535**.

What's New in 2023?

- **NEW - Universal Life Insurance with Long-Term Care and Disaster Insurance**
- **ENHANCEMENTS** - Many programs have a reduced price and enhanced benefits – Check them out!
- **EXPANDED Critical Illness Insurance Coverage** —We expanded our Critical Illness Insurance plan to include several new covered conditions, including coverage related to cancer, while also waiving pre-existing conditions.

Important Note: Mercer will no longer be able to take new enrollments or cancellations after Nov. 1, 2022 for the Identity Protection Program and Pet Insurance. You will be required to contact the carriers directly if you want to make a change prior to Dec. 31, 2022.

How to enroll in Voluntary Lifestyle Benefits:

- **Step 1:** Go to the [Health and Life website](#) online or through the MyChoice® Mobile App.
- **Step 2:** Enroll in or waive your benefits for 2023 by **Nov. 18, 2022**. Dependent verification documentation **may** be required. Some Voluntary Lifestyle Benefits do not require enrollment during the Annual Enrollment period.

NEW - Universal Life Insurance with Long-Term Care offered through TransAmerica - (enroll Nov. 7 – Nov. 18)

Help protect the people that depend on you. Life is unpredictable. TransElite® is universal life insurance that helps provide financial protection at a competitive cost, going beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better. If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier. If you're laid off, monthly deductions are waived for up to six months, so you maintain your policy. **Note:** Employees must be enrolled in this plan in order to cover a spouse/domestic partner and/or child/ren.

How this benefit works...

- **Step 1:** Select your coverage during your enrollment (including spouse/domestic partner and dependent coverage)—no health questions required.
- **Step 2:** If you need to submit a claim, go to transamerica.com/login and login with the credentials provided post-enrollment.

NEW - Disaster Insurance offered through Recoop - (enroll at any time)

Protect your home and finances from a natural disaster. Recoop is the first and only multi-peril disaster insurance product that pays a lump-sum cash benefit (up to \$25,000) after a natural disaster— dust storm, earthquake, gas explosion, hurricane (with storm surge), tornado, wildfire, or winter storm.

Most homeowners insurance policies leave gaps in coverage. Recoop picks up where insurance stops, so you can bounce back faster after a disaster.

Unlike homeowners or renters insurance, which might take 30+ days to pay full benefits, Recoop is lightning-fast recovery cash that arrives in your account within just a few days.

Premiums are determined by property zip codes and risk zones.

How this benefit works...

- **Step 1:** Get a quote and Enroll by answering just a couple of quick questions (Recoop is guaranteed issue/no underwriting!)
- **Step 2:** Set up an account and upload 2 photos of your house or apartment dwelling per the directions on your welcome email.
- **Step 3:** Following a covered disaster submit a claim online or by calling **877-2-RECOOP**.
- **Step 4:** Take damage photos and upload to fulfill your claim.
- **Step 5:** Upon approval of your claim, typically the Recoop cash gets deposited into your account within 24 - 48 hours.

*You must carry an existing homeowners or renters insurance policy. Your home cannot be a mobile or manufactured home.

**Your home or apartment must be in a state or federally declared disaster area and have sustained damages of \$1,000 or more.

Enhancements (enroll Nov. 7 – Nov. 18):

Accident Insurance offered through MetLife (previously offered through Unum)

We've increased a vast majority of benefits in this plan while also reducing the cost of premiums. These enhancements include the addition of a wellness benefit, x-ray benefits, and increased bone fractured benefits.

Critical Illness Insurance offered through MetLife (previously offered through Unum)

We've maximized your critical illness insurance benefit to now cover 12 new conditions including infectious disease. We've also doubled the spouse/domestic partner critical illness amount and removed the pre-existing condition and benefit waiting period.

Hospital Indemnity Insurance offered through MetLife (previously offered through Unum)

We've maximized your hospital indemnity insurance benefit to cover hospitalization for a newborn baby and have significantly reduced premiums.

Already enrolled in Accident Insurance, Critical Illness Insurance or Hospital Indemnity Insurance with Unum and wondering what your options are?

- All employees currently enrolled in Accident Insurance, Critical Illness Insurance or Hospital Indemnity Insurance with Unum will automatically roll over into the similar plan with MetLife.
Important Note: Please review your plan, coverage level, and/or your dependent(s) information for accuracy.
- If you wish to opt-out of these benefits with MetLife, terminate coverage, or remain in previous plan through Unum, you will need to waive this benefit during enrollment. You will receive a letter from Unum with instructions on how to set up payment directly with them for your current coverage. The letter will not be mailed until after Jan. 2023.

Legal Services offered through MetLife

We've maximized your legal benefit to now include custody (up to 8 hours) and enforcement/modification of support orders. Divorce coverage has increased from 20 hours to unlimited.

Already enrolled in the current Legal Services plan? Here is what you need to know:

- If you are currently enrolled in this plan, you will have the option to continue or waive coverage during your enrollment.

Additional Enhanced Programs - (you can enroll in these benefits at any time):

Auto and Home Insurance Program offered through Farmers Insurance and Liberty Mutual (previously offered through Mercer)

We've simplified the auto and home vendors by narrowing down your options to include the best of the best – Farmers Insurance and Liberty Mutual. Instead of comparing multiple quotes from various vendors, you can cut down the process and compare quotes from two of the nation's top-rated companies.

Note: Access to purchase auto and home coverage through Farmers and Liberty Mutual will not be available until Jan. 1, 2023. You can request auto and home quotes or make changes to your current coverage through Mercer by going to lumen.com/voluntarybenefits by Dec. 1, 2022.

Farmers Insurance: **800-438-6381**, farmers.com/groupselect

Liberty Mutual: **844-271-2424**, libertymutual.com/lumen

Already enrolled in Auto & Home Insurance and wondering what your options are?

If you already have a policy with Farmers Insurance or Liberty Mutual, you are not required to do anything. However, if you are enrolled with any other insurance carrier, and choose to continue coverage through them, you will need to contact that insurance carrier directly to set up payment directly with them.

Identity & Fraud Protection offered through MetLife (previously offered through Allstate Identity Protection)

We've reduced the rate for individuals by 10% and families by 28%.

Already enrolled in the current Identity Protection Program with Allstate and wondering what your options are?

- All employees currently enrolled in the Identity Protection Program with Allstate will automatically roll over into the similar plan with MetLife. However, if you would like to cancel coverage, you will need to waive your coverage during your enrollment.
- If you wish to opt-out of our enhanced identity & fraud protection benefit with MetLife and instead remain in the previously offered Allstate Identity Protection Program, you will need to waive this benefit during enrollment and contact Allstate directly within 90 days at **800-789-2720** to set up payment for your current plan directly through them.

Pet Insurance offered through MetLife (previously offered through Nationwide)

MetLife will waive pre-existing conditions if you had coverage with Nationwide. There are more plan options for you to select to match what is best for you and your budget.

Already enrolled in the current Pet Insurance plan? Here is what you need to know:

- In order to take advantage of the enhanced Pet Insurance plan through MetLife, you will need to enroll during your enrollment.
Note: You will not be automatically enrolled in the new plan.
- If you wish to instead remain in the previously offered Nationwide Pet Insurance plan, you will need to waive coverage during your enrollment and contact Nationwide directly at **800-874-0651** to set up payment directly with them.

Well Connected Program

The Well Connected program is designed to help you achieve a state of balance in your personal and professional life and can improve your well-being. It doesn't matter if you are working on your physical, mental or financial wellness, Lumen's wellness program is designed to help you live an optimal life. The Well Connected program provides access to a number of resources and activities to support your health and performance. You can earn up to \$600 each year for you and also your Spouse/Domestic Partner if enrolled in a Lumen medical plan.

You do not need to select your Rally reward method during Annual Enrollment. You can select how you want to earn your rewards at the time of redemption. If you are enrolled in a UHC Lumen medical plan, you can receive your rewards in multiple methods such as gift cards, Health Reimbursement Account (HRA) and Health Savings Account (HSA). If you are enrolled in a Surest Lumen medical plan, Doctors Lumen medical plan, Hawaii Lumen medical plan, or not enrolled in a Lumen medical plan, you are only eligible for gift cards.

New in 2023 - One Pass, Discover your new favorite way to stay healthy - Available to all employees as well as eligible spouse/domestic partners who are enrolled in a Lumen medical plan. The cost is based on the membership level that is selected.

One Pass can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose the membership that best fits your lifestyle.

One Pass subscriptions include:

- Access to a large nationwide network of gyms and fitness locations
- Live, digital fitness classes and on-demand workouts
- Personalized workout builders to try new exercises
- Grocery and home essentials delivery to make healthy eating easy

You can access One Pass on the [Rally](#) homepage.

New in 2023 - Wondr™ digital weight loss program – If enrolled in a UnitedHealthcare Plan (including the Doctors Plan) or the Surest Health Plan

The Wondr™ digital weight loss program teaches science-based skills that are clinically proven to help you enjoy food more, lose weight, sleep better and feel more confident. Wondr™, makes it easy. There's no calorie counting, or exercise equipment involved. It's a simple solution that provides lasting results that can change your life for the better. The program is available 24/7 through its mobile app and online community, WondrLink™, where you can access program videos and connect with online health coaches and fellow participants anytime, anywhere. You can apply for this program at lumen.com/wondrhealth. Wondr™ will notify you if you are approved for this program.

Note: Once you are no longer an active employee or eligible for the Plan for any reason, (i.e., termination, retiree, LTD, COBRA, leave the U.S., etc.) or your eligible Spouse/Domestic Partner are no longer covered by the Plan, you and your eligible Spouse/Domestic Partner's eligibility for the Well Connected Rewards Program will end. If you have unredeemed rewards in the form of gift cards, you are encouraged to redeem the rewards prior to the last day of the month or your rewards will be forfeited. Similarly, any outstanding HRA/HSA deposits will not be deposited after the last day of the month which you or your Spouse/Domestic Partner's coverage or your employment with Lumen ends.

Plan Administrator Updates

Basic and Supplemental Life Insurance - Accidental Death & Dismemberment (AD&D): The Plan Administrator is changing from Zurich to MetLife.

Long-Term Disability: The Plan Administrator is changing from The Standard to MetLife.

Voluntary Lifestyle Benefits: The Plan Administrator is changing from Mercer to the Lumen Health and Life Service Center at Businessolver.

ERISA Group Benefits: Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance benefits will move to employee-paid ERISA group benefits to provide more comprehensive benefit coverage. The Plan Administrator is changing from Mercer to the Lumen Health and Life Service Center at Businessolver.



Managed Care Program Updates

Kaia - If enrolled in the Surest Health Plan

Kaia Health offers a next-generation care solution for musculoskeletal pain, delivered on-demand and available 24/7 through a mobile app on your smartphone or tablet. You can do physical therapy from anywhere. The new Kaia app is here to help with pain relief at no extra cost as part of your health plan. Some of the benefits include 1-on-1 coaching with certified professionals, workouts tailored to you, lessons to help you recognize where pain is coming from, strengthening exercises plus relaxation techniques for pain management. Kaia uses technology to guide your movements and ensure you're doing exercises correctly.

Quit Genius - If enrolled in a UnitedHealthcare Plan (including the Doctors Plan) or the Surest Health Plan

Quit Genius is a leading digital clinic to help treat substance use from the comfort of your own home. Quit Genius is now available at **no cost** to all Lumen employees, spouses/domestic partners and dependents 18+ enrolled in a Lumen medical plan. Quit Genius is a **confidential** program to reduce or eliminate alcohol with the help of scientifically proven techniques and expert counselors. The program is tailored to your personal journey, whether you want to cut back or quit drinking entirely.

This program provides up to four hours of counselor support per month, two physician telehealth visits per month, remote monitoring and a Breathalyzer.

If this is right for you, register now at lumen.com/quitgenius. Registration takes just two minutes and once you sign up you will be able to book a starter call.

Talkspace - If enrolled in the Surest Health Plan

Talkspace is convenient, safe and secure. With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop, 24/7. No office visits are required.

- You can find a therapist with an online matching tool and start therapy within hours of choosing your therapist.
- Therapists respond daily, five days a week.
- You can schedule live video sessions, when needed.
- Download the Talkspace app on your mobile phone or desktop computer.
- Your first 8 visits are covered under your Employee Assistance Plan (EAP) benefits.

Simply register (first visit only) and choose a provider at talkspace.com/connect.

Virtual Care and Telehealth Visits - If enrolled in a UnitedHealthcare Plan (including the Doctors Plan)

The no cost share, which was implemented during COVID, will be removed. Coinsurance and deductibles will apply.

Note: If you enroll in the Doctors Plan, services are covered at 100%. If you have a telehealth visit with a specialist, you will be responsible for a \$75 copay.

Virtual Primary Care (MDLIVE) – If enrolled in a UnitedHealthcare Plan (including the Doctors Plan) or the Surest Health Plan

UnitedHealthcare (including the Doctors Plan)

Virtual Primary Care combines the convenience of technology with the advantages of seeing a Primary Care Physician (PCP) who is familiar with your medical health history.

MDLIVE Primary Care is an easy, convenient way to stay on top of your health year-round. From the comfort and convenience of your home, you can have MDLIVE Primary Care appointments for annual wellness screenings, routine care of non-urgent medical concerns, and ongoing care for conditions like diabetes (type 2), asthma, thyroid conditions, and more. Your board-certified MDLIVE doctor can also provide specialist referrals and order prescriptions and lab work, if necessary.

Surest Health Plan

K Health offers full comprehensive, data-driven virtual primary care services, including: Symptom Checker. For personalized, data-driven, health information based on the symptoms the member is feeling, On-Demand Urgent and Primary Care Visits. Text-chat visits (video when clinically necessary) with a provider, when a member feels sick, needs to manage his or her prescriptions, wants support in achieving health goals, has questions about medical care, referrals, etc., and chronic and Preventive Care (including Annual Wellness Visits).

Womens Family Health and Support

We support the women of Lumen in their own personal health and work/life balance with the following amazing benefits.

Visana – Comprehensive Women’s Virtual Healthcare – If enrolled in a UnitedHealthcare Plan (including the Doctors Plan), or the Surest Health Plan

Visana is a virtual women’s health clinic specializing in complex women’s health issues such as heavy or painful periods, endometriosis, fibroids, menopause & more. You will have access to online women’s healthcare with unlimited virtual visits at no cost, and personalized treatment plans and ongoing support.

If you need a referral outside of Visana’s virtual visits (i.e., labs, imaging, specialist, etc.), co-pays or deductibles may apply. Any prescribed medication will be processed through OptumRx.

In addition to full-service clinical care for a wide range of women’s health conditions, we also provide access to mental health support, pelvic floor exercises, diet and nutrition resources, 1-1 health coaching and more.

Fertility Building Benefits – If enrolled in the Surest Health Plan

Progyny – a comprehensive fertility and family building benefits. Progyny’s Smart Cycle benefit connects you or your eligible spouse/domestic partner to leading fertility specialists and allows them to provide the most advanced, effective fertility treatment, the first time without barriers to treatment so you can obtain the best chance of achieving a successful pregnancy with the course of treatment that is best for you.

Fertility Solutions – If enrolled in a UnitedHealthcare Plan (including the Doctors Plan)

This program connects you or your eligible spouse/domestic partner with an experienced fertility nurse who understands your challenges. This specialized nurse can assess your family’s needs,

provide information about treatment options and lend support.

Health Pregnancy Program - If enrolled in the Surest Health Plan

Surest partners with Pacify—a mobile app that provides qualified medical support 24/7—to personalize your maternity journey with more options for support. Pacify offers timely reminders and consultation from nurses and lactation specialists at the touch of a button, 24-hours a day.

Whether you have a question about breast-feeding, want a quick answer to a concern you weren't expecting or could use advice about specialists to see, Surest will help you coordinate the care you need and achieve your maternity goals.

Maternity Support - If enrolled in a UnitedHealthcare Plan (including the Doctors Plan)

Maternity support is designed for employees, and spouses/domestic partners, no matter what the pregnancy journey looks like.

Start by taking a maternity support assessment, which only takes minutes to complete. Based on your responses, a maternity nurse may reach out to you and connect you with the care you need, answer your questions and support you every step of the way. A maternity nurse is trained to:

- Share information designed to help you care for you and your baby's health
- Help you choose a doctor or nurse midwife
- Support your physical, mental and emotional health — before and after birth
- Help you find a pediatrician or other specialist

Milk Stork (Refer to the Human Resources Policy for additional detail)

Milk Stork gives nursing mothers the opportunity to ship expressed milk to their child from anywhere in the United States. It's as simple as logging into the [Milk Stork](#) website, entering the name and address of the hotel where you're staying, and selecting the size/type of package you need. Milk Stork will have a cooler and materials waiting for you at your hotel when you arrive, ready for you to fill and ship to your baby overnight by FedEx. Just click, pack and ship. If you prefer to travel home with your milk, you can order a travel tote from Milk Stork that can be checked or carried on to planes.

Sanvello - If enrolled in a UnitedHealthcare Plan (including the Doctors Plan)

Sanvello, will be transitioning to **Self Care** by AbleTo. Self Care includes many of the same features and benefits as the Sanvello app and members will still have access at no cost. Beginning in Jan. 2023, member communications will be available and prompts within the Sanvello app will begin to invite existing users to transition to Self Care by AbleTo.

Existing users of the Sanvello app:

- Existing users of the Premium version of Sanvello may continue to use it throughout their annual subscription and will be invited to transition to Self Care beginning in Jan. 2023, or at the renewal of their annual subscription.
- Existing users of the free version of the Sanvello app (non-Premium) will continue to have access through Dec. 31, 2023.

New users of Self Care by AbleTo:

- Starting Jan. 1, 2023, new members wanting to access self-help through their benefits will be directed to Self Care by AbleTo.

Additional 2023 Benefit Updates

Parental Leave Extension

Eligible Non-Union and CWA 4671 Union Represented employees will receive 8 weeks (increased from 4 weeks) of Parental Leave for a new child joining a family through adoption, surrogacy, or biological means.

Summary:

- For birth mothers, Parental Leave will begin after Short-Term Disability (STD), which is typically granted for 4-6 weeks (for vaginal birth) and 6-8 weeks (for C-section), inclusive of any wait period. Additional leave may be granted if medically supported. Approval and length of STD is determined by the birth mother's physician and Sedgwick (Lumen's Short-Term Disability and Leave administrator). Please refer to the Short-Term Disability Summary Plan Description (SPD) for complete information regarding STD benefits, eligibility, and requirements. The SPD can be found on the Intranet or in the Reference Center on the Health and Life website.
- Parental Leave is paid at 100% of base pay.
- If a child is brought into the family before the employee has satisfied 1 year of full-time service following hire date or rehire date, the employee may not be eligible for STD (for birth mothers), but has the opportunity to take 8 weeks of Parental Leave once the employee meets the service requirement, as long as Parental Leave is used within 6 months of the birth (or placement) of the child.
- Parental Leave may be taken in increments pre-authorized by the employee's supervisor, as long as the Leave is taken in full-day increments and within 6 months of the birth (or placement) of a new child
- Parental Leave may only be used once during a 12-month rolling period, irrespective of whether multiple children are born in the same period.
- Following the end of Parental Leave, parents have one (1) month to work a flexible/part-time schedule in order to transition back to full-time.

Service Center Update

Form 1095-C

Form 1095-C verifies your health insurance coverage for tax purposes. If you were eligible for or enrolled in health coverage in 2022, you will receive Form 1095-C based on your contact preference on the Health and Life website.

To update your Contact Preferences, log in to the [Health and Life website](#) and under **Contact Preferences**, enter your personal email address and select it as primary. All emails will be sent to that address.

Below Contact Preferences you can select "Yes" you consent to the deliver of Form 1095-C or "No", then a paper copy will be mailed.

Important Note:

Questions related to health and life eligibility should be directed to the Lumen Health and Life Service Center at Businessolver at **833-925-0487**.

It has come to our attention that a Company called "Lumen Insurance Technologies, LLC" located in Austin, TX has received calls from numerous Lumen participants. This is not the company you work for, known as Lumen Technologies. Please do not contact the commercial insurance company

in Austin Texas for inquiries related to your health insurance benefits as that insurance company is not in the position to discuss any financial or health details with you and will not be able to answer any of your questions.

Plan Overviews

Medical and Prescription Drug Overview

Lumen offers you and your eligible dependents three medical plan options. The High Deductible Plan (HDHP) with an optional Health Savings Account (HSA) administered by UnitedHealthcare, the Consumer Driven Health Plan (CDHP) with a Company-funded Health Reimbursement Account (HRA) administered by UnitedHealthcare and the Surest Health Plan.

Note: If you reside in AZ or CO, you may be eligible for the High Performing Network (HPN) Doctors Plan. Refer to the What's New and the Medical Overview section of this guide for additional detail related to this Plan. If you are eligible for this Plan, it will show as an available medical option during enrollment on the Health and Life website.

Plan Similarities and Differences

Similarities between the HDHP, CDHP and Surest Health Plan	Differences between the HDHP, CDHP and Surest Health Plan
<ul style="list-style-type: none">Coverage is the same for medical services and prescription drugsPreventive Care is covered at 100% (In-Network)You can enroll in either a Flexible Spending Account and/or Health Savings Account, as applicable to assist with your cost sharePlans use the same provider network	<ul style="list-style-type: none">Surest Health Plan has copays for services that can be seen prior to receiving careHDHP and CDHP have deductibles and coinsurance for servicesHDHP allows some preventive prescriptions without meeting your deductible firstSurest doesn't require mail-in for prescriptions; HDHP and CDHP do after two fillsPremiums

Consumer Driven Health Plan (CDHP)

This plan is administered by UnitedHealthcare. You can choose your healthcare providers; however, the Plan pays a greater benefit when you use providers that are in the network. The Company provides a subsidized Health Reimbursement Account (HRA); refer to the comparison chart in this guide for HRA amounts.

The HRA, Participant Responsibility (your out-of-pocket portion of the deductible) and out-of-pocket maximum are all based on the coverage level you elect (Employee Only, Employee & Spouse/Domestic Partner, etc.), even if only one covered person uses the entire HRA benefit. You incur medical expenses and pay the full cost of the medical expenses with money in your HRA first, then you pay out-of-pocket until your deductible is met.

Prescription drug expenses for the CDHP option 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 your deductible.

To help reduce costs and make filling medications more convenient, maintenance medications for conditions such as diabetes, cholesterol and high blood pressure, must be filled by mail order. You can fill your prescription up to two times at a retail pharmacy. After that, it will not be covered, and you will pay the full retail price.

High Deductible Health Plan (HDHP) with Optional Health Savings Account (HSA)

This plan is administered by UnitedHealthcare. You can choose your healthcare providers; however, the Plan pays a greater benefit when you use providers that are in-network.

The HDHP allows you the option to open a personal tax-advantage HSA, to save your own money and pay for qualified medical expenses now and in the future. You can choose to establish your HSA with any financial institution; however, Lumen partners with Optum Bank to allow your contributions to be set up as pre-tax through bi-weekly payroll deductions. Contribution elections do not carry over into the new year; therefore, you must elect to participate each Annual Enrollment.

Whether you elect to contribute to an HSA or not but elect the HDHP and the Health Care Flexible Spending Account (HCFSA), you will be automatically enrolled in the Limited Purpose FSA. Refer to the Flexible Spending Accounts Summary Plan Description (SPD) for more information.

Note: Temporary Full-time, Temporary Part-time and Incidental employees are not eligible to open an HSA.

You pay the full cost of the medical expenses until your deductible is met. You can also pay for covered services with money you have set aside in your HSA.

For Prescriptions that are considered preventive under the plan, the deductible is waived, and coinsurance applies. For non-preventive medications you will be responsible for the cost of the medication until you have met or satisfied your deductible. To help reduce costs and make filling your medications more convenient, maintenance medications must be filled by mail order. You may also pay for covered services with money you have set aside in your HSA.

High Performing Network (HPN) Doctors Plan in AZ and CO

In Arizona, this plan is available if you live in Maricopa and Pinal County.

In Colorado, this plan is available if you live in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso or Jefferson County.

This plan is administered by UnitedHealthcare. You choose your PCP during Annual Enrollment for each covered dependent/s, if you don't, UnitedHealthcare will assign a PCP. Doctors Plan is a collaboration between UnitedHealthcare and select Accountable Care Organizations that focuses on your relationship with your doctor. Doctors Plan uses your personal health record - including your history, medications, test results, health goals and more - to help network doctors coordinate your care.

You pay a flat amount for prescription drug expenses based on the Tier of the medication. The amount you pay can be as low as ten dollars.

Surest Health Plan

With the Surest Health plan, you can see treatment options and costs before getting treatment or choosing a doctor. With this information, you can make informed decisions and find savings opportunities. If you want an overview of how the Surest Health Plan works, visit lumen.com/surest.

How it works:

- Your coverage starts at your first doctor’s appointment or prescription fill because the Surest plan is a \$0 deductible plan.
- See clear, upfront prices for treatments, doctors and prescription drugs. Know before you go what your health care choices will cost.
- Get the coverage you’d expect from your health insurance through the broad, UnitedHealthcare Choice Plus national provider network.
- Shop by quality--copays are lower as an indication of higher-value care, based on quality, efficiency and overall effectiveness.

Dental

There are two dental plan options to choose from. However, you can elect to waive your dental coverage. Both of these options cover exams, cleanings and fillings, as well as comprehensive dental work – such as crowns and root canals for covered participants. Both of the dental plan options are offered by MetLife.

Vision

There is one vision plan option. However, you can elect to waive your vision coverage. The vision plan is offered by EyeMed (First American Administrators/EyeMed Vision Care, LLC.).

You can save money by using the “Insight” Network. You receive access to enhanced benefits and save even more if you choose to visit an in-network PLUS Provider within the Insight network. Your vision care services include but are not limited to contact lenses, eye exams, glasses (frames and lenses), retinal screening and laser vision correction.

Flexible Spending Accounts (FSAs)

You must enroll each year to contribute to a dependent day care or health care (traditional or limited purpose) FSA. Contributions are pre-tax and are fully funded by you. FSA limits are determined by the IRS and are subject to change.

Note: If you enroll in the High Deductible Health Plan (HDHP) and elect an FSA, you will be enrolled in the Limited Purpose FSA whether or not you choose to enroll in a Health Savings Account (HSA).

- **Dependent Day Care FSA** – You can contribute between \$150-\$5,000 per year. You can use this FSA for eligible out-of-pocket day care expenses for eligible dependents so you (and your spouse, if married) can work or attend school Full-time. Funding is available as contributions are deducted from your paycheck and loaded to UnitedHealthcare’s system each pay period.
- **Traditional Health Care FSA** – You can contribute between \$150-\$2,850 per year. You can use this FSA for a range of eligible out-of-pocket health care expenses not covered by medical, prescription drug, dental or vision for you and any eligible dependent, even those not covered by a Company health care plan option. The total contribution amount you elect is available for you to use on Jan. 1 of each year.
- **Limited Purpose FSA (for those enrolled in the HDHP)** - You can contribute between \$150-\$2,850 per year. You can use this FSA for 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. The total contribution amount you elect is available for you to use on Jan. 1 of each year.

TIP: You should review each plan year whether you want to turn off Auto Reimbursement/Auto Rollover.

Steps to turn off Auto-Reimbursement (Auto Rollover):

1. Log on to myuhc.com
2. Click on the Claims & Accounts tab
3. Click on the Account Summary tab
4. When on the Account Summary screen click the link for “Manage Automatic Payment Settings”
5. The Automatic Payment Options window will appear
6. Click Enroll and the auto rollover/coordinated payment option will be turned off
7. Follow the same steps to dis-enroll

Note: Claims will need to be submitted manually by completing a claim form found on myuhc.com. You also have the option of submitting your claim/s electronically online. If you have allocated your prior year (grace period) FSA funds for specific dental or vision expenses, you can turn off Auto Reimbursement by following the instructions above.

Health Savings Account (HSA)

HSAs are designed to help you save for qualified medical expenses if you are enrolled in the High Deductible Health Plan (HDHP), including prescriptions and eligible dental and vision expenses. You can use your HSA money tax free for medical expenses for your dependents whether or not they are on your medical plan. An HSA allows you to set aside pre-tax money from your paycheck to pay for expenses you will have now and in the future. This account rolls over from year to year and the money in the account is 100% yours even if you leave the company. You can open up an HSA at any time throughout the year.

Health Savings Accounts are the most tax advantaged account ever created (three tax advantages in one account). Tax deductible, tax free growth, and tax free distribution.

Important Note: This 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 Optum Bank to make its programs available to Lumen employees, but 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. 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.

Health Reimbursement Account (HRA)

Eligibility: Enrolled in the CDHP option.

Overview: If you are enrolled in the Consumer Driven Health Plan, you will receive a Company-funded HRA to help with your out-of-pocket portion of the deductible and out-of-pocket maximum expenses. You incur medical and prescription drug expenses and pay the full cost of them with money in your HRA first, then you pay out-of-pocket until your deductible is met.

Note: If you elect the CDHP and a Health Care FSA, money will be taken from your HRA first and then once exhausted, money will be taken from your FSA. You do not have the option to have your FSA pay first as the HRA is part of the medical plan. In addition, you receive the full allocation on Jan. 1st or whatever day you become eligible.

Note: What happens if I currently have an HRA and I change medical plans during Annual Enrollment?

- When an employee moves from one plan to another, any remaining funds from the prior year will be available after 90 days. The 90 days allow enough time for prior year claims to process. Once the 90 days have passed, the carryover becomes available.
- Any CDHP HRA balance may be rolled over if you change from the CDHP benefit option to the HDHP with Optional HSA benefit option. After the run-out period, any rollover balances will be deposited into a post deductible HRA account. The balance would be available once you have met your HDHP deductible. See the HDHP with Optional HSA SPD for more information.
- If you elect the Surest Health Plan and have a prior CDHP HRA balance, these dollars will follow you. Your prior HRA dollars will not be available until after the run-out period (for Claims from your prior coverage to clear under the CDHP). This typically takes 90 days.
- If you elect Doctors Plan and have a prior CDHP HRA balance, these dollars will follow you. Your prior HRA dollars will not be available until after the run-out period (for claims from your prior coverage to clear under the CDHP). This typically takes 90 days.

Note: Under the Surest Health Plan and the Doctors Plan you will **not** receive a new Health Care Savings Card and your prior Health Care Savings Card will no longer be valid. Instead, you will need to manually submit claims for reimbursement.

Life & Accidental Death & Dismemberment (AD&D)

The Lumen Life and AD&D Insurance Plans provide a wide range of benefits in the event of death or other covered losses.

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 update every 5 years: 30, 35, 40, 45, etc.).

In some cases you may be required to provide Evidence of Insurability (EOI).

Be sure to confirm that you have current and up-to-date beneficiaries for all of your Life Insurance plan options. The Lumen Health and Life Service Center at Businessolver is the record-keeper of beneficiary designations. You can refer to the Life Insurance and AD&D Insurance Summary Plan Description on the Intranet for Facility of Payment to find out what happens when no beneficiaries are on file.

Short-Term Disability

When you have medical circumstances that require time off work, Lumen provides Short-Term Disability benefits to continue all or a portion of pay to eligible employees when you are disabled. Short-Term Disability benefits begin on the 8th calendar day after you meet the waiting period (7 consecutive full or partial calendar days). You are eligible for this plan after completing one year of service.

Please refer to the applicable Short-Term Disability Summary Plan Description and/or your governing Collective Bargaining Agreement (CBA) on the Intranet for more information.

Note: If you elect the Post-tax option for the Short Term Disability plan and not the Pre-tax option, you will see a line item on your paycheck under the Imputed Income section with a current and YTD amount each pay period. This does not mean you are out on STD; it is based on your election that the Government requires companies to calculate imputed income from a Post-tax option.

Long-Term Disability

Long-Term Disability is designed to help protect your income in the event you are unable to work due to a covered disability.

Long-Term Disability (LTD) provides partial income protection for you in the event of an extended disability after the Short-Term Disability (STD) elimination period. You are eligible for this plan after completing one year of service. Supplemental LTD is available the first Annual Enrollment after you complete one year of service.

You can elect to enroll during a subsequent Annual Enrollment period; however, you will be required to go through Statement of Health/Evidence of Insurability (EOI).

Voluntary Lifestyle Benefits

Voluntary Lifestyle Benefits provides you and your family with voluntary benefit choices, in addition to your Lumen Health & Life benefits, at affordable rates.

These benefits include, but are not limited to, Accident Insurance, Critical Illness Insurance, Pet Insurance, and Identity & Fraud Protection. Refer to the Voluntary Lifestyle Benefits page in this guide for additional details.

Tobacco-Free Discount and Working Spouse/Domestic Partner Surcharge

IMPORTANT – Answer the Tobacco-Free Discount and the Working Spouse/Domestic Partner Surcharge if enrolling in a Lumen medical plan and enrolling your spouse or domestic partner in the plan.

Be sure to review the information below as it could impact the cost of your medical premiums.

If you are not sure how to answer these questions, contact the Service Center for assistance. You may be eligible for a discount to your medical benefit premium based on how you answer the question on the use of tobacco products. The discount is calculated on the total cost of coverage, not the actual medical bi-weekly premium amount.

Tobacco-Free Discount

If you and your eligible dependents enrolled in a Lumen medical plan are tobacco users but not enrolled in a tobacco cessation program – you will see a slight increase in your premiums to adjust rates to equal our stated 15% discount for non-tobacco users.

What is a Company recognized Program? Quit For Life is a Wellness Coaching Program sponsored by Lumen. You can alternatively enroll in a tobacco cessation program of your choice, such as one sponsored by a local hospital, the American Lung Association or one recommended by your doctor. The Plan will accommodate the recommendations of an individual’s personal doctor, if needed.

What is a Tobacco Product? Tobacco products include but are not limited to the following: chewing tobacco, cigarettes, cigars, e-cigarettes, hookahs, nicotine gels/dissolvables, pipe tobacco, tobacco snuff, vapors and other products associated with tobacco.

Please Note: The Plan is committed to helping you achieve your best health. Quit For Life is a Wellness Coaching Program available to you and covered dependents over the age of 18 at no cost. You can find more information related to this Program at Quitnow.net, or call 866-QUIT-4-Life, TTY 711, or enroll through Rally at lumen.com/wellconnected.

IMPORTANT: If you are unsure of how to answer the 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 tobacco cessation program, please contact the Service Center at **833-925-0487** for further assistance prior to completing your enrollment to learn about alternatives to obtain the discount. You will be required to answer the question when you elect your benefits.

To verify your selection, please review your **Benefits Summary** after you complete your enrollment. On your summary, it will indicate as a line item either:

- a. No, Non Tobacco User(s) and Tobacco-Free Discount Applies.
- b. Yes, Tobacco User(s) and Tobacco-Free Discount Does Not Apply.

Working Spouse/Domestic Partner Surcharge

You may be subject to a working spouse/domestic partner bi-weekly surcharge.

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 Plan year, the surcharge will be automatically reassessed and if applicable, effective on the date of the change, that increases your base pay to \$30,000 or higher.

Important: If you are subject to the Working Spouse/Domestic Partner surcharge, the \$100 will be added to your bi-weekly medical cost and will therefore, not reflect separately on your **Benefits Summary**.

To **verify** your selection, please review your **Benefits Summary** after you complete your enrollment. On your summary, you will need to click on **View Details** under the medical plan to view the surcharge details. In the pop out you will see the surcharge listed if it applies. The amount added will show in red text.

See below screenshot examples for further detail.

If the surcharge applies, you will see the following:

Surcharge	+ \$100.00
Spousal_or_DP_Surcharge : Yes	

If the surcharge does not apply, you will see the following:

Your Cost	\$227.81
Your employer will be paying \$536.61 for this benefit.	Bi-Weekly

PDF version with surcharge applied:

Medical Cost Breakdown

Base Cost	\$145.76
Surcharge	+ \$100.00
Spousal_or_DP_Surcharge : Yes	
Your Cost	\$245.76
Your employer will be paying \$418.96 for this benefit.	Bi-Weekly

PDF version if the surcharge does not apply:

Medical Cost Breakdown

Your Cost	\$227.81
Your employer will be paying \$536.61 for this benefit.	Bi-Weekly

Take Action and Enroll

(Your Rising Star answer) ←

Review the [Health and Life website](#) to learn about your options and plans.

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

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

- Chrome
- Firefox
- Microsoft Edge
- Safari

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

Start Your Enrollment

Review the three options below to enroll in or update your coverage

1. Mobile Device Enrollment - Beginning Nov. 7, starting at 7 a.m. (CST)

- To complete your enrollment, download the FREE **MyChoice™ Mobile App** for iOS or Android.



Search: **MyChoice™ Mobile App**, available for free in the App Store and Google Play

- If you have not already done so, you will need to set up a username and password. Enter lumen.com/healthandlife in your device's browser. Go to **First time here?** Register a username and password and answer a few security questions. Log in using your new username and password.

2. Online Enrollment - Nov. 7 through Nov. 18, 7 a.m. - 7 p.m. (CST)

- Go to lumen.com/healthandlife
- Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.
 - You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*

*You may be required to go through Dependent Verification and provide documentation to prove your relationship to each dependent.

3. Phone Enrollment - Nov. 7 through Nov. 18, 7 a.m. - 7 p.m. (CST)

- We encourage you to enroll through your mobile device or the website; however, if you wish to contact a representative by phone, please call **833-925-0487**.

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. Your call back may not occur until the next business day.

Important: Longer than normal wait times usually occur on the first and last day of Annual Enrollment. Please consider this when you contact the Service Center. The best times to call is early in the morning on a Tuesday or Wednesday.

Enroll in coverage (mobile device or online)

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or waive coverage for each option and plan and select which eligible dependent(s) you want to cover, when applicable.

Make sure to click on the **Compare** and **Plan Details** and to view details and costs for the options and plans available to you.

Review and finalize your elections (mobile device or online)

Make sure your personal information, elections, dependents, and beneficiaries are up-to-date, then approve your elections.

To Finish, click **I Approve**, then **I Agree**. When your enrollment is complete, there will be a Transaction Complete screen with a Confirmation Number. There is an option to download a Benefit Summary where you can again review the elections you finalized. If you made changes, you will receive a Benefits Summary by email or mail, based on how your contact preference is set up on the website. If you elected to receive by email, you will receive a notice to go online to the website to view your Benefits Summary.

Your elections will become effective Jan. 1.

Visit the [Health and Life website](#) or the app any time you want to learn more about your benefits or make a change to your coverage (if you experience a Qualifying Life Event, QLE). You can also make changes for “evergreen” plans that don’t require a QLE such as changing your HSA contribution amount or wanting to start contribution to a Commuter Spending Account plan option such as Mass Transit or Parking.



Appendix

Eligibility

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

Employee Classification	Eligibility	Premiums
<p>Full-time or Term Full-time employees</p>	<p>As a Full-time employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> • Medical/prescription drug • Dental • Vision • Employee Assistance Program - EAP (no enrollment required, EAP is automatic) • Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care). Employees who elect an FSA will default to the Limited Purpose Health Care FSA if enrolling in the HDHP with Optional Health Savings Account (HSA) medical plan. • HSA when enrolled in the High Deductible Health Plan with Optional HSA • 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 including Accidental Death & Dismemberment and Business Travel Accident (BTA) • Commuter Spending Accounts (Parking and Mass Transit) • Voluntary Lifestyle Benefits 	<p>Medical premiums are determined based on how you answer questions during your enrollment.</p> <ul style="list-style-type: none"> • Tobacco-Free Discount • Working Spouse/Domestic Partner (SP/DP) Surcharge when enrolling your SP/DP in a Lumen medical plan <p>Note: Your medical premium may change throughout the year if your base pay increases or decreases.</p> <p>If your base pay is less than \$30,000 regardless of how you answer the Working Spouse/Domestic Partner Surcharge question, you will not be subject to the surcharge. If your base pay changes mid-year and is \$30,000 or over, your benefits will be reviewed and a surcharge applied, if applicable.</p>
<p>Part-time, Term Part-time or Qwest Union Represented Seasonal employees</p>	<p>As a Part-time, Term Part-time or Qwest Union Represented Seasonal employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> • Medical/prescription drug • Employee Assistance Program - EAP (no enrollment required, EAP is automatic) • Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care). Employees who elect an FSA will default to the Limited Purpose Health Care FSA if enrolling in the HDHP with Optional HSA medical plan. • Health Savings Account (HSA) when enrolled in the High Deductible Health Plan with Optional Health Savings Account (HSA) • 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 Part-time Seasonal Qwest Union Represented employees if hired before Jan. 1, 2018 and Part-time Non-Union Employees) 	<p>Premiums are 150% of the Full-time rates and are determined based on how you answer the questions during your enrollment:</p> <ul style="list-style-type: none"> • Tobacco-Free Discount • Working Spouse/Domestic Partner (SP/DP) Surcharge when enrolling your SP/DP in a Lumen medical plan <p>Note: Your medical premium may change throughout the year if your base pay increases or decreases.</p> <p>If your base pay is less than \$30,000 regardless of how you answer the Working Spouse/Domestic Partner Surcharge question, you will not be subject to the surcharge. If your base pay changes mid-year and is \$30,000 or over, your benefits will be reviewed and a surcharge applied, if applicable.</p>

Employee Classification

Eligibility

Premiums

Temporary Full-time, Temporary Part-time and Qwest Union Represented Incidental employees

Note:
> or = 20 hours but <30 hours per week

As a Temporary Full-time, Temporary Part-time or a Qwest Union Represented Incidental employee, you and your eligible dependent(s) may enroll in:

- Medical/prescription drug
- Employee Assistance Program - EAP (no enrollment required, EAP is automatic)
- Well Connected Wellness Program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program)

- Premiums are 100% of the total cost
- Note:** The Tobacco-Free Discount and Working Spouse/Domestic Partner Surcharge does not apply.



Medical Plan Overview - High Performing Network Doctors Plan in Arizona and Colorado

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

In Arizona, this plan is available if you live in Maricopa and Pinal County.

In Colorado, this plan is available if you live in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso or Jefferson County.

UnitedHealthcare Doctors Plan

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

UnitedHealthcare Doctors Plan

Prescription Drugs	Tier 1 Drugs
	• \$10 copay
	Tier 2 Drugs
	• \$25 copay
	Tier 3 Drugs
	• \$100 copay
	Tier 4 Specialty
	• \$400 copay

Note: If you were previously enrolled in the CDHP and have an HRA balance, your balance will be moved to a spend down only account after the claim runout period of 90 days in 2023.



Medical Plan Comparison

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

	Surest Health Plan		UnitedHealthcare HDHP with Optional HSA		UnitedHealthcare CDHP	
HSA/HRA Contributions	Not Applicable - See Flexible Spending Account Options for more information		With Employee-Funded HSA (maximum contribution): <ul style="list-style-type: none"> \$3,850 Employee \$7,750 Employee + One or more dependent(s) enrolled Note: If you are 55 or older, you can contribute an extra \$1,000 "catch-up" contribution.		With Company-Funded HRA Contribution: <ul style="list-style-type: none"> \$500 Employee \$750 Employee + Spouse/Domestic Partner (Domestic Partner) \$750 Employee + Child/ren \$1,000 Employee + Family 	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
You Pay	Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)					
	Employee		Employee		Employee	
	\$0	\$0	\$1,500	\$3,000	\$1,500	\$3,000
					Employee + Spouse/Domestic Partner	
					\$2,250	\$4,500
	Employee + Child/ren		Family		Employee + Child/ren	
	\$0	\$0	\$3,000	\$6,000 (deductible must be satisfied before coinsurance applies; no individual limits)	\$2,250	\$4,500
					Family	
					\$3,000	\$6,000 (deductible must be satisfied before coinsurance applies; no individual limits)
	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 + Child/ren				Employee + Child/ren		
\$5,400	\$10,800			\$4,800	\$9,600	
Family		Family		Family		
\$6,850	\$14,400 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered.)	\$6,850	\$14,400 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered.)	\$6,400	\$12,800 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered.)	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	

Surest Health Plan			UnitedHealthcare HDHP with Optional HSA		UnitedHealthcare CDHP	
Primary care visit to treat an injury or illness	100% covered		85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
	\$20-\$90	\$180	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
Specialist Visit	\$20-\$90	\$180	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
Preventive Care: (No Deductible)						
Preventive care/ screening/ immunization	100% covered	100% covered	100%	Not covered	100%	Not covered
Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care						
Outpatient Lab and Pathology	\$0	\$0	85% covered	50% covered (after deductible is met)	85% covered	50% covered (you may be subject to balances over the eligible expense)
Outpatient Surgery	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Up to \$3,000	Up to \$7,200	85% covered (when performed at an Ambulatory Surgery Center) 80% covered (if performed as outpatient in a hospital)	Not covered	85% covered (when performed at an Ambulatory Surgery Center) 80% covered (if performed as outpatient in a hospital)	Not covered
Emergency Room Services	\$500	\$500	<ul style="list-style-type: none"> 80% covered after deductible is met 		<ul style="list-style-type: none"> 80% covered after deductible is met 	

	Surest Health Plan		UnitedHealthcare HDHP with Optional HSA	UnitedHealthcare CDHP	
Inpatient Hospital Care	Up to \$3,000 \$1,400 for Inpatient Emergency Admit	\$7,200 \$2,800 for Inpatient Emergency Admit	80% covered (after deductible is met) 50% covered for out-of-network services	80% covered (after deductible is met)	50% covered (after deductible is met)

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



Surest Health Plan

**UnitedHealthcare
HDHP with Optional HSA**

**UnitedHealthcare
CDHP**

Prescription Drugs

Tier 1 Drugs

<ul style="list-style-type: none"> • \$10 for a 31 day retail supply • \$25 for a 90 day retail/mail supply • \$200 (In-Network) for Specialty Retail Pharmacy • Not Covered (Out-of-Network) for Specialty Pharmacy 	<ul style="list-style-type: none"> • 85% covered after deductible is met • Mandatory mail after two prescriptions for maintenance Rx • Up to 30-day supply/90 day if mail order (In-Network) • For certain preventive medications the deductible is waived 	<ul style="list-style-type: none"> • 85% covered after deductible is met • Mandatory mail after two prescriptions for maintenance Rx • Up to 30-day supply/90 day if mail order (In-Network)
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Tier 2 Drugs

<ul style="list-style-type: none"> • \$70 for a 31 day retail supply • \$175 for a 90 day retail/mail supply • \$225 (In-Network) for Specialty Retail Pharmacy 	<ul style="list-style-type: none"> • 80% covered after deductible is met • Mandatory mail after two prescriptions for maintenance Rx • Up to 30-day supply/90 day if mail order (In-Network) • For certain preventive medications the deductible is waived 	<ul style="list-style-type: none"> • 80% covered after deductible is met • Mandatory mail after two prescriptions for maintenance Rx • Up to 30-day supply/90 day if mail order (In-Network)
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Tier 3 Drugs

<ul style="list-style-type: none"> • \$100 for a 31 day retail supply • \$250 for a 90 day retail/mail supply • \$300 (In-Network) for Specialty Retail Pharmacy 	<ul style="list-style-type: none"> • 70% covered after deductible is met • Mandatory mail after two prescriptions for maintenance Rx • Up to 30-day supply/90 day if mail order (In-Network) • For certain preventive medications the deductible is waived 	<ul style="list-style-type: none"> • 70% covered after deductible is met • Mandatory mail after two prescriptions for maintenance Rx; up to 30-day supply/90 day if mail order (In-Network)
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Tier 4 Drugs

<ul style="list-style-type: none"> • \$200 for a 31 day retail supply • \$500 for a 90 day retail/mail supply • \$400 (In-Network) for Specialty Retail Pharmacy 	<ul style="list-style-type: none"> • 60% covered after deductible is met; • Mandatory mail after two prescriptions for maintenance Rx • Up to 30-day supply/90 day if mail order (In-Network) • For certain preventive medications the deductible is waived 	<ul style="list-style-type: none"> • 60% covered after deductible is met • Mandatory mail after two prescriptions for maintenance Rx • Up to 30-day supply/90 day if mail order (In-Network)
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Specialty Medications

<ul style="list-style-type: none"> • Tier 1: \$200 • Tier 2: \$225 • Tier 3: \$300 • Tier 4: \$400 <p>Note: Specialty medications are limited to a 31 day supply.</p> <p>Surest Health Plan: Out-of-Network pharmacies are not covered.</p>	<ul style="list-style-type: none"> • Tier 1: 85% covered after deductible is met • Tier 2: 80% covered after deductible is met • Tier 3: 70% covered after deductible is met • Tier 4: 60% covered after deductible is met • Specialty medications are limited to a 31 day supply. 	<ul style="list-style-type: none"> • Tier 1: 85% covered after deductible is met • Tier 2: 80% covered after deductible is met • Tier 3: 70% covered after deductible is met • Tier 4: 60% covered after deductible is met • Specialty medications are limited to a 31 day supply.
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UnitedHealthcare: Out-of-Network prescription drugs are covered at 50% coinsurance after deductible has been met.

Dental Plan Comparison

You can choose between two dental plan options; Option 1 or Option 2 or, you can waive this coverage. These plan options differ in terms of the amount of the annual benefit maximum, annual deductibles, orthodontia coverage, coverage levels and your share of the cost of coverage. Both of the Dental Plan options are administered by MetLife.

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

Option 1	Option 2 (with orthodontia)
Passive PPO In and Out-of-Network (Your Dental PPO plan is passive, meaning that you will pay the same coinsurance levels, have the same deductible requirements and be allotted the same Annual Maximum value regardless of going In or Out-of-Network. In-Network services are subject to MetLife's negotiated Plus network rates. Out-of-Network services will be subject to the reasonable and customary charges. You may have additional out of pocket costs for services received from Out-of-Network providers.)	
Plan Year Benefit Maximum (per person)	
\$1,000 (does not include oral surgery)	\$2,000 (does not include oral surgery or orthodontia)
Orthodontia Lifetime Benefit Maximum	
N/A	\$1,500 (separate from annual individual benefit maximum)
Plan Year Deductible (per person)	
\$25 for general care and major and restorative; no deductible for diagnostic, preventive or oral surgery	\$50 for general care and major and restorative (does not include orthodontia); no deductible for diagnostic, preventive or oral surgery
Lifetime Orthodontia Deductible (per person)	
N/A	\$50
Plan Pays (after deductible)	Plan Pays (after deductible)
Diagnostic and Preventive (cleanings and exams) — No deductible	
100%* up to maximum allowable amount; two visits per year	100%* up to maximum allowable amount; two visits per year
X-rays	
Full mouth X-rays covered once every 60 months; bitewing X-rays covered once per year, except for dependent children under age 26. Children are eligible for bitewing X-rays twice per year.	Full mouth X-rays covered once every 60 months; bitewing X-rays covered once per year, except for dependent children under age 26. Children are eligible for bitewing X-rays twice per year.
General Care (fillings, root canals and periodontics)	
50%* up to maximum allowable amount	80%* up to maximum allowable amount
Major and Restorative (crowns, dentures and bridges)	
50%* up to maximum allowable amount	50%* up to maximum allowable amount
Oral Surgery — No deductible	
80%* no limit	80%* no limit
Orthodontia (adult and children)	
Not covered	50%* up to the maximum allowable amount after the \$50 lifetime orthodontia deductible, per person (separate from annual deductible)

Administrator: MetLife **Group number:** 148069 **Phone number:** 866-832-5756

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

Vision Overview

The vision care benefit has one option offered by EyeMed (aka EyeMed Vision Care/First American Administrators).

NOTE: You also have the option to waive this coverage. Staying In-Network helps you save money on eye exams, contact lenses, and frames and lenses with a variety of options through the Insight (name of the in-network benefit) network to help save you even more. Since PLUS Providers are already through the Insight network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork but you still have the same vision benefits, plus a little more savings.

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

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

Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network Cost	Out-of-Network Reimbursement
Examination Services			
Exam (with Dilation as necessary)	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	\$0 copay	\$0 copay	Up to \$20
Low Vision Supplemental Exam/Testing	\$0 copay	\$0 copay	Up to \$125
Low Vision Aids	25% copay up to a maximum of \$1,000	25% copay up to a maximum of \$1,000	25% copay up to a maximum of \$1,000
Contact Lens (allowance includes materials only)			
Conventional	\$0 copay; 15% off balance; over \$150 allowance	\$0 copay; 15% off balance; over \$150 allowance	Up to \$105
Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$210
Contact Lens Fit And Two (2) Follow-Ups (in lieu of lenses)			
Fit and Follow-Up - 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 (any available frames at Provider locations)			
Frame	\$0 copay; 20% off balance over \$185 allowance	\$0 copay; 20% off balance over \$160 allowance	Up to \$112
Standard Plastic Lenses (in lieu of contacts)			

Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network Cost	Out-of-Network Reimbursement
Single Vision	\$25 copay	\$25 copay	Up to \$30
Bifocal	\$25 copay	\$25 copay	Up to \$50
Trifocal	\$25 copay	\$25 copay	Up to \$70
Lenticular	\$25 copay	\$25 copay	Up to \$70
Progressive - Standard	\$25 copay	\$25 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	\$200 copay	Up to \$50
Lens Options			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	\$85 copay	Up to \$5
Photochromic - Non-Glass (Plastic)	\$0 copay	\$0 copay	Up to \$5
Polycarbonate - Standard	\$40 copay	\$40 copay	Not covered
Polycarbonate - Standard - under 19 years of age	\$0 copay	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$15 copay	\$15 copay	Not covered
Tint - Solid or Gradient	\$0 copay	\$0 copay	Up to \$5
UV Treatment	\$15 copay	\$15 copay	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
Low Vision			
Supplemental Exam/Testing	\$0 copay	\$0 copay	Up to \$125 allowance (no reimbursement)
Aids	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000
Member Savings (enrollees who register on EyeMed's website receive additional savings)			
Additional Pairs of Glasses, Conventional Lenses	40% off glasses; 15% discount on lenses (once funded benefit is used)	40% off glasses; 15% discount on lenses (once funded benefit is used)	Not covered
Non-Prescription Sunglasses and other items not covered by Plan* *Note: Safety Glasses and Provider's professional services or contact lenses are not eligible for coverage under the Plan	20% off	20% off	Not covered
Hearing Care from Amplifon Hearing Health Care Network (Call 877-203-0675)	40% off hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids at thousands of convenient locations nationwide.)	40% hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids at thousands of convenient locations nationwide.)	Not covered

Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network Cost	Out-of-Network Reimbursement
LASIK or PRK from U.S. Laser Network (Call 800-988-4221)	15% off retail or 5% off promotional price	15% off retail or 5% off promotional price	Not covered
Frequency (Adults and Children)			
Exam	Once every plan year		
Frame	Once every plan year		
Lenses (in lieu on Contact Lenses)	Once every plan year		
Contact Lenses (in lieu of Lenses)	Once every plan year		
Low Vision	Once every other plan year		

Definition of Contact Lens Fit

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

You are responsible to pay the Out-of-Network provider in full at the time of service and then submit an Out-of-Network claim for reimbursement. You will be reimbursed up to the amount shown within the Summary of Benefits section of this Guide. For prescription contact lenses for only one eye, the Plan will pay one-half of the amount payable for contact lenses for both eyes. The benefit does not cover Safety eyewear, solutions, cleaning products or frame cases. For other Limitations and Exclusions, refer to the Vision SPD.

Offered by: EyeMed **Group number:** 1029819 **Phone number:** 855-874-4744

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



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

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

Traditional Health Care FSA	Limited Purpose Health Care FSA (for HDHP with Optional HSA)	Dependent Day Care FSA (for child/day care services)	Health Savings Account (HSA) (for HDHP with Optional HSA)
How much can you contribute?			
Between \$150–\$2,850 per plan year Note: FSA limits are determined by the IRS and subject to change for 2023.	Between \$150–\$2,850 per plan year Note: FSA limits are determined by the IRS and subject to change for 2023.	Between \$150–\$5,000 per plan year Note: If you are determined to be a highly compensated employee, the Plan Administrator may need to adjust your contribution election, and you will be notified.	Up to \$3,850 Employee-only Up to \$7,750 Employee + one or more enrolled Note: If you are age 55 or older, you can contribute an extra \$1,000 “catch-up” contribution per plan year.
What types of expenses can you use it for?			
A range of eligible out-of-pocket health care expenses not covered by a medical, prescription drug, dental or vision care plan can be used for any eligible dependent, even those not covered by a Company health care plan.	Only eligible out-of-pocket dental and vision care expenses, including deductibles, copayments and coinsurance not covered by other plans. Medical and prescription drug expenses are not eligible for reimbursement. Elect to enroll in a Health Savings Account (HSA) for eligible medical expense reimbursement.	Eligible out-of-pocket child care/elder care expenses for eligible dependents so you (and your Spouse, if married) can work or attend school Full-time.	Eligible medical, prescription, over-the-counter drugs, dental and vision care expenses.
How does it work?			
The plan year amount you elect to contribute is available for you to use on Jan. 1, 2023. Note: If you enroll in the HDHP with Optional HSA and elect an FSA, you will automatically be enrolled in the Limited Purpose FSA whether or not you contribute in an HSA.	FSA money is available as contributions are deducted from your paycheck and loaded to UnitedHealthcare’s system.	<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. Optum Bank must first approve (vet) your account before an account can be set up and contributions deposited. There are no federal taxes on contributions, interest earned or expenses paid from the HSA (except for Alabama, California and New Jersey). 	

Reminder: Pay period 1 includes 2023 life, disability (imputed income calculated for STD post-tax election), FSA and HSA premium deductions.

- NOTE:** If an FSA deduction is missed or the full amount is not deducted, an adjustment is made on your account reflecting a balance owed. The balance is taken in subsequent pay periods, in addition to the regular deduction amount, until the balance is reduced to zero. Newly enrolled in HSA, or changes in contributions, will be effective the first of the month following the effective date. If an HSA deduction is missed or the full amount is not deducted, the system may adjust the amount taken on subsequent pay periods depending on your election of either a Total For Plan Year amount or a Bi-Weekly amount. The FSA and/or HSA adjustment is made to ensure the total contribution amount you elected to contribute is met at the end of the Plan year.
- 2023 FSA funds can be used for eligible expenses incurred from Jan. 1, 2023, to March 15, 2024. You have until April 30, 2024, 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 2022, as 2023 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 the \$50,000 in coverage. If you are in this category, you will see \$50,000 as an option when you go online to enroll, as well as your 1x Base Pay + anticipated Short-Term Incentive. You have the option to change your Basic Life Insurance coverage amount to \$50,000 and, therefore, you would not be subject to imputed income.</p> <p>Note: When you turn age 70, your Basic Life Insurance coverage will be reduced by 50%. If you enroll in the \$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)	<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>
Business Travel Accident	<p>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.</p>
You Pay the Cost	
Employee Supplemental Life Insurance <small>(Statement of Health/Evidence of Insurability (EOI) may be required.)</small>	<p>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.</p>
Employee Supplemental Accidental Death & Dismemberment Insurance (AD&D)	<p>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.</p>
Spouse/Domestic Partner Supplemental Life Insurance <small>(Statement of Health/Evidence of Insurability (EOI) may be required.)</small>	<p>\$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).</p>
Child Supplemental Life Insurance <small>(Can be for more than one child)</small>	<p>Each child: \$3,000, \$5,000, \$10,000 or \$20,000 (cannot elect more than 100% of Employee Basic Life + Employee Supplemental Life coverage).</p>
Spouse/Domestic Partner Supplemental Accidental Death & Dismemberment Insurance (AD&D)	<p>50% of Employee Supplemental AD&D Coverage up to \$750,000 maximum benefit.</p>
Child Supplemental Accidental Death & Dismemberment Insurance (AD&D)	<p>25% of Employee Supplemental AD&D Coverage up to \$100,000 maximum benefit.</p>

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. The Service Center is the record keeper of beneficiary designations. Refer to the Life Insurance and AD&D SPD on the 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 benefit costs increase or decrease, you will receive a notification from the Service Center. Refer to the Life Insurance and AD&D SPD on the 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) - Qwest Union Represented Employees

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. Qwest Union Represented Seasonal employees are eligible if hired, rehired or transferred prior to Jan. 1, 2018.

Qwest Union Represented Hired Before Jan. 1, 2009	Qwest Union Represented Hired, Rehired Or Transferred On Or After Jan. 1, 2009	Qwest Union Represented Hired, Rehired Or Transferred On Or After Jan. 1, 2018
<p>Note: Qwest Union Represented Employees who are in the part-time classification as of Dec. 31, 2017 and have an Equivalent Work Week (EWW) of 21 or more hours and have satisfied a one year/365 calendar days eligibility period, will be eligible for coverage under the Disability Plan.</p>	<p>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.</p>	<p>You must have one year of service to be eligible for this benefit, employed full-time.</p>
Maximum Benefit Period (Duration of Benefits)		
39 weeks	39 weeks	26 weeks
Benefit Election Options		
You are automatically enrolled.	<p>You may elect to have STD benefits paid on a pre-tax basis, which means STD benefits would be subject to tax. If an election is not made, you will default to the post-tax option, which means STD benefit payments are not subject to tax. No changes can be made until the next Annual Enrollment period.</p>	
Benefit Amount		
<p>After completing your Eligibility Period, you will receive an allowance of 100% to 60% of your Normal Take Home Pay, per your collective bargaining agreement. See the STD Summary Plan Description (SPD) for Qwest Union Represented employees on the Intranet.</p>	<p>70% Base Pay post- or pre-tax option</p> <p>If you choose the post-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"> The post-tax option will appear as imputed income on your paycheck. <p>If you choose the pre-tax option, your STD benefit amount is taxed when you receive benefits from the Plan. When selecting the STD (pre-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 pre-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 post-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 post-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 Intranet.

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

A brief overview of your STD benefits.

Union Represented	Non-Union and Qwest Union 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-Union and Qwest Union Represented Outside Sales Representatives Benefit Election Options columns to the right. CWA 3176A and IBEW 199N</p> <p>For all other employees in unions that are 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 a post-tax basis, which means your STD benefits are not subject to tax. Or, you may elect to have STD paid on a pre-tax basis, which means if STD benefits are paid, it would be paid subject to tax at the time you qualify to receive STD. If you do not make any changes, your current tax treatment enrollment election will continue, if applicable.</p>
Maximum Benefit Period (Duration of Benefits)	
26 weeks	26 weeks
Maximum Benefit Period (Duration of Benefits)	
<p>Tier level ranges from 100% to 60% based on years of service. 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 post-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"> The post-tax option will appear as imputed income on your paycheck. <p>If you choose to elect the pre-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 pre-tax option. When selecting the STD (pre-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 post-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 Intranet.

Long-Term Disability (LTD)

A brief overview of your LTD

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.	<p>You are eligible to enroll for the Supplemental LTD the first Annual Enrollment after completing one year of service.</p> <p>For example, if you were hired in 2022, you are not eligible to enroll in Supplemental LTD until 2024 Annual Enrollment.</p> <p>If you are eligible for Supplemental LTD for the first time and do not enroll during this Annual Enrollment, 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.</p>
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	
<p>If you elect Supplemental LTD, calculate your bi-weekly premium rate by using the table below. Benefit premiums cost for Supplemental LTD will be deducted bi-weekly 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 cost to you.</p> <p>If you have questions regarding how to determine your earnings, please review the Basic & Supplemental LTD Highlights found on the Intranet.</p>	
1. Enter your bi-weekly pre-disability Earnings, not to exceed \$17,752.	Line 1: \$ ____
2. Your bi-weekly premium rate:	Line 2: \$ ____
<ul style="list-style-type: none"> • .00233 for Qwest Union Represented employees hired, rehired, or transferred prior to Jan. 1, 2018 • .00291 for Qwest Union Represented employees hired, rehired, or transferred on or after Jan. 1, 2018; Non-Union; Union Represented; Qwest Represented Outside Sales Representatives 	
3. Multiply the amount on Line 1 by the amount on Line 2 , and enter the total here.	Line 3: \$ ____
The amount on Line 3 is your estimated bi-weekly premium for coverage under Supplemental LTD.	

Note: If you are on STD as of Jan. 1, 2023, and enroll in Supplemental LTD, your Supplemental LTD will not become effective until the day you return and 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 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 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 Intranet.

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

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

Enroll only during Annual Enrollment, Nov. 7 - Nov. 18, 2022

Subject to the policy terms:

Accident Insurance

Accidents can happen when you least expect them. And while you can't always prevent them, you can help lessen the financial impact and try to make your recovery less stressful. Even the best medical plans may leave you with unexpected expenses like deductibles, copays, extra costs for out-of-network care, and non-covered services.

Critical Illness Insurance

Medical insurance may only cover a portion of the expenses associated with treating a serious illness. Plus, additional costs that often come with recovering, like childcare, transportation, and grocery delivery, may be left up to you. Critical Illness Insurance can provide you with a benefit that can help you pay for unexpected costs, such as those that your existing medical insurance may not cover.

Hospital Indemnity Insurance

Hospital stays can be pricey and are often unexpected. Since most healthcare plans don't cover all expenses, taking steps to help protect yourself can make a big difference. Hospital stay services can add up and result in out-of-pocket costs beyond what your medical plan may cover in addition to deductibles, copays, and expenses that come with out-of-network care.

Legal Services

Like health insurance, legal assistance is there to help you when the unexpected happens. This can include helping you with matters such as divorce, identity theft, traffic citations, and more. Other times, legal assistance can help you avoid issues ahead of time, such as credit monitoring or preparing a will or trust.

Enroll at any time

Disaster Insurance through Recoop

Recoop is the first and only multi-peril disaster coverage that quickly pays you a lump sum benefit (up to \$25,000) after a disaster: hurricane (with storm surge), wildfire, tornado, earthquake, gas explosion, winter storm, or dust storm.

Employee Perks

Can't find that perfect present? Having trouble finding a great price for a new car? Looking for discounted hotel rates? You have access to Employee Perks through PerkSpot as part of your benefits program. PerkSpot is a members-only discount site that provides you with access to hundreds of exclusive deals from brand-name retailers and local merchants.

PerkSpot offers travel deals, great gifts, and practical everyday necessities — all at specially negotiated prices. From discounted theater tickets to incredible deals at Target and Costco, this program is a great way to stretch your paycheck. Your family members can save, too.

Home and Auto Insurance Program*

Like health insurance, premiums and out-of-pocket expenses for home and auto insurance are going up. From auto accidents to natural disasters, there has been an increase in both severity and frequency of incidents. And without the right coverage, an accident or storm can be devastating to your family's financial security. Now, with Farmers Insurance and Liberty Mutual, you can save money on the right coverage for you and your family, without sifting through dozens of quotes.

Identity & Fraud Protection Program

Our personal information is more at risk than ever. MetLife's Identity & Fraud Protection, powered by Aura, protects you and your family from fraud by helping to ensure your private information is not anywhere it shouldn't be.

Keep your identity secure with extensive monitoring of your personal information, like your accounts, credit, SSNs, IDs, and more. You'll also get near real-time alerts on suspicious credit inquiries, like if someone was opening a loan or credit card in your name. Live with peace of mind that your online personal and financial information is secure.

Enroll only during Annual Enrollment, Nov. 7 - Nov. 18, 2022

Universal Life with Long-Term Care through TransAmerica

Life is unpredictable. TransElite® is universal life insurance that helps provide financial protection at a competitive cost, going beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better. If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier. If you're laid off, monthly deductions are waived for up to six months, so you maintain your policy.

Enroll at any time

Pet Insurance

Your pets are like an extension of your family. That's why it can be scary if one of them suddenly gets sick or injured. Luckily, pet insurance is there to help with the cost of seeing a vet for those moments when your furry friends are feeling less than well. For a small premium per pet each month, this coverage will pay out a certain amount when you need to make an urgent or emergency vet visit.

Purchasing Power Program

Fixed payments and no credit check! When your computer crashes or your washing machine breaks down, cash and credit may not always be an option. If you can't spare the upfront funds for these kinds of surprises, Purchasing Power can help.

Purchasing Power provides you with an affordable way to buy today and pay over time, right from your paycheck.

Sign up for free and shop thousands of name-brand products, such as computers, electronics, furniture, appliances, vacation packages, and online education services. You'll receive your item upfront and pay over 6 or 12 months through automatic payroll deductions with fixed payments, no credit check, and no hidden fees.

SmartPath Financial Coaching

SmartPath Financial Coaching offers unbiased, sales-free guidance from certified coaches that are 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/healthandlife or call **833-925-0487**, Mon-Fri, 7 a.m. - 7 p.m. (CST)

Benefits elected during annual enrollment will be effective Jan. 1, 2023. You may have the option for payroll deductions from the programs listed above.

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



Reminders

Note: If both you and your Spouse/Domestic Partner are a Company couple whether actively employed, retired, on disability or you and your child are in a parent/child relationship, you cannot be double covered on each other's benefit coverage.

Benefit Details	Plan/Option Information	Take Action
Dependent Day Care Flexible Spending Account (FSA)	<p>You have the option each Annual Enrollment to elect to contribute to the Dependent Day Care FSA.</p> <p>Between \$150-\$5,000 per year. FSA limits are determined by the IRS and are subject to change for 2023. This is a employee-paid plan.</p>	<p>Enroll each annual enrollment!</p> <p>Contribution elections do not carry over into the new year.</p>
Dependent Eligibility	<p>Adding a dependent to one or more of your Health or Life plans.</p>	<p>If you are adding a dependent to any of your coverages during Annual Enrollment, your dependent(s) will not be eligible for coverage until you have provided documentation that confirms their eligibility under the Plan. You can upload your supporting documentation after you complete your enrollment. A few examples of documentation are birth certificate, marriage certificate, first page of your tax return, etc.</p> <p>Note: If you do not provide acceptable documentation, your dependent(s) will not be enrolled.</p>
Employee Assistance Plan (EAP)	<p>You and your household family members are eligible for the Optum Employee Assistance Program (EAP).</p> <ul style="list-style-type: none"> EAP provides confidential help when you need it most and offers quick access to experts who can help you with a wide range of well-being and family support services. Includes (8) free visits in-person and/or telephonic/virtual support for a variety of topics such as mental health, addiction, family/relationships, grief support, and more. Other services include financial support, legal and mediation services, and childcare referrals. Another area is adult/elder care which can help you find eldercare facilities, answer your questions about care services, insurance information, and retirement planning. 	<p>Receive confidential support, 24/7, by calling 866-270-0033 or visit the EAP page on the Intranet.</p>

Benefit Details	Plan/Option Information	Take Action
<p>Health Care Flexible Spending Account (FSA)</p>	<p>You have the option each Annual Enrollment to elect to contribute to the Health Care FSA.</p> <p>Between \$150-\$2,850 per year. FSA limits are determined by the IRS and are subject to change for 2023. This is an employee-paid plan.</p> <p>Note: If you enroll in the HDHP with Optional HSA and elect an FSA, you will be automatically enrolled in the Limited Purpose FSA which covers eligible out-of-pocket dental and vision care expenses. Medical and prescription drug expenses are not eligible for reimbursement. Elect to contribute in a Health Savings Account (HSA) for eligible medical expense reimbursement.</p>	<p>Enroll each annual enrollment!</p> <p>Contribution elections do not carry over into the new year.</p>
<p>Health Savings Account (HSA)</p>	<p>You have the option each Annual Enrollment to elect to contribute to a Health Savings Account (HSA) when enrolling with the 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 set up as a pre-tax through bi-weekly payroll deductions.</p> <p>The contribution limit is \$3,850 for employee and \$7,750 for Employee + One or more enrolled under the HDHP. The catch-up contribution limit for age 55 and older remains \$1,000.</p> <p>Note: If you enroll in the HDHP and elect an FSA, you will be automatically enrolled in the Limited Purpose FSA which covers eligible out-of-pocket dental and vision care expenses. Medical and prescription drug expenses are not eligible for reimbursement. Elect to contribute in a Health Savings Account (HSA) for eligible medical expense reimbursement.</p>	<p>Enroll each annual enrollment!</p> <p>If you contribute in the HSA through Optum Bank, payroll contributions will occur bi-weekly and will be administered through Optum Bank.</p> <ul style="list-style-type: none"> • Contribution elections do not carry over into the new year. • Optum Bank must first approve (vet) your account before your account can be set up and contributions deposited. You may be requested to provide further documentation, e.g., current driver's license/Identification Card/ Social Security Card and a recent bill to open your account. A welcome kit and debit card will be sent shortly after you are successfully enrolled and your payroll contributions will begin. <p>Note: Due to IRS regulations, you must use a physical mailing address. Use of a PO Box as your mailing address is prohibited.</p>
<p>Medical Premiums</p>	<p>The amount you pay for your medical coverage is determined by your base pay, the medical plan elected, coverage level and tobacco use. Refer to the Tobacco-Free Discount details within this guide. If your base pay increases or decreases during the year, you may see a change to your premiums. 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 cost accordingly.</p>	<p>Refer to the Benefits and Payroll schedule on the Intranet, or the Health and Life website.</p> <p>Any questions related to benefit costs should be directed to the Service Center at 833-925-0487. Please do not contact the Payroll department or submit a ticket through HRconnect, as they will be unable to assist you with benefit cost questions.</p> <p>Be sure to verify your payroll deductions are correct each pay check.</p> <p>Please Note: There is a June 30, 2023, deadline to dispute any deductions you believe to be inaccurate retroactive to Jan. 1, 2023.</p>

Benefit Details	Plan/Option Information	Take Action
<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, there may be an impact on which medical plan option you choose. You can use the tools below to estimate your costs.</p> <p>Doctors Plan in AZ and CO</p> <p>In Arizona, this plan is available if you live in Maricopa and Pinal County.</p> <p>In Colorado, this plan is available if you live in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso or Jefferson County.</p> <p>You pay a flat amount based on the tier of the medication. The amount you pay varies based on the tier of the medication and the amount could be as low as ten dollars, depending on the tier level of the drug. Be sure to review the PDL at lumen.com/whyuhc to determine the tier of you medication and if any programs such as Step Therapy, prior authorization or quantity limits are required.</p> <p>Retail or Speciality drugs: Tier 1 - \$10, Tier 2 - \$25, Tier 3 - \$100 and Tier 4 - \$400</p> <p>Mail Order co-pays for a 90 day supply (mail order is not mandatory): Tier 1 - \$25, Tier 2 - \$62.50, Tier 3 - \$250 and Tier 4 - \$1,000</p> <p>Surest Health Plan:</p> <p>Surest provides medications with a copay instead of charging a deductible and coinsurance, dependent on the type and tier of the medication. Surest does not have a deductible and, therefore, starts helping you pay for your prescriptions on the first fill. With Surest, 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 plan year.</p> <p>For an overview of how the Surest Health Plan works, visit lumen.com/surest to walk you through how this plan can best work for you. If you are currently enrolled in the Surest Health Plan, visit lumen.com/joinsurest, access code: Enroll2023, to review updates for the 2023 Plan year.</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 must be 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. Note: Whichever medical plan option you elect, you cannot opt-out of the prescription drug benefit, including mail order (UHC only). The Plan Administrator for prescription drug benefits is OptumRx.</p>

Benefit Details	Plan/Option Information	Take Action
ZIP Code	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.	Be sure to review the medical benefit options available to you during Annual Enrollment as options may change (based on your address on file).
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 your paycheck located on the left-hand side. • Your Company-paid Short-Term Disability election is a Post-Tax option. This is listed as STD BENEFIT under the imputed income section of your paycheck 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 your paycheck located on the left-hand side. Domestic Partners (Domestic Partner) are not considered Spouses under the Internal Revenue Code (IRC). Unless your Domestic Partner otherwise qualifies as a tax dependent under the IRC, he or she may not receive tax-free benefits from employer benefit plans. 	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.
Domestic Partner	<p>As a Domestic Partner of an active employee enrolling in a Lumen medical plan or another active group plan, you may be required to sign up for Medicare Part B at age 65 to avoid any penalties. For more information, you can reach out to The Centers for Medicare & Medicaid Services, CMS.</p> <ul style="list-style-type: none"> • You receive Wellness rewards via gift card (calculated monthly). This is listed as WELLNESS REWARD under the imputed income section of your paycheck 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 your paycheck located on the left-hand side. 	
Basic Life Insurance	Company-paid. Coverage may increase throughout the year in as a result in a change in eligible pay.	The Service Center is the record-keeper of beneficiary designations. Refer to the Life Insurance and AD&D SPD on the Intranet for Facility of Payment to find out what happens when no beneficiaries are on file.

Benefit Details	Plan/Option Information	Take Action
<p>Life Insurance</p> <ul style="list-style-type: none"> • Supplemental <ul style="list-style-type: none"> - Employee - Spouse/Domestic Partner - Child/ren 	<p>Supplemental life insurance coverage and Coverage and benefit cost for supplemental life coverages 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, e.g., 30, 35, 40, 45, etc.</p>	<p>The Service Center is the record keeper of beneficiary designations. Refer to the Life Insurance and AD&D SPD on the Intranet for Facility of Payment to find out what happens when no beneficiaries are on file.</p>
<p>Basic Long-Term Disability (LTD)</p>	<p>Full-time employees and part-time Non-Union employees are eligible for Basic LTD on the first day following one year of continuous service. The Basic LTD plan is Company-paid.</p> <p>Note: 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. You will receive notification from the Service Center once you meet your one year of service.</p>
<p>Supplemental Long-Term Disability (LTD)</p>	<p>The Supplemental LTD option is employee-paid and provides additional LTD coverage. Full-time employees and part-time Non-Union employees are eligible to elect coverage during the first Annual Enrollment after completing one year of service.</p> <p>Note: 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 but decide to elect during a subsequent Annual Enrollment, you will be required to complete the Statement of Health/Evidence of Insurability (EOI) form and our vendor will determine if you qualify for this benefit. Refer to the LTD Summary Plan Description (SPD) available on the Intranet.</p>
<p>Short-Term Disability</p>	<p>Full-time employees and part-time Non-Union employees are eligible for STD on the first day following one year of continuous service.</p> <p>Note: Incidental and Temporary employees are not eligible to participate.</p>	<p>We provide a tax treatment option to have your benefit paid on a pre-or post-tax basis. If you elect “pre-tax”, your STD benefit would be taxed. If you elect “post-tax”, your STD benefit would not be taxed; however imputed income will be calculated.</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 Intranet.</p>
<p>Survivor Benefit</p>	<p>The Survivor Benefit Plan will pay your payee six months (6) of your base pay in the unlikely event of your death as an active Full-time Non-Union employee.</p>	<p>Refer to the Survivor Benefit Policy available on the Intranet for more information.</p> <p>Note: A payee will be subject to the verification process. If you have any questions, please contact the Service Center.</p>
<p>Voluntary Lifestyle Benefits*</p> <p>*Some of these benefits are not Company-Sponsored ERISA plans.</p>	<p>Refer to the Voluntary Lifestyle Benefits section of this guide for further information.</p>	<p>Visit the Health and Life website to learn about Voluntary Lifestyle Benefits.</p>

Important note regarding payroll deductions

If you work one or more days in a pay period and are enrolled in health care (e.g., Medical/Prescription Drug, Dental and Vision), Supplemental Life, Supplemental Accidental Death & Dismemberment (AD&D), Commuter (Mass Transit and Parking), Voluntary Lifestyle Benefits, Health Savings Account (HSA) and/or Flexible Spending Accounts (FSAs) benefits, you are responsible for paying the total cost of your benefit premiums during that pay period. Premiums are not prorated and are based on the payroll schedule, not the calendar year. Therefore, premiums could cross over from one calendar year to the next calendar year.

Note: Commuter - Mass Transit and Parking have deductions taken the first two pay periods of each month. If there are three pay periods in the month, the third pay period will not calculate commuter deductions.






Post Annual Enrollment Checklist (not all will apply):










- 1. ID CARDS:** Keep an eye out in the mailbox for your healthcare ID cards.
- 2. PAYCHECK:** Review your Pay Period 1 paycheck dated Jan. 13, 2023 confirming your 2023 Health and Life premium deductions including FSAs and HSA contributions.
- 3. DEPENDENT VERIFICATION:** Provide supporting documentation for any dependents you add to your plan/s.
- 4. STATEMENT OF HEALTH/EVIDENCE OF INSURABILITY (EOI):** Complete Statement of Health/Evidence of Insurability (EOI) for Supplemental Life Insurance and/or Supplemental Long-Term Disability (LTD).
- 5. BENEFIT SUMMARY:** At the end of your enrollment, print your Benefit Summary and keep for your records.





Helpful Resources

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

Benefit Option	Phone	Online
Health Care		
Health and Life Service Center	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)	lumen.com/healthandlife  Search: MyChoice™ Mobile HR App , available for free in the App Store and Google Play If you are using your mobile device or enrolling online, be sure to visit Sofia, your personal benefits assistant who can answer questions and guide you as you enroll.
Health Care Advocacy Services • For issues with your Health Care claim(s) that you are unable to resolve on your own through the Claims Administrator or your Health Care provider.	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)	lumen.com/healthandlife
Medical	Surest: 866-683-6440 Mon-Fri, 6 a.m. - 9 p.m. (CST) Group Number: 78800186 UnitedHealthcare: 800-842-1219 Group Number: 192086	lumen.com/surest (This website provides an overview of how this plan can best work for you.) If you are currently enrolled in the Surest Health Plan or want more information, visit lumen.com/joinsurest , access code: Enroll2023, to review updates for the 2023 Plan year.  Search: Surest , available for Free in the App Store and Google Play 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  Search: UHC App , available for free in the App Store and Google Play
Flexible Spending Accounts	UnitedHealthcare: 877-311-7849 Group Number: 199383	myuhc.com
Optum Bank	Optum Bank: 866-234-8913	OptumBank.com  Search: Optum Bank App , available for Free in the App Store and Google Play

Benefit Option	Phone	Online
Maternity Support Program	<p>Surest: 866-683-6440 M-F 6:00 a.m. - 9:00 p.m., (CST)</p> <p>UnitedHealthcare (including the Doctors Plan): 800-842-1219</p>	<p>surest.com</p> <p> Search: Surest, available for Free in the App Store and Google Play</p> <p>UnitedHealthcare: myuhc.com</p> <p> Search: UHC App, available for Free in the App Store and Google Play</p>
Prescription Drug	<p>Surest: 866-683-6440 Mon-Fri, 6 a.m. - 9 p.m. (CST)</p> <p>UnitedHealthcare (including the Doctors Plan): 800-842-1219</p>	<p>lumen.com/joinsurest Access Code: Enroll2023</p> <p> Search: Surest, available for Free in the App Store and Google Play</p> <p>UnitedHealthcare: myuhc.com</p> <p> Search: UHC App, available for Free in the App Store and Google Play</p>
Telemedicine	<p>Surest: Doctor On-Demand</p> <p>UnitedHealthcare:</p> <ul style="list-style-type: none"> • MDLIVE: 888-632-2738 • UHC Virtual Care Services 	<p>patient.doctorondemand.com lumen.com/MDLIVE</p> <p> Search: MDLIVE, available for free in the App Store and Google Play</p> <p>myuhc.com/virtualvisits</p> <p> Search: UHC App, available for free in the App Store and Google Play</p>
<p>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.)</p>	866-842-1151	<p>lumen.com/2ndmd</p> <p> Search: 2nd.MD, available for free in the App Store and Google Play</p>
Dental	MetLife: 866-832-5756	<p>metlife.com/mybenefits</p> <p> Search: MetLife, available for Free in the App Store and Google Play</p> <p>This app allows you to search the network of thousands of dentists and specialists to find a provider near you.</p>
Vision	EyeMed: 855-874-4744	<p>eyemed.com</p> <p> Search: EyeMed, available for free in the App Store and Google Play</p>
Life Insurance & Disability		
Life, Accident, & Business Travel Accident (BTA)	<p>Service Center: 833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)</p>	lumen.com/healthandlife
Short-Term Disability	Sedgwick: 844-223-7153	lumen.com/disability
Long-Term Disability	MetLife: 833-622-0135	<p>metlife.com/mybenefits (Effective Jan. 1, 2023)</p>

Benefit Option	Phone	Online
Retirement		
401(k) Savings Plan	Retirement Service Center: 800-547-7754	lumen.com/401k
Combined Pension Plan	Service Center: 888-324-0689	lumen.com/pension
Wellness		
Employee Assistance Program	Optum: 866-270-0033	lumen.com/EAP
Real Appeal	844-344-7325	lumen.com/realappeal
Wondr™	N/A	lumen.com/wondrhealth
Well Connected, Rally, and Coaching Programs (Prevention and Well Being)	877-818-5826	lumen.com/wellconnected  Search: Rally Coach™ available for Free in the App Store and Google Play
Fitness Reimbursement Program	N/A	Access the Intranet
One Pass	N/A	lumen.com/wellconnected  Search: Rally Coach™ available for Free in the App Store and Google Play
Voluntary Lifestyle Benefits		
Voluntary Lifestyle Benefits	Health and Life Service Center 833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)	lumen.com/healthandlife (during Annual Enrollment) lumen.com/voluntarybenefits (effective Jan. 1, 2023)

Summary of benefits and coverage availability

We offer an array of resources to help you understand and choose your medical benefits options. This section notifies you of an additional resource required by Health Care Reform—a Summary of Benefits and Coverage Availability (SBC)—that summarizes important information about any medical coverage options in a standard format, to help you compare features across Plan options. SBC's are available in the Reference Center on the Health and Life website throughout the year.

Legal and Important Required Notices



Honesty is the Best Policy

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

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

A note about privacy

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

Notice of Privacy Practices

You can review the complete notice on the Intranet lumen.com/healthandlife, or by calling the Service Center at **833-925-0487** 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 Plan. For specific employee benefit plan information, refer to the respective official Plan documents and 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, by your submission of information, you have agreed to be bound to and by the provisions of each of the Plans and their administrative practices, including, but not limited to with respect to the recovery of over and underpayments, terms and conditions for eligibility and benefits. You certify that the submission of information by you in this enrollment process is true and accurate to the best of your knowledge; you agree that you'll submit new information timely as changes occur. You understand that if you are found to have falsified any document in support of a claim for eligibility or reimbursement, the Plan Administrator may, subject to and as may be permitted under the requirements of law, without anyone's consent, terminate your and/or your dependent(s) coverage, and the Claims Administrator may refuse to honor any claim you or your dependent(s) may have made or will make under the Plans if applicable. You understand that you are liable and bear the full financial responsibility for the misappropriation of Plan funds through the filing of false documentation under any of the Plans; You certify that you or your dependent(s) are eligible to enroll in a benefit option, plan or program including voluntary or supplemental coverages. Please refer to the applicable Plan document or SPD on the Intranet for details about eligibility for coverage or call the Claims Administrator -

limitations may apply including, but not limited to, being actively at work in order to be eligible for coverage. You understand that it is your responsibility to confirm your eligibility to enroll in a benefit option, plan or program including voluntary or supplemental coverages; enrolling in and paying for coverage for which you are ineligible will not entitle you to benefits; you understand that it is your responsibility to terminate benefit coverage once you or your dependent(s) become ineligible, for example, due to death or a divorce. This excludes dependents who turn age 26, as they are automatically removed from coverage.

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

Wellness Program Notice

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

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

Additional incentives of up to \$450 total may be available for employees and covered spouses/domestic partners who participate in certain health-related activities such as preventive screenings, walking

activities, or health coaching. **If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Rally at 877-818-5826.**

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

Protections from Disclosure of Medical Information

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

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

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



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

Women's Health and Cancer Rights Act

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

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

As with other benefit coverages under the Plan, this coverage is subject to each medical benefit option's annual deductible (if any), required coinsurance payments, benefit maximums, and copay provisions that may apply under each of the benefit options available under the Plan.

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

Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

Working After Retirement

What happens to your benefits if you return to work directly for the Company as an active employee or work for a supplier on assignment to the Company after you retire or leave employment?

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

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

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

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

Once your employment or assignment ends, you may resume your retiree health care, basic and supplemental life insurance coverage, if applicable, in accordance with terms of the Plan by calling the Service Center at **833-925-0487**. If you returned to work for a supplier on assignment to the Company, the Company will validate that your assignment has ended before you will be allowed to resume your retiree health care coverage.

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

If you voluntarily elect to drop coverage

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

Continuation of coverage

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying life events (QLEs) due to employment termination or reduction of hours of employment. Certain QLEs, or a second during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. Upon termination, or other COBRA qualifying event, the former employee and any other Qualified Beneficiaries (QBs) will receive COBRA enrollment information. QLEs for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. QLEs for Spouses/Domestic Partners or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare, divorce of the covered employee, death of the covered employee, and the loss of dependent status under the plan rules. If a QB chooses to continue group benefits under COBRA, they must timely enroll and make their premium payment by the due date before eligibility is sent to the Claims Administrators. Upon receipt of premium payment, the coverage will be reinstated. Thereafter, premiums are due on the first of the month. If premium payments are not received in a timely manner, federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Service Center at **833-925-0487**.

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/Domestic Partner'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 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 and other coverage options, because once you've made your choice, it can be difficult or you may not be able to change to another coverage option.

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

California Department of Managed Health Care Notification

Grievance Process and Independent Medical Review

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

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

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