



2025 Survivor Guide

For dependents of retirees

Table of Contents

Next steps	3
Glossary	4
How to make a payment	5
Retiree groups.....	6
Qwest Union Rep, retired before Jan. 1, 2014 (not in matrix)	6
Qwest Non-Union, retired before Jan. 1, 2001 (not in matrix)	7
Qwest Union Rep Retired on or after Jan. 1, 2014, Group 10 (in matrix).....	8
Qwest Non-Union, Group 9-1 (Protected) - Qwest Non-Union, Retired on or after Jan. 1, 2001 (not in matrix)	9
Qwest Non-Union, Group 9-2 (in matrix).....	9
Qwest Pre-1991 or Qwest ERO'92 (Union Rep and Non-Union (not in matrix)	10
Embarq, Union Rep and Non-Union, Group 8 including E1 and E10 (in matrix)	11
Embarq Union Rep and Non-Union, Retired before Dec. 31, 2001 and 1991 Group no SHARE (not in matrix).....	12
CenturyLink Union Rep, Non-Union, and Madison River Union Rep and Non-Union, Group 1 (includes Z groups), 3, 4, 6, 7 (in matrix) - including CenturyTel and PTI (not in matrix)	13
Group 2 and Group 12 (in matrix).....	13

Next steps

WTW: If the retiree passes away, please ensure that WTW has been notified at 888-324-0689.

Lumen Health and Life Service Center (referred to as the Service Center): 833-925-0487, Mon-Fri, 7 a.m. to 7 p.m. (CST) or call 800-729-7526, and select the applicable options.

Call the Service Center if you don't know the answers to the below questions and you are a covered dependent receiving Lumen Health benefits or you are listed as a dependent but not enrolled in coverage. This information is needed to determine what benefits may be available to the surviving dependent(s).

- What was the retirement date of the retiree?
- What legacy company did the retiree work for, e.g., CenturyTel, Embarq, Madison River, Qwest?
- What Lumen health care plan(s) was the retiree enrolled in at the time they passed away?
- If you are or were also employed by Lumen or an affiliate of Lumen, please contact the Service Center.

Have the following information available:

- On what date did the retiree pass away?
- If you were enrolled as a dependent under one of the Lumen health care plans, are you Medicare eligible?
 - If so, are you enrolled in both Medicare Part A and Part B and what is your Medicare start date(s)? You will need to know your Medicare number located on your Medicare Health Insurance card.

Important Information:

- If you are non-Medicare eligible and become Medicare eligible during your COBRA or enrollment period, contact the Service Center.
- Survivors suspended at the time of the retirees passing may be able to elect coverage. However, the survivor can't enroll in COBRA for those retiree groups where COBRA is offered initially as the survivor must be covered under the Plan prior the retirees passing, this is an IRS regulation.
 - You will be required to make a COBRA election and make a timely payment before coverage is sent to the Claims Administrators.
 - If you add an eligible dependent(s) during your COBRA period, those dependent(s) will be removed after your COBRA period as they are not eligible for coverage under the Plan.
- If your health care premiums were deducted from the retiree's pension payments when they passed away and you continue to receive pension payments, the deductions will continue automatically, except for when you enroll in COBRA coverage. If the retiree set up automatic deductions, you'll need to create a new ongoing deduction under your survivor account. Contact the Service Center if you need assistance.
- A Medicare eligible survivor can only change plans during Annual Enrollment and suspend coverage two times (elect to suspend initial survivor benefits and one additional time).
- SHARE dollars are available to eligible Embarq survivors but can't be used for COBRA premiums.

Glossary

- **COBRA:** Survivor pays 102% cost for the coverage.
- **Company paid:** The employer, Lumen, pays 100% of the coverage.
- **Consumer Driven Health Plan (CDHP):** If the retiree was enrolled in a UnitedHealthcare CDHP option and their are remaining HRA dollars, the survivor may be eligible for the balance.
- **Health Reimbursement Account (HRA):** The following are HRAs - Balance Plan, CDHP and current year funding. Refer to the applicable Expense List located in the Reference Center for more information.
Note: If you are eligible for an HRA, either access to the HRA or COBRA, the same rules apply. Example:
 - If you have an HRA for the entire year of 2025, you have until March 31, 2026 to submit claims that were incurred in 2025.
 - If you have an HRA that ends Oct. 31, 2026, you have until March 31, 2027 to submit claims that were incurred from Jan. 1, 2026 through Oct. 31, 2026.
- **Legacy Qwest Non-Union:** Management
- **Legacy Qwest Union Rep:** Occupational
- **LQ Occ HRA Balance Plan:** Qwest Union Rep Health Reimbursement Account balance as of Dec. 31, 2023.
- **Reference Center:** You can access the Retiree Benefits System Navigation Guide, Expense List, Summary Plan Descriptions (SPDs) and more by logging in to the Lumen Health and Life website at lumen.com/healthbenefits and select the **Reference Center** located in the top right-hand corner of the home page. If you don't have access to a computer, you can call the Service Center at 833-925-0487 to request this information be mailed to you. Allow for a minimum of 10 business days to be mailed and then additional time for the USPS delivery schedule.
- **Retiree Healthcare and Life Benefits Matrix:** Referred to as matrix in this guide. This guide is for newly eligible retirees; therefore, not all retiree groups are listed in the matrix. If you have questions, contact the Service Center at 833-925-0487.
- **Subsidy or subsidized COBRA:** The premium the retiree was paying at the time before they passed away. Premiums are subject to change on an annual basis.
- **Survivor:** A spouse/domestic partner and/or child(ren) who were enrolled or suspended at the time of the retiree's passing.
- **Survivor paid:** Survivor pays 100% cost for the coverage.
- **Union Represented:** Referred to as Union Rep in this guide.

How to make a payment

You are encouraged to set up ongoing automatic payments. All payments must be made timely.

Auto-pay or a One-time payment

Note: You must pay your outstanding balance in full before autopay will process.

- Log in to the Health and Life website: lumen.com/healthbenefits
- On the right side of the Home page, you will see a **Payment Scheduled** section that provides about your current amount due.
- Scroll down and click **Make a Payment**.
- This step is where you can select **Auto-pay** or a **One-time** payment. A pop-up window will appear. Click **Add a payment method** to expand the details so that you can enter your account information.
- Select your **Account Type** and enter your **Routing Number** and **Account Number**.
- Below your account information, confirm your **Billing and Email address**, as well as your **Phone Number**.
- Below **Primary?**, click **Yes** to set this account up as your primary payment method.
- Below **Auto-Pay?**, click **Yes** to set up auto-pay. If you want to turn off the auto-pay at any point, you would follow the previous steps, then select **No** at this step. **Note:** Funds will be deducted automatically on the 5th of each month.
- Click **Pay**. This will return you to the **Billing Information** page where you can view your **Account Summary**, which includes due dates.

Note: If you choose to make a one time payment, you will automatically incur a \$2.00 service fee for each payment.

Mail

Businessolver
P.O. Box 840512
Minneapolis MN 55485-0512

Note: Monthly Account Statements are not mailed. It is the survivor's responsibility to ensure the payment is sent timely. You must include your account number and the word **Lumen** on the Memo line of your check. If you have not submitted your payment by the 15th of the month, you will be mailed a payment reminder.

Retiree groups

The information is based on the group the retiree was in prior to their passing.

Qwest Union Rep, retired before Jan. 1, 2014 (not in matrix)				
Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements (When reviewing your benefits, match the numbers in this column to the numbers in the prior column, "Your eligible survivor benefits".)	Important notes
Medical	Not Medicare eligible	<ol style="list-style-type: none"> 6 months of Company provided subsidy (survivor pays the premium the retiree paid before they passed away); 36 months of COBRA (survivor pays 102%); then Survivor paid (survivor pays 100%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires submission of the COBRA continuation coverage notice. Requires completion of number one and two above. 	COBRA coverage ends when survivor becomes Medicare eligible.
Health Reimbursement Account (HRA)	Medicare eligible	<ol style="list-style-type: none"> 6 months access to the HRAs available on the retiree's account; then 36 months of COBRA HRA (survivor pays 102%) 	<ol style="list-style-type: none"> Automatically set up. Requires submission of the COBRA continuation coverage notice. 	<ul style="list-style-type: none"> If the 6 months of HRA access crosses plan years, the survivor will receive a pro-rated HRA amount for the remaining months. If there are remaining funds in any of the HRAs, the survivor must enroll in COBRA to have access. Once COBRA exhausts, any remaining HRA funds will no longer be available.
Medicare Advantage PPO Plus Dental Plan (MAPD)	Medicare Entitled (enrolled)	<ol style="list-style-type: none"> 6 months of of Company provided subsidy (survivor pays the premium the retiree paid before they passed away); then 36 months of COBRA (survivor pays 102%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires submission of the COBRA continuation coverage notice. 	
Dental	N/A	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	<ul style="list-style-type: none"> Survivor must be enrolled under retiree at the time of passing in order to elect COBRA dental coverage. Dental coverage is suspended if enrolled in the MAPD.
Survivors suspended at the time of the retiree's passing may elect medical coverage and then COBRA medical coverage as long as they were declared as a dependent at the time of retirement. The survivor will be required to provide a copy of the death certificate and go through dependent verification.				

Qwest Non-Union, retired before Jan. 1, 2001 (not in matrix)

Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements (When reviewing your benefits, match the numbers in this column to the numbers in the prior column, "Your eligible survivor benefits".)	Important notes
Medical	Not Medicare eligible	<ol style="list-style-type: none"> 6 months of Company provided subsidy (survivor pays the premium the retiree paid before they passed away); 36 months of COBRA (survivor pays 102%); then Survivor paid (survivor pays 100%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires submission of the COBRA continuation coverage notice. Requires completion of number one and two above. 	COBRA coverage ends when survivor becomes Medicare eligible.
Health Reimbursement Account (HRA)	Medicare eligible	<ol style="list-style-type: none"> 6 months access to the HRAs available on the retiree's account; then 36 months of COBRA HRA (survivor pays 102%) 	<ol style="list-style-type: none"> Automatically set up. Requires submission of the COBRA continuation coverage notice. 	<ul style="list-style-type: none"> If the 6 months of HRA access crosses plan years, the survivor will receive a pro-rated HRA amount for the remaining months. If there are remaining funds in any of the HRAs, the survivor must enroll in COBRA to have access. Once COBRA exhausts, any remaining HRA funds will no longer be available.
Medicare Advantage PPO Plus Dental Plan (MAPD)	Medicare Entitled (enrolled)	<ol style="list-style-type: none"> 6 months of of Company provided subsidy (survivor pays the premium the retiree paid before they passed away); then 36 months of COBRA (survivor pays 102%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires submission of the COBRA continuation coverage notice. 	
Dental	N/A	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	<ul style="list-style-type: none"> Survivor must be enrolled under retiree at the time of passing in order to elect COBRA dental coverage. Dental coverage is suspended if enrolled in the MAPD.

Survivors suspended at the time of the retiree's passing may elect medical coverage and then COBRA medical coverage as long as they were declared as a dependent at the time of retirement. The survivor will be required to provide a copy of the death certificate and go through dependent verification.

Qwest Union Rep Retired on or after Jan. 1, 2014, Group 10 (in matrix)

Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements (When reviewing your benefits, match the numbers in this column to the numbers in the prior column, "Your eligible survivor benefits".)	Important notes
Medical	Not Medicare eligible	Continues at the same retiree subsidy (survivor pays the premium the retiree paid before they passed away)	Automatically enrolled.	
Health Reimbursement Account (HRA)	Medicare eligible	<ol style="list-style-type: none"> Survivor receives remaining HRA; then Survivor receives annual HRA funding 	<ol style="list-style-type: none"> Automatically set up. Automatically set up. 	<ul style="list-style-type: none"> The remaining HRAs can be used through the end of the Plan year. The HRA Balance Plan, if available, can be used until exhausted.
Medicare Advantage PPO Plus Dental Plan (MAPD)	Medicare Entitled (enrolled)	Continues at the same retiree subsidy (survivor pays the premium the retiree paid before they passed away)	Automatically enrolled.	
Dental	N/A	Continues at the same retiree subsidy (survivor pays the premium the retiree paid before they passed away)	Automatically enrolled.	Dental coverage is suspended if enrolled in the MAPD.

Survivors suspended at the time of the retiree's passing may elect medical and dental coverage as long as they were declared as a dependent at the time of retirement. The survivor will be required to provide a copy of the death certificate and go through dependent verification.

Qwest Non-Union, Group 9-1 (Protected) - Qwest Non-Union, Retired on or after Jan. 1, 2001 (not in matrix)				
Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements	Important notes
Medical	Not Medicare eligible	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	COBRA ends once the survivor becomes Medicare eligible or after 36 months.
Health Reimbursement Account (HRA)	Medicare eligible	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	Survivor does not have access to any remaining HRA unless COBRA is elected.
Medicare Advantage PPO Plus Dental Plan (MAPD)	Medicare Entitled (enrolled)	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	No option to change to the HRA during Annual Enrollment.
Dental	N/A	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	Not eligible for COBRA if enrolled in the MAPD.
Survivor must be enrolled under retiree at the time of passing in order to elect COBRA coverage.				

Qwest Non-Union, Group 9-2 (in matrix)				
Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements	Important notes
Medical	Not Medicare eligible	36 months of COBRA* (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	COBRA ends once the survivor becomes Medicare eligible or after 36 months.
Medical	Not Medicare eligible or Medicare Entitled (enrolled)	COBRA** (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	COBRA ends once the survivor becomes Medicare eligible or after their COBRA period expires.
<p>*Medical: Survivor must be enrolled under retiree at the time of passing in order to elect COBRA coverage. If the survivor completed the initial COBRA period before the retiree passed away, the survivor is eligible for this coverage.</p> <p>**Medical, dental, and/or vision: Survivor must be enrolled in COBRA to elect additional COBRA coverage. If the survivor did not complete the initial COBRA period before the retiree passed away, the survivor is eligible for additional months of COBRA coverage. Survivor is offered 36 months of COBRA medical, dental and vision, if already enrolled, minus the number of months used under the initial COBRA period.</p>				

Qwest Pre-1991 or Qwest ERO'92 (Union Rep and Non-Union (not in matrix))

Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements (When reviewing your benefits, match the numbers in this column to the numbers in the prior column, "Your eligible survivor benefits".)	Important notes
Guaranteed Plan Option <ul style="list-style-type: none"> Pre-1991 Plan 1-4 ERO'92 PPO Plan 	Medicare or not Medicare eligible	<ol style="list-style-type: none"> 6 months of Company provided subsidy (survivor pays the premium the retiree paid before they passed away, \$0); 36 months of COBRA (survivor pays 102%); then Survivor paid (survivor pays 100%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires submission of the COBRA continuation coverage notice. Requires completion of number one and two above. 	
Health Reimbursement Account (HRA)	Medicare eligible	<ol style="list-style-type: none"> 6 months access to the HRAs available on the retiree's account; then 36 months of COBRA (survivor pays 102%) 	<ol style="list-style-type: none"> Automatically set up. Requires submission of the COBRA continuation coverage notice. 	<ul style="list-style-type: none"> If the 6 months of HRA access crosses plan years, the survivor will receive a pro-rated HRA amount for the remaining months. If there are remaining funds in the current year HRA, the survivor must enroll in COBRA to have access. Once COBRA exhausts, any remaining HRA funds will no longer be available.
Medicare Advantage PPO	Medicare Entitled (enrolled)	<ol style="list-style-type: none"> 6 months of of Company provided subsidy (survivor pays the premium the retiree paid before they passed away) 36 months of COBRA (survivor pays 102%); then Survivor paid (survivor pays 100%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires submission of the COBRA continuation coverage notice. Requires completion of number one and two above. 	
Dental	N/A	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	Survivor must be enrolled under retiree at the time of passing in order to elect COBRA dental coverage.
<ul style="list-style-type: none"> The survivor will be required to provide a copy of the death certificate and go through dependent verification in order to be added to be eligible for medical coverage. Survivors are not eligible for Medicare Part-B reimbursement. If the notification of the retiree's passing is not submitted timely to WTW, Lumen will send an overpayment letter to the survivor, indicating the survivor must re-pay any Medicare Part B reimbursement amount that was paid out after the retiree passed away. The survivor will not be set up with benefits until the overpayment is paid in full. 				

Embarq, Union Rep and Non-Union, Group 8 including E1 and E10 (in matrix)				
Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements	Important notes
Medical	Not Medicare Eligible	Survivor paid (survivor pays 100%)	Automatically enrolled.	Any remaining SHARE balance can be used until exhausted. Note: If coverage is waived, SHARE dollars are also waived.
Medicare Advantage PPO Plus Dental Plan (MAPD)	Medicare Entitled (enrolled)	Survivor paid (survivor pays 100%)	Automatically enrolled.	Any remaining SHARE balance can be used until exhausted. Note: If coverage is waived, SHARE dollars are also waived.
Dental	N/A	Survivor paid (survivor pays 100%)	Automatically enrolled.	<ul style="list-style-type: none"> Dental coverage is suspended if enrolled in the MAPD. Any remaining SHARE balance can be used until exhausted. Note: If coverage is waived, SHARE dollars are also waived.
Survivors suspended at the time of the retiree's passing may elect medical and dental coverage as long as they were declared as a dependent at the time of retirement. The survivor will be required to provide a copy of the death certificate and go through dependent verification.				

Embarq Union Rep and Non-Union, Retired before Dec. 31, 2001 and 1991 Group no SHARE (not in matrix)

Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements (When reviewing your benefits, match the numbers in this column to the numbers in the prior column, "Your eligible survivor benefits".)	Important notes
Medical	Not Medicare eligible	<ol style="list-style-type: none"> 6 months of Company provided subsidy (survivor pays the premium the retiree paid before they passed away); then Survivor paid (survivor pays 100%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires completion of number one above. 	<ul style="list-style-type: none"> Suspend is not an option. These benefits only apply to a spouse/domestic partner, not to other dependents. Coverage ends when survivor becomes Medicare eligible.
Dental	N/A	<ol style="list-style-type: none"> 6 months of Company provided subsidy (survivor pays the premium the retiree paid before they passed away); then Survivor paid (survivor pays 100%) 	<ol style="list-style-type: none"> Automatically enrolled. Requires completion of number one above. 	<ul style="list-style-type: none"> Suspend is not an option. These benefits only apply to a spouse/domestic partner, not to other dependents. Coverage ends when survivor becomes Medicare eligible.
Medical	Medicare eligible	Not eligible		

Survivor must be enrolled under retiree at the time of passing in order to eligible for coverage.

CenturyLink Union Rep, Non-Union, and Madison River Union Rep and Non-Union, Group 1 (includes Z groups), 3, 4, 6, 7 (in matrix) - including CenturyTel and PTI (not in matrix)

Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits	Enrollment requirements (When reviewing your benefits, match the numbers in this column to the numbers in the prior column, "Your eligible survivor benefits".)	Important notes
Medical	Not Medicare Eligible	Continues at the same retiree subsidy until Medicare eligible (survivor pays the premium the retiree paid before they passed away)	Automatically enrolled.	
Health Reimbursement Account (HRA)	Medicare Eligible	<ol style="list-style-type: none"> Survivor receives remaining HRA; then Survivor receives annual HRA funding 	<ol style="list-style-type: none"> Automatically set up. Automatically set up. 	The retiree's remaining HRAs can be used through the end of the Plan year.
Medicare Advantage PPO Plus Dental Plan (MAPD)	Medicare Entitled (enrolled)	Continues at the same retiree subsidy (survivor pays the premium the retiree paid before they passed away)	Automatically enrolled.	
Dental (based on the plan the retiree was enrolled in)	N/A	Continues at the same retiree subsidy (survivor pays the premium the retiree paid before they passed away)	Automatically enrolled.	Dental coverage is suspended if enrolled in the MAPD.
Survivors suspended at the time of the retiree's passing may elect medical and dental coverage as long as they were declared as a dependent at the time of retirement. The survivor will be required to provide a copy of the death certificate and go through dependent verification.				

Group 2 and Group 12 (in matrix)

Retiree was enrolled in one of the below plans	Your Medicare status	Your eligible survivor benefits are as follows providing elections and/or premiums are made timely, as applicable.	Enrollment requirements	Important notes
Medical	Not Medicare eligible	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	Medicare eligible participants are not eligible for coverage.
Dental	Not Medicare eligible	36 months of COBRA (survivor pays 102%)	Requires submission of the COBRA continuation coverage notice.	Medicare eligible participants are not eligible for coverage.

Survivor must be enrolled under retiree at the time of passing to eligible for coverage.

Important: Please review the below information to determine if your spouse/domestic partner was eligible for Group 2 or Group 12 above.

Eligibility: Age 55+ with 10+ years of service.

- CWA 3971,3972,3974 Alabama (hired, rehired, or transferred on/between 01/01/2006 – 12/31/2010)
- CWA 4217 Illinois (hired, rehired, or transferred on/between 01/01/2008 – 12/31/2010)
- CWA 4370 Ohio (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2010)
- CWA 4671, 4672, 4674, 4675 Wisconsin (hired, rehired, or transferred on/between 01/01/2006 – 12/31/2010)
- CWA 6171 Central Arkansas (hired, rehired, or transferred on/between 08/17/2004 – 12/31/2010)
- CWA 6171 Northwest Arkansas (hired, rehired, or transferred on/between 01/01/2006 – 12/31/2010)
- CWA 6300 (6310A is included), 6301, 6311, 6312 (6312A is included), 6373 Missouri (hired, rehired, or transferred on/between 01/01/2006 – 12/31/2010)
- CWA 7818 Washington (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2010)
- CWA 7906 Oregon (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2010)
- IBEW 21 Illinois (hired, rehired, or transferred on/between 01/01/2008 – 12/31/2010)
- IBEW 89 Oregon (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2010)
- IBEW 89 Washington (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2010)
- IBEW 257A Missouri (hired, rehired, or transferred on/between 01/01/2004 – 12/31/2010)
- IBEW 768 Montana (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2010)
- IBEW 1106 Michigan (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2010)
- Non-Union employees under Legacy CenturyTel (hired, rehired, or transferred on/between 01/01/2003 – 12/31/2007)
- Non-Union under CenturyLink (hired, rehired, or transferred on/between 01/01/2008 – 12/31/2010)
- Non-Union under Legacy Madison River including: Coastal Utilities, Gallatin River, GulfTel, and MebTel (hired, rehired, or transferred on/between 01/01/2008 – 12/31/2010)

Company's Reserved Rights

For specific Plan information, including terms and conditions for eligibility, limitations, and benefits, you should review the applicable Plan document or Summary Plan Descriptions (SPD), Guides and other important documents at: lumen.com/healthbenefits. You may also contact the Lumen Health and Life Service Center at **833-925-0487** (local DNIS for international callers is **317-671-8494**).

If there is any conflict between the terms of the official Plan documents and this correspondence and/or the SPDs, 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 Plans or any document relating to the Plans. 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 Plans.

Lumen reserves the right to amend or terminate all of the Plans and the benefits provided - with respect to all classes of Participants, retired or otherwise - and their beneficiaries, without prior notice to or consultation with any Participants and beneficiaries - subject to applicable law, collective bargaining as applicable, and with respect to the Retiree and Inactive Health Plan, the written agreement specific to Qwest Pre-1991 Retirees and Qwest ERO'92 Retirees, if applicable.