Amazing People. Amazing Benefits. Find Your Fit.

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

2023 Annual Enrollment Guide

For Qwest Post-1990 Occupational Retirees

Including: Inactive and COBRA Participants

LUMEN®

Contents

- **Some references and benefit options in this document apply only to Qwest Post-1990 Occupational Retirees. For more information, refer to the Health and Life website at lumen.com/healthbenefits or contact the Service Center at Businessolver.**
- **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.**

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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).

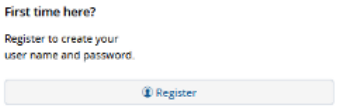
This guide pertains to BOTH non-Medicare and Medicare eligible participants and eligible declared dependent(s). If you make changes during Annual Enrollment, your new coverage will begin on the first day of the new calendar year.

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.

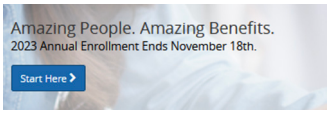
Enrollment Checklist - Be sure to use this when you enroll online at lumen.com/healthbenefits.

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

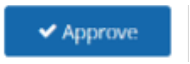
1. Navigate to **lumen.com/healthbenefits** and log in. If you have not registered or logged into your account, go to step 2 to register. If you have previously logged in, skip to step 5.



2. Create your account following the steps to input your information, create your username and password and security questions. Once registered, log in to your account.
3. Review the **Getting Started Details** to agree to the electronic disclosure agreement and select **Continue**.
4. Enter your **Personal Preference** on how you wish to receive benefit communication. Click **Continue**.
5. Select **Start Here** at the top of the screen to begin your 2023 Annual Enrollment elections.



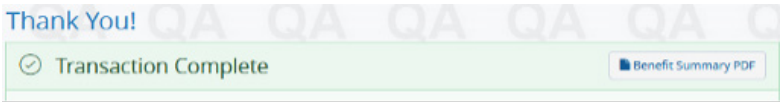
6. Read the opening message and select **Start Enrollment**.
7. Review your personal information and update your alternate address if applicable, click **Next**.
8. Confirm Medicare Eligibility of you and dependent(s).
9. Review dependents on file and confirm demographic details are accurate, click **Looks Good**.
10. Review Medicare information if applicable for dates, Medicare Beneficiary Identifier (MBI) information.
11. Elect all healthcare (medical, dental) plans. 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 want to suspend/unsuspend or waive coverage, you will be able to do so on the medical and dental plan screens. If you waive coverage, you may not re-elect coverage in the future. Suspend rules will apply.
12. Review Health Reimbursement Accounts (HRA).
13. Review Life Insurance plans and confirm/update beneficiary information.
14. Review Voluntary Lifestyle Benefits plans.
15. Review Your Elections, including plans, coverage levels and pricing in their entirety and select **Approve** to authorize your transaction.



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

17. If an eligible declared dependent has newly been enrolled in coverage, you will see information regarding the requirement for dependent verification. Read through the requirements carefully.

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.



Direct Bill Payment

If you owe a premium for any of your benefits, you are encouraged to set up ongoing automatic payments for your direct bill account (e.g., for retiree dental coverage). If you choose to set up autopay, you must pay your outstanding balance in full before the autopay will begin.

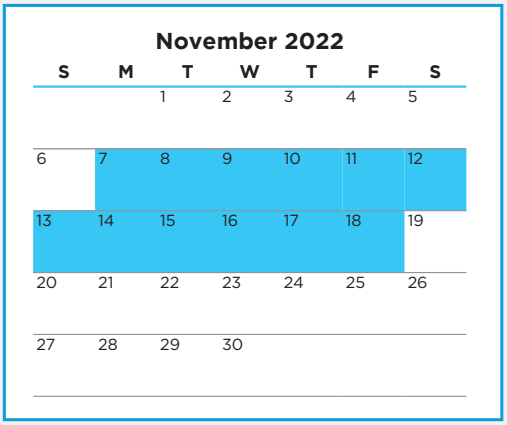
Note: If you choose to make one-time payments, you will incur a $2.00 service fee for each payment. This is not the same as autopay.

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

We encourage you to enroll! Even if you do not wish to make changes to your existing benefits, as mentioned there may be Plan changes and/or costs that may impact your 2023 health and/or life benefits. If you don't enroll by Nov. 18, you will be automatically enrolled in the plans and coverage levels listed on your Enrollment Worksheet which is also displayed on the Health and Life website. You should save a copy of your Enrollment Worksheet as this will serve as your Confirmation Statement if you don't make changes. A Confirmation Statement will not be mailed to you.



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 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 the Summary Plan Descriptions (SPDs) as well as the Legal and Important Required Notices section of this Guide. The SPDs are available on the Health and Life website or by requesting a copy through the Service Center. Please allow time for mailing.

Please keep this SMM with your SPDs 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.

Note: When enrolling on the Health and Life website, the coverage level for Retiree will be referenced as "Individual". For example, Retiree coverage will be shown as Individual coverage, Retiree + Spouse/Domestic Partner will be shown as Individual + Spouse/Domestic Partner, etc.

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.

COBRA Participants

COBRA coverage is limited to medical, dental and/or vision coverage, 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

Non-Medicare Participants

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

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

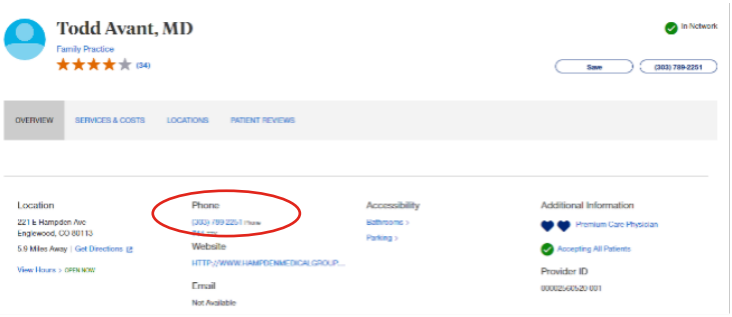
The Surest Member Services team is available for any questions. Refer to the Helpful Resources section of this guide for further information.

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 providers 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 Retiree contribution limit increases from **$3,650** to **$3,850**, and the Retiree + 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.

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 do it to ensure you're getting the most out of your benefits while protecting your pocket. Please review the following information for instructions on accessing and/or enrolling in these benefits. **Note:** You can enroll in these benefits at any time.

For access to specific plan documents, go to the Reference Center at **lumen.com/healthbenefits**. Once in the Reference Center, you can search for the Voluntary Benefits folder and review each benefit plan.

As a retiree of Lumen, you have access to the following Voluntary Lifestyle Benefit plans:

- **NEW! Disaster Insurance -** Protect your home and finances from a natural disaster.
- **Employee Perks/Discounts -** PerkSpot is a members-only discount site that provides you with access to hundreds of exclusive deals from brand-name retailers and local merchants.
- **NEW! Identity & Fraud Protection -** Protects you and your family from fraud.
- **Legal Services -** Legal experts on your side, whenever you need them.

Disaster Insurance through Recoop

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—hurricane (with storm surge), wildfire, tornado, earthquake, gas explosion, winter storm, or dust storm.

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.

How to enroll:

- **Step 1:** Go to **lumen.com/recoop**
- **Step 2:** Review plan options and select coverage
- **Step 3:** Pay via credit card
- **Step 4:** Save your account login information for when you need to file a claim

Questions? Go to **recoopinsurance.com/faq**

Employee Perks/Discounts Offered through PerkSpot - you can use Employee Perks/ Discounts at any time, no membership fee

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. Your family members can save, too.

How this benefit works...

- Step 1: Visit **lumen.com/retireeperks** and create an account
- Step 2: Search through hundreds of discounts offered on goods and services
- Step 3: Select a discount and start saving

Questions? Go to **support.perkspot.com**

Identity & Fraud Protection offered through MetLife

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.

How this benefit works...

- Step 1: Select the level of protection you want.
- Step 2: Aura will monitor your personal information and alert you of any suspicious activity.

How to enroll:

- Step 1: Go to **lumen.com/idprotection** to access your Identity & Fraud Protection benefit
- Step 2: Review plan options and select coverage
- Step 3: Pay via credit card

Questions? Call **833-552-2123**

Legal Services offered through MetLife

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.

With MetLife Legal Plans, you will have access to full attorney representation of legal matters including:

- Identity theft defense
- Preparation of wills, living wills, and trusts
- Divorce
- Traffic ticket defense
- Buying, selling, and refinancing your home
- Consumer protection
- And more

What's new in 2023:

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

How this benefit works...

- Step 1: Find an attorney by going to **retirees.legalplans.com/9904598**, or call **800-821-6400** to speak with an experienced service team member that can match you with the right attorney and give you a case number.
- Step 2: Call the attorney you select, provide your case number, and schedule a time to talk or meet.

How to enroll:

- Step 1: Go to **retirees.legalplans.com/9904598**
- Step 2: Create an account using the email and password of your choice
- Step 3: Answer a few questions to verify your eligibility

Questions? Call **800-821-6400**

Medicare Eligible Participants

"NEW" - Lumen Retiree Medicare Advantage PPO Plus Dental

We have exciting news about a new offering for your health care coverage beginning January 1, 2023. Lumen has partnered with UnitedHealthcare to develop a new plan for our retirees, the Lumen Retiree Medicare Advantage PPO Plus Dental plan option. This new Group Retiree MAPD (PPO) Plus Dental plan option is an additional option to your current Health Reimbursement Account (HRA) or SHARE account and Lumen Dental Plan. It is designed to combine features of individual Medicare Supplement, Medicare Part D Prescription Drug (PDP) and Medicare Advantage plans with enhanced elements compared to plans in the individual marketplace.

It provides access to any willing Medicare provider, worldwide emergent and urgent care and expanded coverage for nearly all Part D medications at your current pharmacy.

- Benefits that go beyond Original Medicare like comprehensive Dental, Renew Active fitness, hearing aid discounts, post discharge meals and transportation, acupuncture, chiropractic services, and more.
- Expanded clinical and wellness programs including HouseCalls, incentive rewards, and special clinical and wellness programs like for diabetes or heart disease.
- Annual out-of-pocket maximums for both your medical and prescription benefits.
- A simplified member experience with one ID card and support by a Dedicated Customer Service team for Lumen to provide personalized support, including for preventive care, emergency room visits and hip or knee joint replacements.

Note:

- The Lumen retiree must be enrolled in a Lumen Medicare medical plan or the new Lumen Retiree Medicare Advantage PPO Plus Dental in order for an eligible spouse/dependent to enroll.
- The monthly cost of the new plan is determined by your retiree group and retiree medical subsidy cap - refer to your Enrollment Worksheet.
- When enrolling in the new Lumen Retiree Medicare Advantage PPO Plus Dental option, the plan replaces both the Retiree LQ HRA and Lumen Dental Plan for the plan year and cannot be changed until the next annual enrollment period.
- If you have a CDHP Health Reimbursement Account (HRA) that isn't depleted by Dec. 31, you may continue to use the account for eligible out-of-pocket expenses.

If you enroll in the NEW Lumen Retiree Medicare Advantage PPO Plus Dental plan outside of the Annual Enrollment period, please enroll at least 30 days prior to your desired plan effective date. Enrollment must be approved by Medicare prior to the plan effective date. Lumen cannot make any exceptions to the Medicare rules. For example, if approved by UnitedHealthcare in Dec., coverage under the Lumen Retiree Medicare Advantage PPO Plus Dental plan would become effective Jan. 1. Please have your Medicare Beneficiary Identifier (MBI) number ready as you will be required to provide this to the Service Center during enrollment.

If you want to learn more about the new Lumen Retiree Medicare Advantage PPO Plus Dental plan, be sure to attend an educational meeting either in person or by phone. Review the plan guide and invitation sent to your home address from UnitedHealthcare for dates and times.

Managed Care Program Update

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.

Additional 2023 Benefit Updates

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 at **lumen.com/healthbenefits** 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.

Medicare and/or Non-Medicare-eligible Participants

If you and your dependent(s) are Medicare eligible, you must enroll in the same benefit plan option. If you are enrolling in an individual policy outside of the Company, you must complete that carrier's enrollment form and follow their process.

If you or one or more of your dependent(s) are not Medicare eligible, you can make separate elections for Medicare and Non-Medicare eligible participants. The Non-Medicare participant may remain in the Company plan option or suspended coverage (No Coverage) option, while the Medicare eligible participant may select from one of the two Medical plan options.

Note: If the Non-Medicare eligible participant becomes Medicare eligible during the plan year, that participant must enroll (and complete forms, if applicable) in the same benefit plan option in which the Medicare-eligible participant is already enrolled.

Pension Check Deductions for Benefit Premiums

If you receive a pension check, you will no longer be able to set up deductions to be taken from your pension check. If you currently have deductions taken from your pension check, that will not change and deductions will continue.

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 retirees. This is not the company you retired from, now known as Lumen Technologies. Please do not contact the commercial insurance company in Austin Texas for inquiries related to your health insurance and/or retirement 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 - Non-Medicare Eligible Participants

Medical and Prescription Drug Overview

Lumen offers you and your eligible dependents three medical plan options. The High Deductible Plan (HDHP) 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 Arizona or Colorado, you may be eligible for the High Performing Network (HPN) Doctors Plan. Refer to the What's New and the Medical Comparison 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 your 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) • Plans use the same provider network	• Surest Health Plan has copays for services that can be seen prior to receiving care • Surest doesn't require mail-in for prescriptions; HDHP and CDHP do after two fills • HDHP and CDHP have deductibles and coinsurance for services • HDHP allows some preventive prescriptions without meeting your deductible first. • 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 (Retiree Only, Retiree & 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 & 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 healthcare 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.

Reminders - Non-Medicare Eligible Participants

Deductibles and Co-Insurance Accumulators reset on Jan. 1

If you elect to move from the CDHP to the HDHP or the Surest Health Plan, any Health Reimbursement Account (HRA) dollars will be transferred to your post-deductible HRA after a run-out period of **90** days. Keep in mind that Surest Health Plan and UnitedHealthcare are unable to process prior to 90 days.

If you enroll as a dependent under your spouse's Lumen group plan (you are a Company couple), any HRA dollars will be moved after a run-out period of **90** days.

It will be necessary for you to contact the Advocacy Services team at the Service Center, **833-925-0487** to assist you with the transfer process. The Advocacy Services team will work with UnitedHealthcare or the Surest Health Plan to have the HRA dollars moved to the applicable plan option after the 90-day run-out period.

Medical and Dental Company Cap

Medical and Dental Premiums

Review your Enrollment Worksheet (EWS) as your premiums may change for 2023.

Retirees are responsible for the portion of the cost of medical premium that exceeds the monthly company contribution Cap, as applicable. Be sure to review your medical plan options and premium costs carefully. The Retiree and Inactive Health Plan includes a Cap on the dollar amount of the premium subsidy provided by the Company. Cap amounts vary depending on your legacy company and whether you are enrolling yourself and/or any eligible declared dependents. Once the cost of healthcare coverage exceeds the specified Cap amount, you must pay 100% of the remaining balance above the Cap amount, in addition to your percentage amount due.

Reminder: Your contribution was capped at the 2020 amounts and will not increase in the future.

Pharmacy

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

Your anticipated prescription drug costs are impacted based on which medical plan you elect.

Doctors Plan in AZ and CO:

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. Your co-pay for retail or speciality drugs is: Tier 1 - $10, Tier 2 - $25, Tier 3 - $100 and Tier 4 - $400.

You can use Home delivery to fill maintenance prescriptions and save money; however, it is not mandatory. Mail order co-pays for a 90-day supply is: 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.

If you want 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.

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 15

 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 option available to you on the **Health and Life website** or on your Enrollment Worksheet process as options may change (based on your address on file).

Plan Overviews - Medicare Eligible Participants

To continue benefits once your or your eligible dependent(s) become Medicare eligible and avoid a gap between your group and individual coverage, you must enroll in Medicare Part A and Part B.

It is your responsibility to notify the Service Center if you or your dependent(s) become Medicare eligible prior to age 65 (for example, if disabled). If you don't advise the Service Center when you become Medicare eligible due to a disability, Medicare may assess penalties, or you may experience a gap in your coverage.

Below are the options available once you and your dependent(s) are or become Medicare eligible:

"NEW" - Lumen Retiree Medicare Advantage PPO Plus Dental offered through UnitedHealthcare

This plan includes original Medicare (Part A and Part B), Part D Prescription Drug coverage and additional benefits like dental, vision and more. Refer to the information sent to you in the mail from UnitedHealthcare, the Medical Plan overview in this guide and the Summary Plan Description for additional information.

What Happens to my Health Reimbursement Account (HRA) if I enroll in the new Retiree Medicare Advantage Plus Dental Plan?

Your LQ HRA will be suspended, and you will not receive 2023 HRA funding. You can submit claims eligible for reimbursement from the previous balances that have accrued over time and rolled over from year to year.

Health Reimbursement Account (HRA) Plan Combined with an Individual Medicare Policy

You must purchase an individual Medicare and/or prescription drug policy and pay the insurance premium directly to the carrier.

In order for your individual Medicare medical policy to be effective Jan. 1, you must enroll with Medicare between Oct. 15 and Dec. 7. Via Benefits will contact you approximately 90-120 days prior to the month your turn 65. You can contact them within 90 days of your Medicare enrollment deadline at **888-825-4252** to help you select a medical and/prescription drug policy. Enrollment through Via Benefits is not a requirement, you can enroll through a Financial Institution, Broker of your choice or directly on medicare.gov. Please do not contact the Service Center to enroll in an individual Medicare policy as they will be unable to assist you. Starting Nov. 7, you will need to contact the Service Center letting them know you enrolled in an individual Medicare and/or prescription drug policy.

- The LQ HRA provides you with Company-subsidized dollars to help you purchase the individual Medicare policies and dental premiums.
- The HRA is funded annually, on Jan. 1 of each year by the Company. Your unused HRA dollars roll over.
- Your annual Company-funded medical HRA amounts are capped and remain the same for 2023 and will not increase in the future.

For additional information, review the Navigation Guide on the Health and Life website at **lumen.com/healthbenefits**. The guide is located in the Reference Center next to your name at the top of the screen in the General Information folder and then the Retiree sub folder.

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 cover providing they were declared at the time of retirement.

Make sure to click on the **Compare** and **Plan Details** to view details and costs for the plans and the options 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) and are allowed to make the QLE change based on the Retiree rules and provisions.

Appendix

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

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)
	Retiree
	$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)
	Retiree
	$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%

	UnitedHealthcare Doctors Plan	
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
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 - Non-Medicare Eligible

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 Retiree-Funded HSA (maximum contribution): • $3,850 Retiree • $7,750 Retiree + 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 Retiree • $750 Retiree + Spouse/Domestic Partner (Domestic Partner) • $750 Retiree + Child/ren • $1,000 Retiree + 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)					
	Retiree		**Retiree**		**Retiree**	
	$0	$0	$1,500	$3,000	$1,500	$3,000
					Retiree + Spouse/Domestic Partner	
					$2,250	$4,500
	Retiree + Child/ren		**Family**		**Retiree + 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)					
	Retiree		**Retiree**		**Retiree**	
	$3,600	$7,200	$3,600	$7,200	$3,200	$6,400
	Retiree + Spouse/Domestic Partner				**Retiree + Spouse/Domestic Partner**	
	$5,400	$10,800			$4,800	$9,600
	Retiree + Child/ren				**Retiree + 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.

Lumen Retiree Medicare Advantage PPO Plus Dental - Medicare Eligible Participants

This chart is only a snapshot summary of medical benefits. For specific details on how services are covered or excluded, please contact UnitedHealthcare Customer Service at **844-588-5873**, or refer to the Summary Plan Description on the **Health and Life website**, or by calling the Service Center.

Plan comparison Medical Benefits	Lumen Retiree Medicare Advantage (PPO) + Dental Plan In-Network	Lumen Retiree Medicare Advantage (PPO) + Dental Plan Out-of-Network	Individual Medicare Advantage Plan	Medicare Supplement Plan G	Medicare Supplement Plan N
Monthly premium	**$0-$150**		$21	$143-$235	$120-$180
Annual deductible	**$0**		$150	$203	$203
Out-of-pocket maximum	**$950**		$4,750	N/A	N/A
Primary care physician/specialist visit	**$5/$35**	**$5/$35**	$2/$33	Covered	$20
Hospital stay	**$250/day 1-4**	**$250/day 1-4**	$290/day 1-5	Covered	$0
Emergency room visit	**$90**	**$90**	$90	Covered	$50/$20
Prescription drug benefits				**Individual Prescription Drug Plans**	
Monthly premium	**Included in medical**	**Included in medical**	Included in medical	$45	$45
Deductible *Tiers 3-5	**$50**	**$50**	$150	$320	$320
Tier 1: Preferred generic	**$0**	**$0**	$2	$1	$1
Tier 2: Generic	**$8**	**$8**	$9	$5	$5
Tier 3: Preferred brand	**$40**	**$40**	$40	$30	$30
Tier 4: Non-preferred drug	**$90**	**$90**	$90	41%	41%
Tier 5: Specialty	**30%**	**30%**	30%	27%	27%
Percent of Part D drugs covered	**97%**	**N/A**	50%-60%	50%-60%	50%-60%
Catastrophic Coverage	**$0**	**$0**	Greater of 5% or small copay	Greater of 5% or small copay	Greater of 5% or small copay

Dental Coverage included with the Medicare Advantage PPO Plus Dental

PPO Plan Design

Annual Benefit Maximum (per person)	**$1,000**
You Pay	
Annual Deductible (P&D not Included)	$50
Plan Pays (after deductible)	
Diagnostic and Preventive (no deductible) Cleanings, exams, x-rays	100%
Minor Services Fillings, root canals, periodontics	80%
Major Services Crowns, dentures and bridges	50%
Oral Surgery	Not Covered
Passive PPO Network	When you use network providers, you pay a percentage of discounted fees.
Administrator	UnitedHealthcare, **800-445-9090**

Dental Overview - Lumen Dental Plan

Basic Dental Plan - Passive PPO

Your Dental PPO plan is passive, meaning that you will pay the same coinsurance levels, have the same deductible requirements and be allotted the same Annual Maximum value regardless of going In or Out-of- Network. In-Network services are subject to MetLife's negotiated PDP Plus network rates. Out-of- Network services will be subject to the reasonable and customary charges. You may have additional out of pocket costs for services received from Out-of-Network providers.

For specific details on how services are covered or excluded, please contact MetLife or refer to the Summary Plan Description available on the Health and Life website or by requesting a copy through the Service Center.

Annual Benefit Maximum (per person)	**$1,000 (not including oral surgery)**
	You Pay
Annual Deductible (per person)	$25 for General Care and Major and Restorative; no deductible for Diagnostic, Preventive or Oral Surgery
	Plan Pays (after deductible)
Diagnostic and Preventive (no deductible) Cleanings, exams, x-rays	100% up to maximum allowable amount
General Care Fillings, root canals, periodontics	50% up to maximum allowable amount
Major Restorative Crowns, dentures and bridges	50% up to maximum allowable amount
Oral Surgery (no deductible)	80% no limit
Passive PPO Network	When you use network dentists, you pay a percentage of discounted fees
Administrator	MetLife Group Number: 148096 Phone Number: **866-832-5756**

If you and all of your dependents are Medicare eligible

- If you choose to waive your group dental coverage, you will not be eligible to enroll at Annual Enrollment or if you experience a Qualified Life Event (QLE).
- If you waive or suspend coverage, you can enroll in an individual dental policy of your choice outside of the Company.
- You may enroll in an individual dental policy through Via Benefits (**lumen.com/viabenefits**) or on your own directly with a dental insurance carrier or a local broker of your choice.
- **If you elect to enroll in the Lumen Retiree Medicare Advantage PPO Plus Dental, your dental coverage will be placed in a suspended status as this plan includes dental coverage.**

Retiree Life Insurance

If you retired between Jan. 1, 1991, and Dec. 31, 2002

If you continued Retiree Supplemental Life Insurance coverage after your retirement, you may continue coverage to age 65, provided you pay your monthly premiums in a timely manner. Once you reach age 65, you can apply to convert your coverage to an individual policy with MetLife. Coverage ends on the last day of the month in which you turn age 65.

If you retired on or after Jan. 1, 2003

If you continued Retiree Supplemental Life Insurance coverage after your retirement, your coverage will be reduced by 10% of your coverage amount each year, beginning on the first day of the year following your 66th birthday, up to a total reduction of 50% by age 70. Coverage may continue to age 70 provided you continue to pay your monthly premiums in a timely manner. Once you reach age 70, you can apply to convert your coverage to an individual policy with MetLife. Coverage ends on the last day of the month in which you turn age 70.

If you have Retiree Supplemental Life Insurance, unless otherwise specified, the coverage amount is payable to the same beneficiary/beneficiaries as named for your Retiree Basic Life Insurance in the event of your death.

Important notes if you have Retiree Supplemental Life Insurance

- You may cancel or decrease coverage at any time by calling the Service Center. You may not enroll, re-enroll or increase coverage during your retirement.
- You may convert your Retiree Supplemental Life coverage, if applicable, according to the laws of the state of Washington where the policy is issued. Conversion is not automatic, and you must apply for converted life insurance coverage through MetLife. You can reach MetLife at **877-275-6387** to request a conversion application if you experience a qualified loss in coverage. **MetLife must receive your completed application and premium for conversion within 31 days from the date your retiree supplemental life insurance coverage terminates**. Applications received by MetLife after the 31-day period will be denied.

Beneficiary Reminder

Please confirm that you have designated beneficiaries for all of your Company Life Insurance Plan coverage by going to **lumen.com/healthbenefits** or by calling the Service Center at **833-925-0487**.

The Service Center is the recordkeeper of beneficiary designations.

Refer to the SPD for Facility of Payment to find out what happens when no beneficiaries are on file.

Refer to the Helpful Resources section of this Guide for instructions on how to access SPDs and SMMs for detailed information.

Helpful Resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs located under the Resource Center on the Health and Life website **lumen.com/healthbenefits**. If you would like a paper copy of these materials, contact the Service Center at **833-925-0487**. Please be advised that mailing time is based on the USPS schedule. Lumen and the Service Center is unable to overnight forms, documents, letters, etc.

Benefit Option	Phone	Online
	Healthcare	
Service Center • Health and Life Benefit Questions	**833-925-0487** **317-671-8494** (Local DNIS for 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.
Healthcare Advocacy Services • For issues with your Healthcare claim(s) that you are unable to resolve on your own or through the Claims Administrator or your Healthcare provider.	**833-925-0487** **317-671-8494** (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)	**lumen.com/healthbenefits**
Medical (Non-Medicare Participants)	**Surest:** **866-683-6440** Mon-Fri, 6 a.m. - 9 p.m. (CST) Group Number: 78800186	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. **lumen.com/surest** (This website provides an overview of how this plan can best work for you.) 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
Lumen Retiree Medicare Advantage PPO Plus Dental	**UnitedHealthcare:** **844-588-5873**	**lumen.com/MAPD** Search: **UHC App**, available for Free in the App Store and Google Play
Prescription Drug Program (Non-Medicare Participants)	**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: **800-842-1219**	**UnitedHealthcare: myuhc.com** Search: **UHC App**, available for Free in the App Store and Google Play
Telemedicine	**Surest:** **Doctor On-Demand** **UnitedHealthcare:** **888-632-2738** • UHC Virtual Care Services	**patient.doctorondemand.com** **myuhc.com/virtualvisits** Search: **UHC App**, available for Free in the App Store and Google Play

Benefit Option	Phone	Online
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 Plan	**MetLife: 866-832-5756** Group Number: 148069	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.
Via Benefits	**888-825-4252**	lumen.com/viabenefits

Additional services provided by MetLife

Will Preparation and Probate Services are provided at no additional cost to retirees who are covered by the Retiree Supplemental Life Insurance Plan through MetLife. If you are eligible to receive these services, please call Hyatt Legal Plans, Inc. at **800-821-6400**.

Grief Counseling and Funeral Assistance Services, which are provided through LifeWorks US Inc. for you, your dependents and your beneficiaries at no extra cost. If you are interested in learning more about this service, please call **888-319-7819**.

Follow the steps below to update your address and/or phone number.

Change of Address Updates

Online

For Health and Life Benefits	For Pension Benefits
lumen.com/healthbenefits	**Contact the Lumen Pension Center** Log in to lumenpension.ehr.com OR Submit your information in writing to Lumen Pension Service Center DEPT: LUM P.O. Box 981909 El Paso, TX 79998 OR Fax to: **844-286-1282** Your written request must include your full name, last four digits of your Social Security number, complete old address, complete new address, signature and date.

By Phone

For Health and Life Benefits	For Pension Benefits
Contact the Service Center **833-925-0487** (The local DNIS for international callers is **317-671-8494**).	**Contact the Lumen Pension Center** **888-324-0689**

Everyone can stay Stay up-to-date with Retiree Articles

Visit lumenbenefits.com or lumen.com/healthbenefits to get the latest retiree news. Retiree Articles are designed to share information about benefits, the Company and other topics. Stay informed and up-to-date!

Important Coverage Rules

Refer to your Summary Plan Description for a complete description of coverage rules

Dual coverage

Company retirees are prohibited from being enrolled in more than one Company medical/prescription drug or dental Plan benefit option (except as noted below).

- **If you elect coverage during Annual Enrollment, and are also covered as a dependent on another employee's/retiree's coverage**, you will remain covered under your own record. You will be removed as a dependent from the other employee's/retiree's coverage once the enrollment period ends.
- **If you retired and enrolled as a dependent through a Qwest Pre-1991 retiree's coverage**, you will be allowed to remain enrolled as both a dependent and as a retiree, and you may also cover the Pre-1991 retiree as your dependent.

Note: Pre-1991 retirees must be enrolled in the Company Guaranteed Plan; otherwise, dual coverage does not apply.

Covering previously suspended dependents during Annual Enrollment

To cover previously suspended dependents during Annual Enrollment, **action is required.**

1. To add previously suspended dependents, follow the directions during your online enrollment or contact the Service Center.
2. Plan coverage for your previously suspended dependents will become effective Jan. 1, 2023 providing supporting documentation to verify eligibility for your dependent is received timely. You can upload your supporting documentation after you complete your enrollment.

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 healthcare or life insurance from the company, refer to the applicable section to see how your retiree benefits may be impacted.

Note: If you have VEBA life insurance, that coverage will not be impacted.

If you are rehired in a status that is eligible for active employee benefits, you will be offered the same benefits as other similarly situated employees based on your employee classification. If you have 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 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 coverage, if applicable.

If you return to work for a supplier on assignment to the company, you are not eligible to continue your Company retiree healthcare benefits. This means that while you are working for the supplier, your retiree healthcare benefits will be suspended. However, you will be offered the opportunity to continue your retiree medical and/or dental options under COBRA. Your retiree basic and/or retiree 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 healthcare benefits. Retiree healthcare 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 healthcare, basic and supplemental life insurance coverage, if applicable, in accordance with the terms of the Plan by calling the Service Center at **833-925-0487** (The local DNIS for international callers is **317-671-8494**) If you returned to work for a supplier on assignment, the Company, will validate that your assignment has ended before you will be allowed to resume your retiree healthcare 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).

Legal and Important Required Notices

A note about privacy

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

Notice of Privacy Practices

You can review and print the complete notice at **lumen.com/healthbenefits**. You may obtain a paper copy upon request by calling the Service Center at **833-925-0487** (The local DNIS for international callers is **317-671-8494**).

This Is a Summary of Material Modifications (SMM)

This document is intended to serve as a Summary of Material Modifications (the "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 (the "Plan"). Please keep this SMM with your Summary Plan Description for the Plan for future reference. This document summarizes only certain provisions of the Plan. If there is any conflict between the terms of the Plan documents and this SMM, the terms of the Plan documents will govern. The Company has reserved to the Plan Administrator the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan.

Coverage is not advice

Health Plan coverage is not healthcare advice. Please keep in mind that the sole purpose of the Plan is to provide payment for certain eligible healthcare expenses – not to guide or direct the course of treatment for any employee, inactive retiree or eligible dependent. If your healthcare 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 healthcare provider can decide what the right healthcare 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 healthcare recommendations or advice.

The Company's reserved rights

This document summarizes certain provisions of the Disability Plan, the Life Insurance Plan and the Retiree and Inactive Health Plan (collectively referred to as 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.

Right to Amend and/or discontinue and make rules

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 and with respect to the Health Plan, the written agreement specific to Pre-1991 Retirees. 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.

Notice of "Exempt" Retiree Medical Plan status

The Retiree and Inactive Health Plan, and all of its benefit options meet the requirements of a stand-alone exempt retiree medical benefit plan under Section 732 of ERISA and, therefore, is not required to comply with benefit mandates of the Patient Protection and Affordable Care Act (PPACA). However, the Company has decided to voluntarily apply certain provisions of the PPACA to these benefit options. This voluntary application of certain PPACA provisions is separate from and not part of the healthcare commitment to the Qwest Pre-1991 and Qwest ERO '92 Retiree populations. This means that for all retirees, this voluntary compliance with PPACA may be changed or ended at any time and does not waive the Plan's status as "exempt" from PPACA.

Important note regarding your Annual Enrollment elections

By electing to participate in the Plans (the Disability Plan, the Life Insurance Plan and the Retiree and Inactive Health Plan), by your submission of information, you have agreed to be bound to and by the provisions of each of the Plans and their administrative practices, including, but not limited to with respect to the recovery of over and underpayments, terms and conditions for eligibility and benefits. You certify that the submission of information by you in this enrollment process is true and accurate to the best of your knowledge, unless you submit changes as instructed; 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 available on the Health and Life website or by requesting a copy through the Service Center 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, divorce, etc.

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

Women's Health and Cancer Rights Act

- This notice is provided to you in compliance with the federal law entitled the Women's Health and Cancer Rights Act of 1998 (the Act). The Plan provides medical and surgical benefits in connection with a mastectomy. In accordance with the requirements of the Act, the Plan also provides benefits for certain reconstructive surgery.
- In particular, the Plan will provide, to an eligible participant who is receiving (or who presents a claim to receive) benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for: (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and treatment of physical complications associated with all the stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.
- As with other benefit coverages under the Plan, this coverage is subject to each medical benefit option's annual deductible (if any), required coinsurance payments, benefit maximums, and copay provisions that may apply under each of the benefit options available under the Plan.
- You should carefully review the provisions of the Plan, the medical benefit option in which you elect to participate, and its SPD and SMM available on the Health and Life website or by requesting a copy through the Service Center regarding any applicable restrictions. Contact the Claims Administrator of your medical benefit option for more information.

Health Insurance Portability and Accountability Act (HIPAA)

Under the Special Enrollment rules under HIPAA, you

may enroll yourself and eligible dependents in the Health Plan upon the loss of other coverage, referred to as the "other plan," to include the following:

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

If your 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 Individual Only coverage in a Company 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 Company benefit options available to you, provided you verify your spouse's/domestic partner's eligibility under the Plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Note: This is an updated notice.

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS-NOW** or **insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **askebsa.dol.gov** or call **1-866-444-EBSA(3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: **myalhipp.com**
Phone: **1-855-692-5447**

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: **myakhipp.com**
Phone: **1-866-251-4861**
Email: **CustomerService@MyAKHIPP.com**
Medicaid Eligibility: **dhss.alaska.gov/dpa/Pages/medicaid/default.aspx**

ARIZONA - AHCCCS-KidsCare
Website: **azahcccs.gov/Members/GetCovered/Categories/KidsCare.html**
Phone: **800-654-8713**

ARKANSAS – Medicaid
Website: **myarhipp.com**
Phone: **1-855-MyARHIPP (855-692-7447)**

CALIFORNIA - Medi-Cal
Website: **medi-cal.ca.gov/**
Phone: **1-800-541-5555**

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado
Website: **healthfirstcolorado.com**
Health First Colorado Member Contact Center: **1-800-221-3943/State Relay 711**
CHP+: **colorado.gov/pacific/hcpf/child-health-plan-plus**
CHP+ Customer Service: **1-800-359-1991/State Relay 711**

CONNECTICUT - HUSKY Program
Website: **portal.ct.gov/HUSKY**
Phone: **855-626-6632**

DELAWARE - Delaware Healthy Children Program
Website: **dhss.delaware.gov/dss/dhcp.html**
Phone: **800-372-2023**

FLORIDA – Medicaid
Website: **myflfamilies.com/service-programs/access/medicaid/**
Phone: **1-877-357-3268**

GEORGIA – Medicaid
Website: **medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp**
Click on Health Insurance Premium Payment (HIPP)
Phone: **678-564-1162 Press 1**

HAWAII - Med Quest
Website: **humanservices.hawaii.gov/mqd/quest-overview/**
Phone: **855-643-1643**

IDAHO - Idaho CHIP
Website: **healthandwelfare.idaho.gov/services-programs/medicaid-health/childrens-health-insurance-program-chip**
Phone: **800-926-2588**

ILLINOIS - Illinois All Kids
Website: **illinois.gov/hfs/MedicalPrograms/AllKids/Pages/about.aspx**
Phone: **866-255-5437**

INDIANA – Medicaid
Healthy Indiana Plan for Low-Income Adults 19-64
Website: **in.gov/fssa/hip/**
Phone: **1-877-438-4479**
All other Medicaid
Website: **indianamedicaid.com**
Phone **1-800-403-0864**

IOWA – Medicaid
Website: **dhs.iowa.gov/hawki**
Phone: **1-800-257-8563**

KANSAS – Medicaid
Website: **kancare.ks.gov/consumers/apply-for-kancare**
Phone: **1-785-296-3512**

KENTUCKY – Medicaid
Website: **kynect.ky.gov**
Phone: **1-800-635-2570**

LOUISIANA – Medicaid
Website: **dhh.louisiana.gov/index.cfm/subhome/1/n/331**
Phone: **1-888-695-2447**

MAINE – Medicaid
Website: **maine.gov/dhhs/ofi/public-assistance/index.html**
Phone: **1-800-442-6003**
TTY: Maine relay 711

MARYLAND - Maryland Children's Health Program (MCHIP)
Website; **health.maryland.gov/mmcp/chp/pages/home.aspx**
Phone: **855-642-8572**

MASSACHUSETTS – Medicaid and CHIP
Website: **mass.gov/topics/masshealth**
Phone: **1-800-862-4840**

MICHIGAN - Michigan MIChild
Website: **michigan.gov/mdhhs/0,5885,7-339-71547_2943_4845_4931---,00.html**
Phone: **888-988-6300**

MINNESOTA – Medicaid
Website: **mn.gov/dhs**
Phone: **1-800-657-3739**

MISSISSIPPI - Mississippi Children's Health Insurance Program (CHIP)
Website: **medicaid.ms.gov/programs/childrens-health-insurance-program-chip/**
Phone: **800-421-2408**

MISSOURI – Medicaid
Website: **dss.mo.gov/mhd/participants/pages/hipp.htm**
Phone: **573-751-2005**

MONTANA – Medicaid
Website: **dphhs.mt.gov/montanahealthcareprograms/HIPP**
Phone: **1-800-694-3084**

NEBRASKA – Medicaid
Website: **ACCESSNebraska.ne.gov**
Phone: **855-632-7633**
Lincoln: **402-473-7000**
Omaha: **402-595-1178**

NEVADA – Medicaid
Website: **dhcfp.nv.gov**
Phone: **1-800-992-0900**

NEW HAMPSHIRE – Medicaid
Website: **dhhs.nh.gov/programs-services/medicaid**
Phone: **603-271-5218**
Toll-free number for HIPP: **800-852-3345 ext. 5218**

NEW JERSEY – Medicaid and CHIP
Medicaid Website**: state.nj.us/humanservices/dmahs/clients/medicaid/**
CHIP Website: **njfamilycare.org**
Medicaid Phone: **609-631-2392**
CHIP Phone: **800-701-0710**

NEW MEXICO – Medicaid
Website: **insurekidsnow.gov/coverage/nm/index.html**
Phone: **877-543-7669**

NEW YORK – Medicaid
Website: **health.ny.gov/health_care/medicaid/**
Phone: **800-541-2831**

NORTH CAROLINA – Medicaid
Website: **dma.ncdhhs.gov/**
Phone: **919-855-4100**

NORTH DAKOTA – Medicaid
Website: **nd.gov/dhs/services/medicalserv/medicaid/**
Phone: **844-854-4825**

OHIO Medicaid - Healthy Start
Website: **benefits.gov/benefit/1610**
Phone: **800-324-8680**

OKLAHOMA – Medicaid and CHIP
Website: **insureoklahoma.org**
Phone: **1-888-365-3742**

OREGON – Medicaid
Website: **oregon.gov/oha/hsd/medicaid-policy/pages/state-plans.aspx**
Phone: **800-699-9075**

PENNSYLVANIA – Medicaid
Website: **dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx**
Phone: **800-692-7462**

RHODE ISLAND – Medicaid
Website: **eohhs.ri.gov**
Phone: **855-697-4347 or 401-462-0311** (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: **scdhhs.gov/**
Phone: **888-549-0820**

SOUTH DAKOTA – Medicaid
Website: **dss.sd.gov**
Phone: **888-828-0059**

TENNESSEE TennCare – CoverKids
Website: **tn.gov/coverkids.html**
Phone: **855-259-0701**

TEXAS – Medicaid
Website: **gethipptexas.com**
Phone: **800-440-0493**

UTAH – Medicaid and CHIP
Medicaid Website: **medicaid.utah.gov**
CHIP Website: **health.utah.gov/chip**
Phone: **877-543-7669**

VERMONT – Medicaid
Website: **greenmountaincare.org**
Phone: **800-250-8427**

VIRGINIA – Medicaid and CHIP
Website: **coverva.org**
Medicaid Phone: **800-432-5924**
CHIP Phone: **855-242-8282**

WASHINGTON – Medicaid
Website: **hca.wa.gov**
Phone: **800-562-3022 ext. 15473**

WASHINGTON D,C. - DC Medicaid - Healthy Families
Website: **dhcf.dc.gov/service/dc-healthy-families**
Phone: **202-442-5988**

WEST VIRGINIA – Medicaid
Website: **mywvhipp.com/**
Phone: **855-MyWVHIPP (699-8447)**

WISCONSIN – Medicaid and CHIP
Website: **dhs.wisconsin.gov**
Phone: **800-362-3002**

WYOMING – Medicaid
Website: **health.wyo.gov/healthcarefin/medicaid/**
Phone: **307-777-7531**

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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 healthcare 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) such as marriage, divorce, etc. Certain QLEs, or a second QLE during the initial period of coverage, may permit a beneficiary to receive

a maximum of 36 months of coverage.

QLE for spouses/domestic partners or dependent children include those events above, plus, the covered retiree's becoming entitled to Medicare, divorce of the covered retiree, death of the covered retiree, and the loss of dependent status under the plan rules. If a QB chooses to continue group benefits under COBRA, they must timely enroll and make their premium payment by the due date before eligibility is sent to the Plan Administrators. Then, 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** (The local DNIS for international callers is **317-671-8494**).

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'ss 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 impossible to switch to another coverage option.

More information on health insurance options through the Marketplace can be found at **healthcare.gov**.

877-453-8353 | lumen.com | info@lumen.com

LUMEN®