

# New Retirees as of 1/1/2023 - Qwest Union Represented

#### 2023 Non-Medicare Medical Rates

 To determine your portion of the Total Monthly Cost shown below, please refer to the "New Retiree Healthcare & Life Insurance Eligibility Matrix"

2023 Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Medical Plan Options – Under Age 65						
Surest Health Plan	\$1,056.28	\$2,112.55	\$1,531.60	\$1,531.60	\$2,587.87	\$475.32
HDHP with Optional HSA	\$1,058.63	\$2,117.25	\$1,535.01	\$1,535.01	\$2,593.63	\$476.38
Doctors Plan (CO/AZ)	\$1,130.78	\$2,261.57	\$1,639.64	\$1,639.64	\$2,770.43	\$508.85
CDHP	\$1,175.31	\$2,350.62	\$1,704.21	\$1,704.21	\$2,879.52	\$528.89

# New in 2023 for Medicare Individuals—Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Starting in 2023, Medicare eligible individuals will have a new option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions as described below. Monthly employee contributions for this plan are shown below.

Monthly Contribution for MAPD PPO + Dental Plan	You Only	Spouse Only	You + Spouse	You + Spouse + Child	You + Spouse + Children	You + Child	You + Children	Spouse + Child	Spouse + Children	Child Only	Children Only
Qwest Union Represented	\$0.00	\$0.00	\$0.00	\$0.00	\$119.33	\$0.00	\$140.67	\$0.00	\$140.67	\$12.00	\$162.00

### 2023 Medicare Eligible Retiree HRA Company Contributions

 Group retiree medical/Rx coverage is terminated once you are eligible for Medicare, unless a retiree elects the new Group Medicare Advantage (MAPD PPO + Dental) plan described above. Otherwise, the company provides retirees a Health Reimbursement Account (HRA) that can be used to purchase private Medicare supplement type coverage. See below for the amounts of the company HRA annual contribution (which is pro-rated in the year of retirement). Retiree Dental coverage continues through the company sponsored group plan. Retiree dental rates are shown below.

Retiree Subsidy Annual	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Qwest Union Represented (Medical, Prescription)	\$2,570.00	\$5,140.00	\$4,640.00	\$4,640.00	\$7,210.00	\$2,070.00



## **2023 Dental Rates**

2023 Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Dental Plan						
Basic Dental Plan	\$36.43	\$72.86	\$63.75	\$63.75	\$109.29	\$27.32

• Please note: Lumen reserves the right to modify, suspend, change or terminate the plans, benefits and contributions described in this overview at anytime.