Amazing People. Amazing Benefits. Find Your Fit.

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

2023 Annual Enrollment Guide

For COBRA Participants

LUMEN®

Contents

Contents 2
Welcome to Annual Enrollment 3
What's New for 2023 6
Plan Design Updates 7
Managed Care Program Updates 9
Plan Overviews 12
Tobacco-Free Discount and Working Spouse/Domestic Partner Surcharge 15
Reminders 17
Take Action and Enroll 19
Appendix **21**
Medical Plan Overview - High Performing Network Doctors Plan in Arizona and Colorado 21
Medical Plan Comparisons 23
Dental Plan Comparison 26
Vision Overview 27
Helpful Resources 30
Legal and Important Required Notices 32

- **Lumen will be referred to hereafter as "the Company".**
- **The Lumen Health and Life Service Center will be referred to hereafter as "the Service Center".**
- **Refer to the Helpful Resources page in this guide or your Summary Plan Description (SPD) for further details.**

LUMEN®

Welcome to Annual Enrollment

Find Your Fit

Annual Enrollment is your opportunity to take action to find the benefit options and plans that are right for you and your eligible dependent(s).

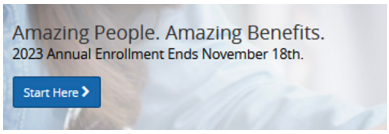
This guide pertains to BOTH non-Medicare and Medicare eligible participants and eligible dependent(s). If you make changes during Annual Enrollment, your new coverage will begin on the first day of the new calendar year.

Go to the Health and Life website at **lumen.com/healthbenefits** to learn about your 2023 benefit options. It's important to see what's new, what's changing and what will impact you! On the website, you'll find helpful information located in the **Reference Center** next to your name at the top right-hand side of the screen.

Enrollment Checklist - Be sure to use this when you enroll online at lumen.com/healthbenefits.

Tips to help you enroll. (The below information is based on your eligibility. You may or may not see everything listed below.)

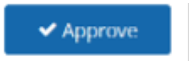
1. Navigate to **lumen.com/healthbenefits** and log in. If you have never accessed the Health and Life website, continue to step 2. If you have, go to step 4.
2. Review the **Getting Started Details** to agree to the electronic disclosure agreement and select **Continue**.
3. Enter your **Personal Preference** 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 and Working Spouse/Domestic Partner Surcharge information. If you need to update this information on your record, call the Lumen Health and Life Service Center at **833-925-0487.**
9. Confirm all applicable dependents are on file. Add any new dependents. Review dependent demographic information.
10. Elect all healthcare (medical, dental, vision) plans available to you. 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 monthly surcharge based on how you answer the working spouse/domestic partner surcharge

questions.

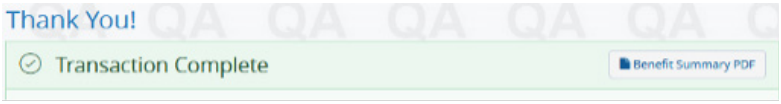
11. Review Your Elections, including plans, coverage levels and pricing in their entirety and select **Approve** to authorize your transaction.



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

13. 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).

14. On the Transaction Complete page, click **Benefit Summary PDF** to print your Benefit Summary as your confirmation of enrollment. Take note of the Confirmation Number for your records.



Direct Bill Payment

You are encouraged to set up ongoing automatic payments for your direct bill account. If you choose to set up autopay, you must pay your outstanding balance in full before the autopay will begin.

Note: If you choose to make one-time payments, you will incur a $2.00 service fee for each payment. This is not the same as autopay.

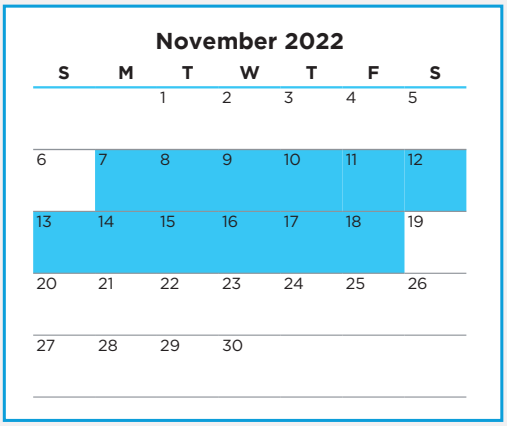
Follow the below steps to set up autopay on the Health and Life website or you can call the Service Center at **833-925-0487**:

1. Log in to **lumen.com/healthbenefits**. On the lower right side of the screen, you will see **Payment Due** which provides details about your monthly premium.
2. Scroll down until you see **Make a Payment** and **View Account**. Select **Make a Payment**.
3. A pop-up window will appear.

- Enter Account Type, Routing Number and Account Number.
- Confirm the billing and email address.
- Select **Yes** to set this account up as your primary payment method.
- Select **Yes** to set up auto pay. Funds are automatically deducted on the fifth of each month.
- Next, click **Pay**.
- This will return you to the Billing Information page where you can view your account summary, payment history and account premium information.

You can also mail-in a payment to:

Businessolver
PO Box 850512
Minneapolis, MN 55485-0512



Note: Annual Enrollment dates are highlighted here.

New: The Service Center will be available to assist you on:

- **Nov. 7 - Nov. 12 and Nov 14 - Nov. 18 from 7 a.m. - 7 p.m. (CST)**
- **Service Center advocates are not available on Sun., Nov. 13; however, you can enroll on the Health and Life website.**

What's New for 2023

The information listed below describes what's new for 2022. 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 coming year.

Benefit Premiums

With costs continuing to increase across the country, premiums for most plans will also increase for 2023. Lumen continues to look for ways to control healthcare cost increases while still offering plans and programs that offer value and provide the best health outcomes.

Plan Design Updates

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

Participants 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
Individual Only	$500	$500	$800
Individual Spouse/DP	$750	$750	$1,200
Individual Child(ren)	$750	$750	$1,200
Individual & 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.

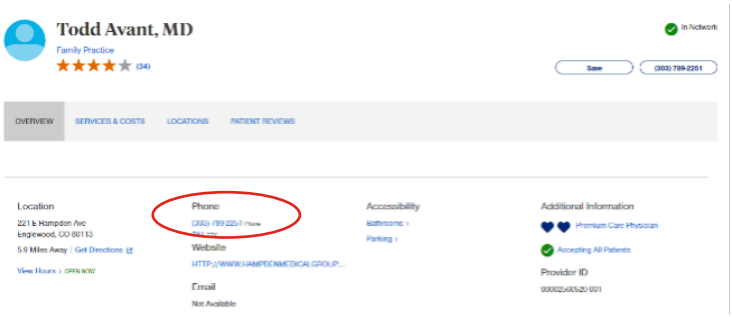
High Performing Network (HPN) Doctors Plan in AZ & CO (administered by UnitedHealthcare)

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

- HSA limits are determined by the IRS and are subject to change.
- The Individual contribution limit increases from **$3,650** to **$3,850**, and the Individual + 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.
- If you are Medicare eligible, you should review "Medicare and You", the government's Medicare handbook. While each participant's situation will differ, planning and education are key. You can find this handbook on the official **medicare.gov** website.

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.

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 s tart 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

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.

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 worked 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
• Coverage is the same for medical services and prescription drugs • Preventive 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 share • Plans use the same provider network	• Surest Health Plan has copays for services that can be seen prior to receiving care • HDHP and CDHP have deductibles and coinsurance for services • HDHP allows some preventive prescriptions without meeting your deductible first • Surest doesn't require mail-in for prescriptions; HDHP and CDHP do after two fills • Premiums

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)

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.

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.

HSA limits are determined by the IRS and are subject to change. If you are Medicare eligible, you should review "Medicare and You", the government's Medicare handbook. While each participant's situation will differ, planning and education are key. You can find this handbook on the official medicare.gov website.

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. 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. 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.

Tobacco-Free Discount and Working Spouse/Domestic Partner Surcharge

IMPORTANT – Answer the Tobacco-Free Discount and the Working Spouse/Domestic Partner Surcharge. (Applies if you are enrolled and eligible for subsidized medical coverage).

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 cost based on how you answer the question on tobacco products usage. The discount is calculated on the total cost of coverage.

Tobacco-Free Discount

If you and your eligible dependents enrolled in a Lumen medical plan during your subsidy period and are 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, 866-QUIT-4-Life TTY 711.

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 surcharge during your subsidized medical period.

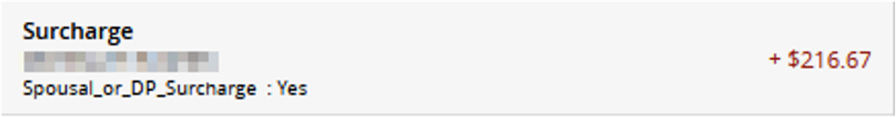
Note: You are not subject to the Working Spouse/Domestic Partner surcharge if your base pay was less than $30,000.

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

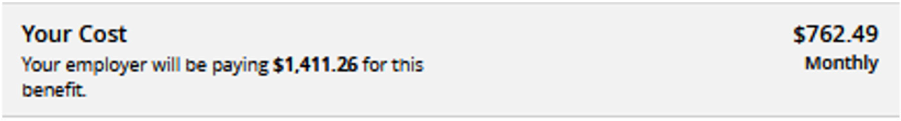
To verify your selection, please review your **Benefits Summary** after you complete your enrollment. On your summary, you will need to click on View Details under the medical plan to view the surcharge details. In the pop out you will see the surcharge listed if it applies. The amount added will show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

See below screenshot examples for further detail.

If the surcharge applies, you will see the following:

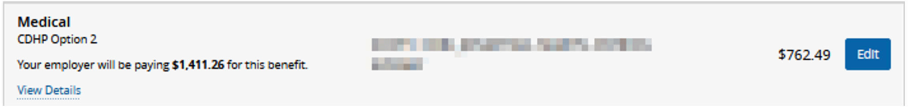


If the surcharge does not apply, you will see the following:



PDF version with surcharge applied:

PDF version if the surcharge does not apply:



Reminders

Employee Assistance Plan (EAP)

You and your household family members are eligible for the Optum Employee Assistance Program (EAP). You can receive confidential support, 24/7, by calling **866-270-0033**.

- 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 eight (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.

Medicare Eligible due to disability

It is your responsibility to notify the Lumen Health and Life Service Center at **833-925-0487** if you or your dependent(s) become Medicare eligible due to a disability. If you have questions regarding Medicare, you go go to the website at **medicare.gov** or contact a representative at **800-medicare**.

If you or your dependent(s) become eligible for Medicare while on COBRA, you will need to notify the Service Center and your COBRA coverage will end. If you are Medicare eligible before you enroll in COBRA, Medicare becomes your primary coverage and the Company medical plan becomes secondary. Your benefits will be reduced if you do not enroll in a timely manner in Medicare Part B coverage.

Pharmacy

The Prescription Drug List (PDL) is updated periodically throughout the year.

Depending on the anticipated prescription drug costs you might incur during a plan year, you may have an impact on which medical plan option you choose. You can use the tools below to estimate your costs.

Doctors Plan in Arizona and Colorado

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.

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.

Retail or Speciality drugs: Tier 1 - $10, Tier 2 - $25, Tier 3 - $100 and Tier 4 - $400

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

Surest Health Plan:

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.

For an overview of how the Surest Health Plan works, visit **lumen.com/surest**. 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.

UnitedHealthcare Options:

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.

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.

Zip code update

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 the Annual Enrollment process as options may change (based on your address on file).

Take Action and Enroll

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

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

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

- Chrome
- Firefox
- 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 App 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/healthbenefits** 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, at 7 a.m. - 7 p.m. (CST).**
   - Go to **lumen.com/healthbenefits**
   - Click the **Start Here** button to review your personal information.

3. **Phone Enrollment - Nov. 7 through Nov. 18, at 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** or **317-671-8494** (for international callers).

     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 an advocate 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 plans and options available to you. Choose or waive coverage for each option and plan and select which eligible dependent(s) you want to covered.

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

Review and finalize your elections *(mobile device or online)*

Make sure your personal information, elections, and dependents 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) and are allowed to make the QLE change based on the rules and provisions.

Appendix

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 Health and Life website, or by calling the Service Center.

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
You Pay	**In-Network**
	Annual Deductible **(The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)**
	Individual
	$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)**
	Individual
	$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

	UnitedHealthcare Doctors Plan	
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
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 Comparisons

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 Summary Plan Description on the Health and Life website, or by calling the Service Center.

	Surest Health Plan		UnitedHealthcare HDHP		UnitedHealthcare CDHP	
HSA/HRA Contributions	Not Applicable		With Individual-Funded HSA (maximum contribution): • $3,850 Individual • $7,750 Individual + 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: • $500 Individual • $750 Individual + Spouse/Domestic Partner (Domestic Partner) • $750 Individual + Child/ren • $1,000 Individual + Family	
You Pay	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
	Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)					
	Individual		**Individual**		**Individual**	
	$0	$0	$1,500	$3,000	$1,500	$3,000
					Individual + Spouse/Domestic Partner	
					$2,250	$4,500
	Individual + Child/ren		**Family**		**Individual + 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)					
	Individual		**Individual**		**Individual**	
	$3,600	$7,200	$3,600	$7,200	$3,200	$6,400
	Individual + Spouse/Domestic Partner				**Individual + Spouse/Domestic Partner**	
	$5,400	$10,800			$4,800	$9,600
	Individual + Child/ren				**Individual + 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)

	Surest Health Plan		UnitedHealthcare HDHP		UnitedHealthcare CDHP	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Coinsurance	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)
Primary care visit to treat an injury or illness	$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 (after deductible is met)
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Outpatient Surgery	Up to $3,000	Up to $7,200	85% covered (when performed at an Ambulatory Surgery Center) 80% covered (if performed as outpatient in a hospital)	Not covered	85% covered (when performed at an Ambulatory Surgery Center) 80% covered (if performed as outpatient in a hospital)	Not covered
Emergency Room Services	$500	$500	• 80% covered after deductible is met		• 80% covered after deductible is met	
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)

Prescription Drugs

	Surest Health Plan	UnitedHealthcare HDHP	UnitedHealthcare CDHP
Tier 1 Drugs	• $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	• 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	• 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)
Tier 2 Drugs	• $70 for a 31 day retail supply • $175 for a 90 day retail/mail supply • $225 (In-Network) for Specialty Retail Pharmacy	• 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)	• 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)
Tier 3 Drugs	• $100 for a 31 day retail supply • $250 for a 90 day retail/mail supply • $300 (In-Network) for Specialty Retail Pharmacy	• 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	• 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)
Tier 4 Drugs	• $200 for a 31 day retail supply • $500 for a 90 day retail/mail supply • $400 (In-Network) for Specialty Retail Pharmacy	• 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	• 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)
Specialty Medications	• **Tier 1**: $200 • **Tier 2**: $225 • **Tier 3:** $300 • **Tier 4:** $400 **Note:** Specialty medications are limited to a 31 day supply. **Surest Health Plan:** Out-of-Network pharmacies are not covered.	• **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. **UnitedHealthcare:** Out-of-Network prescription drugs are covered at 50% coinsurance after deductible has been met.	• **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.

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 are at an out-patient facility, diagnostic or ambulatory center, physician office or independent laboratory.

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 **Health and Life website**, or by calling the Service Center.

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 Health and Life website, 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)			
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

Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network Cost	Out-of-Network Reimbursement
Progressive - Premium Tier 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
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		

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
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.

Helpful Resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs, 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/healthbenefits 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/healthbenefits
Medical	**Surest:** **866-683-6440** Mon-Fri, 6 a.m. - 9 p.m. (CST) Group Number: 78800186	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: **800-842-1219** Group Number: 192086	**UnitedHealthcare:** myuhc.com Search: **UHC App**, available for free in the App Store and Google Play
Employee Assistance Program	Optum: 866-270-0033	lumen.com/EAP
Prescription Drug	**Surest:** **866-683-6440** Mon-Fri, 6 a.m. - 9 p.m. (CST)	lumen.com/joinsurest **Access Code: Enroll2023** Search: **Surest**, available for Free in the App Store and Google Play
	UnitedHealthcare (including the Doctors Plan): **800-842-1219**	**UnitedHealthcare:** myuhc.com Search: **UHC App**, available for free in the App Store and Google Play

Benefit Option	Phone	Online
Telemedicine	**Surest:** **Doctor On-Demand** **UnitedHealthcare:** • MDLIVE: **888-632-2738** • UHC Virtual Care Services	**patient.doctorondemand.com** **lumen.com/MDLIVE** Search: **MDLIVE**, available for free in the App Store and Google Play **myuhc.com/virtualvisits** Search: **UHC App**, available for free in the App Store and Google Play
2nd.MD (Second opinions for all conditions) (An expert medical consultation service offered at no cost to you and your eligible dependents over the age of 18 who are enrolled in a Company medical plan.)	**866-842-1151**	**lumen.com/2ndmd** Search: **2nd.MD**, available for free in the App Store and Google Play
Dental	**MetLife: 866-832-5756**	**metlife.com/mybenefits** Search: **MetLife**, available for Free in the App Store and Google Play This app allows you to search the network of thousands of dentists and specialists to find a provider near you.
Vision	**EyeMed: 855-874-4744**	**eyemed.com** Search: **EyeMed**, available for free in the App Store and Google Play

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

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. 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 **lumen.com/healthbenefits**, 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, including voluntary or supplemental coverages. Please refer to the applicable Plan document or SPD on the Health and Life website for details about eligibility for coverage or call the Claims Administrator - limitations may apply including, but not limited to, being actively at work in order to be eligible for coverage. You understand that it is your responsibility to confirm your eligibility to enroll in a benefit option, including voluntary or supplemental coverages; enrolling in and paying for coverage for which you are ineligible will not entitle you to benefits; you understand that it is your responsibility to terminate benefit coverage once you or your dependent(s) become ineligible, for example, due to death 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.

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 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 Health and Life website regarding any applicable restrictions. Contact the Claims Administrator of

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 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.

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 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 QLEs during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. Upon termination, or other COBRA QLE, the former employee and any other 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**.

LUMEN®