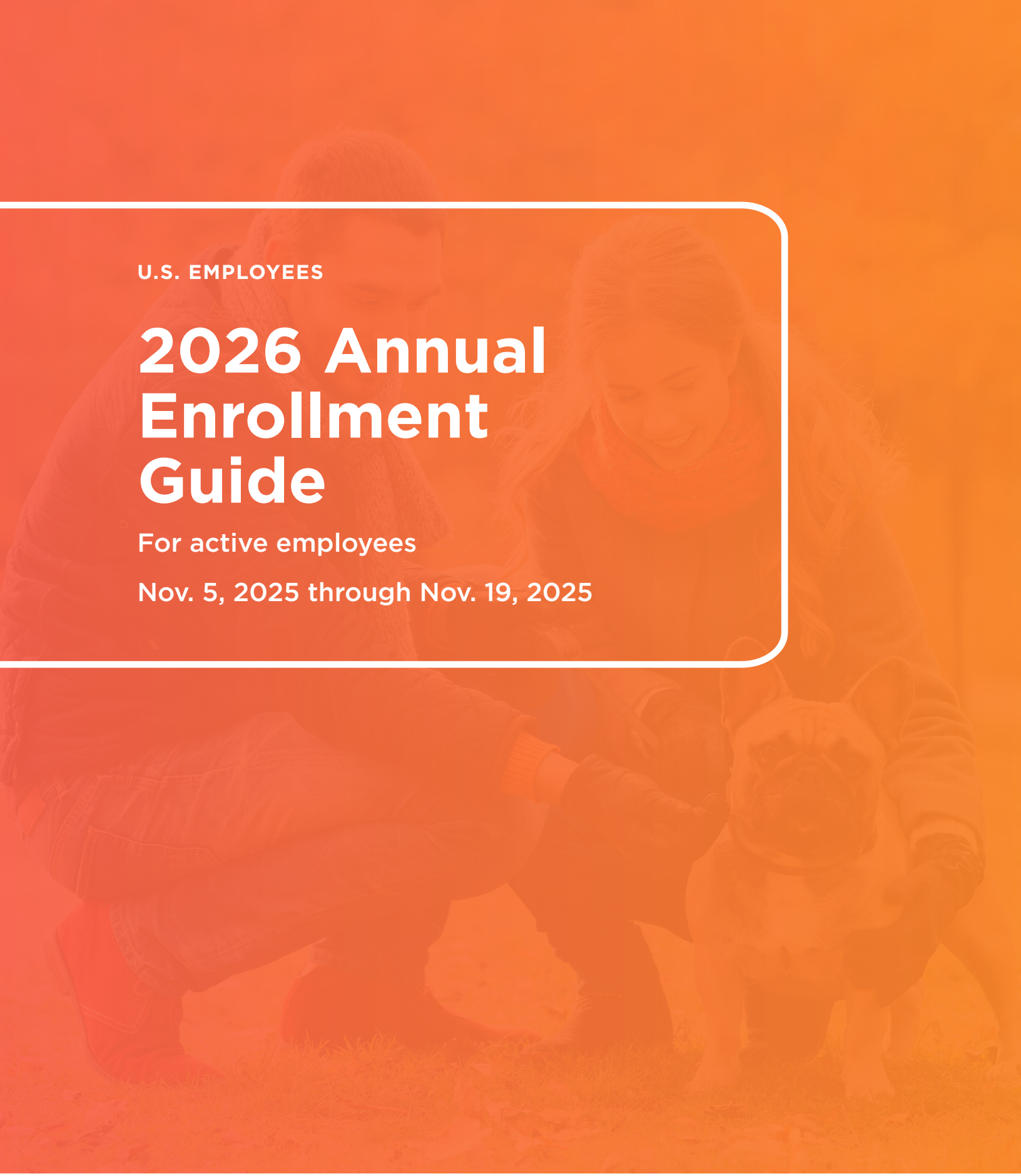

U.S. EMPLOYEES

2026 Annual Enrollment Guide

For active employees

Nov. 5, 2025 through Nov. 19, 2025

LUMEN®

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LUMEN®

What's new for 2026

New - We're excited to introduce this year's guide—now with a refreshed design and a simpler, more straightforward layout. Navigating the information you need is easier than ever!

Please read this section in its entirety to learn what's new for 2026, as there may be changes that impact you. If you don't want to make changes, no action is required; however, you must enroll in Flexible Spending Accounts (FSAs) or a Health Savings Account (HSA) each Annual Enrollment for a January 1 effective date.

The power of choice: Benefits for every journey

Welcome to 2026 Annual Enrollment. As health care costs continue to rise across the nation, it has never been more vital for each of us to play an active role in managing these expenses. At Lumen, we are dedicated to tackling cost-driving conditions through thoughtful plan changes and innovative programs, but true transformation requires everyone's participation. This year, we invite you to join us in making 2026 a milestone for positive change—use your power of choice during enrollment to align your health journey with our shared goals of improving well-being, controlling costs, and achieving better work-life balance for all. Now is the time to review your options and take charge of your benefits.

Benefit Premiums and Tobacco Surcharge

Medical, dental and vision premiums will increase

Health care premiums for medical, dental and vision coverage will increase due to the overall increase in heath care costs nationally. Recognizing it's been a while since our last increase, we want to ensure you have the resources to make the most of your benefits. Staying on top of preventive care and living a healthy lifestyle are great ways to keep costs down; and we're continuing to invest in resources that support you in doing just that. Be sure to visit the Amazing Benefits, Active Living, Preventive Care and Well-Being pages on InsideLumen for more information about these plans and programs. These updates help us continue offering comprehensive benefits while keeping costs as affordable as possible.

Note: The vision plan will transition to a fully insured, employee-pay-all model. This means that employees will be responsible for the full cost of their EyeMed premiums. Plan allowances for frames and lens benefits will increase. Refer to the vision plan overview in the appendix for more information.

Tobacco Surcharge – Premiums (bi-weekly deductions) will increase

2026	2025
$88	$80

Be sure to review your premiums during Annual Enrollment on the Health and Life website and review your first 2026 paycheck on Jan. 9, 2026 to confirm your benefit premium deductions.

Dependent Care Flexible Spending Account (DCFSA) - annual contribution limit will increase

Please review the new limits to ensure you are maximizing your benefits and planning your contributions accordingly.

2026	2025
$7,500	$5,000

Note: Refer to IRS Publication 503 for more information related to a DCFSA. If you are determined to be a highly compensated employee, based on the Lumen population, the Plan Administrator may need to adjust your contribution elections midyear, and at that time, you will be notified.

Health Savings Account (HSA) - annual contribution limit will increase if enrolled in the High Deductible Health Plan (HDHP) with Optional HSA

Coverage level	2026	2025
Individual	$4,400	$4,300
Individual + one or more dependents enrolled	$8,750	$8,550

Medical

Expanded women's preventive benefits - Breast cancer screening

Additional coverage is now available for breast cancer screening services when you see an in-network provider at no cost for women identified as being at average risk (e.g., dense breast tissue, family history, etc.). The enhanced benefits include:

- Mammograms
- MRIs
- Pathology tests (if needed to complete the screening)
- Ultrasounds

Naviguard® - personalized support for out-of-network costs

Naviguard® is a service that is designed to provide personalized advocacy to help reduce out-of-network health care costs. The services are available at no additional cost to you regardless of which Lumen medical plan you are enrolled in.

Surest Health PPO and Surest Select Health PPO

Copay ranges for In-Network benefits will increase

Copay ranges	2026
Surest Health PPO	Will range from $20 to $3,000
Surest Select Health PPO	Will range from $10 to $2,500

Surest Health PPO Out-of-Pocket maximums for Out-of-Network benefits will increase

Surest Health PPO	2026	2025
Individual	$10,800	$7,200
Individual + Spouse/Domestic Partner	$16,200	$10,800
Individual + Child(ren)	$16,200	$10,800
Family	$20,550	$14,400

Surest Select Health PPO Out-of-Pocket maximums for Out-of-Network benefits will increase

Surest Select Health PPO	2026	2025
Individual	$9,600	$6,400
Individual + Spouse/Domestic Partner	$14,400	$9,600
Individual + Child(ren)	$14,400	$9,600
Family	$19,200	$12,800

UnitedHealthcare High Deductible Health Plan (HDHP) with Optional HSA

In-Network deductibles will increase

Coverage Level	2026	2025
Individual	$1,700	$1,650
Individual + one or more dependents	$3,400	$3,300

Out-of-Network deductibles will increase

Coverage Level	2026	2025
Individual	$3,400	$3,300
Individual + one or more dependents	$6,800	$6,600

Out-of-Pocket maximums for Out-of-Network benefits will increase

Coverage Level	2026	2025
Individual	$10,800	$7,200
Individual + one or more dependents	$20,550	$14,400

Prescription Drug

Surest Health PPO copays (retail) will increase

Copay	2026	2025
Rx – Tier 1	$15	$10
Rx – Tier 2	$60	$45
Rx – Tier 3	$180	$150
Rx – Tier 4	$360	$300

Surest Health PPO home delivery pharmacy copays will increase

Copay	2026	2025
Rx – Tier 1	$37.50	$25
Rx – Tier 2	$150	$112.50
Rx – Tier 3	$450	$375
Rx – Tier 4	$900	$750

Surest Health PPO Specialty retail pharmacy copays will increase

Copay	2026	2025
Rx – Tier 1	$260	$200
Rx – Tier 2	$285	$225
Rx – Tier 3	$360	$300
Rx – Tier 4	$460	$400

UnitedHealthcare High Deductible Health Plan (HDHP) with Optional HSA copay minimums (retail) will increase

Copay after deductible	2026	2025
Rx – Tier 1	15% - ($15 minimum)	15% - ($10 minimum)
Rx – Tier 2	20% - ($60 minimum)	20% - ($45 minimum)
Rx – Tier 3	30% - ($180 minimum)	30% - ($150 minimum)
Rx – Tier 4	40% - ($360 minimum)	40% - ($300 minimum)

HDHP with Optional HSA home delivery pharmacy copays minimums will increase

Copay after deductible	2026	2025
Rx – Tier 1	15% - ($37.50 minimum)	$25
Rx – Tier 2	20% - ($150 minimum)	$112.50
Rx – Tier 3	30% - ($450 minimum)	$375
Rx – Tier 4	40% - ($900 minimum)	$750

HDHP with Optional HSA Specialty retail pharmacy copays minimums will increase

Copay after deductible	2026	2025
Rx – Tier 1	15% - ($260 minimum)	$200
Rx – Tier 2	20% - ($285 minimum)	$225
Rx – Tier 3	30% - ($360 minimum)	$300
Rx – Tier 4	40% - ($460 minimum)	$400

Surest Health PPO, Surest Select Health PPO and HDHP with Optional HSA copay for GLP-1 medications will increase

A 30-day prescription of GLP-1 medications for weight loss will have a minimum copay of $500.

Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance Plan

Additional enhancements will be made to the AD&D Insurance Plan for Basic and Supplemental AD&D benefits.

- This will include coverage for:
  - Exposure to the elements
  - Hearing Aids
  - Losses for common disaster
  - Other covered losses
  - Paralysis in both arms and legs (for loss of use in four limbs or loss of four limbs)
  - Prosthetic benefits
  - Second degree burns
- Under this plan, child also includes grandchildren, nieces, and nephews for whom you are the legal guardian.
- The maximum benefit for child care is based on the schedule of benefits.
- Proper use of safety devices, such as airbags, seatbelts and motorcycle helmets, may qualify for an additional payment.

Lifestyle reimbursement – monthly reimbursement will increase

To promote employee health and well-being, Lumen will reimburse employees 50 percent up to a maximum of $40 per month for the cost of activities, equipment programs that promote and support physical, mental, financial, and professional well-being.

Taking advantage of the increased annual lifestyle reimbursement benefit is a smart way to maximize the value of your employee benefits package.

Frequency	2026	2025
Monthly	$40	$25
Annually	$480	$300

Well-being Incentive Rewards

The Rally Engage platform will have a new name, **Optum Engage**. You, and a covered spouse/domestic partner can continue to earn up to $600 each by participating in a variety of well-being activities throughout the year, supporting your health, financial wellness, and workplace engagement.

Dependent Reverification

Reverification of dependents is an important step to help manage rising health care costs and ensure our benefits plans stay affordable for all eligible participants. When ineligible dependents remain covered, it leads to higher expenses. By reconfirming dependent eligibility every five years, we help keep costs down and protect the value of our benefits.

Here's what you need to know: if your spouse, domestic partner, or common-law spouse is enrolled in Lumen medical, dental, vision, supplemental/optional term life insurance plans, or certain voluntary lifestyle benefit programs—and your last name begins with H through O—you'll receive a reverification notification from info@businessolver.com in

the second quarter of 2026 via your primary email address on file. If you already completed dependent verification in 2021 to current or if you went through Dependent Reverification in May of 2025, you will not be required to go through reverification at this time.

If your spouse, domestic partner or common-law spouse is not approved during this process, their coverage—and the coverage of any stepchildren or domestic partner's children—will end when the reverification period closes. They will not qualify for COBRA, conversion, or portability coverage.

Note: Please review your Annual Enrollment information for accuracy. If you previously went through Dependent Reverification and your spouse/domestic partner is not listed as your dependent, you can contact the Service Center, and an advocate can walk you through the appeals process and answer any questions you may have.

Annual Enrollment Checklist

To assist you in making informed decisions about your health and well-being during Annual Enrollment, please review the information provided in this guide. For further details, you can also visit InsideLumen. Be sure to:

☐	**Watch** a short video from Ana White, Chief People Officer. Ana shares the importance of taking time to review your benefits, along with the tools and resources available to support your unique journey and what matters most to you. This is your opportunity to take an active role in your health and well-being.
☐	**Read** #LiveWellatLumen on Viva Engage.
☐	**Register** for MyEvive at lumen.com/myevive. MyEvive is a customized benefit portal that puts control of your health, wealth and well-being at your fingertips.
☐	**Review** the Appendix in this guide, Summary Plan Descriptions (SPDs) and the Annual Enrollment home page on InsideLumen for more information.

The information provided in the What's new for 2026 section is intended to serve as a "Summary of Material Modifications" (this "SMM") for purposes of the Employee Retirement Income Security Act of 1974 ("ERISA") to notify you of certain changes to the Company-sponsored plans that are subject to ERISA (collectively, the "Plan"). The SMM only summarizes the changes to certain Plan provisions. For more Plan details, refer to your Summary Plan Descriptions ("SPDs") as well as the Legal and Important Required Notices section in this guide. Please keep this SMM with your SPDs for future reference.

The Plan Administrator has the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan and the Company reserves the right to amend and/or terminate any benefits or plans.

Get Started

When can I enroll?

Annual Enrollment is Nov. 5 through Nov. 19.

Note: If you are a new hire, rehire or experience a Qualified Life Event, (e.g. marriage, divorce, birth) as of Nov. 5, you will need to complete two enrollments as not all of your benefit plans, programs and options will roll over to 2026.

If you miss the Annual Enrollment period, you can contact the Lumen Health and Life Service Center to inquire about a possible exception. Please note that if an exception is granted, the following may occur based on your status: you may receive your Health care ID cards after January 1, FSA/HSA contribution amounts may not be available immediately for reimbursement, and your enrollment eligibility may not be fully processed with the Claims Administrator (e.g., EyeMed, MetLife, Surest and UnitedHealthcare).

How can I enroll?

Mobile device enrollment - (easily accessible) - enrollment ends at 11:59 p.m. (CST) on Nov. 19, 2025

- New Users
  - Download the free MyChoice Mobile App for iOS or Android from the App Store or Google Play.
  - Enter or set up a Username and Password. Enter **Lumen** as the Company Key if it is not pre-populated.
  - Select **Start Here** at the top of the screen to begin your enrollment. This will show under a section that reads **My Tasks**. You can also select **Benefits** to review your **Benefit Summary**.

To download the MyChoice Mobile App directly from Benefitsolver:

- Log in to lumen.com/healthandlife.
- Click the **Access the App** button. A pop-up window will give you the following options:
  - Scan your personalized QR code with your smart phone's camera to open your device's app store and download the app; or,
  - Use an Access Code instead: Select your smart phone's operating system (IOS/Apple or Android), enter your mobile number and click the blue **Text Link** button. You will receive a text message on your device to download the app. Enter your time-sensitive **Access Code** in Benefitsolver.
  - Answer a few security questions and set your four-digit PIN.
  - Log in using your PIN.

Health and Life website - enrollment ends at 11:59 p.m. (CST) on Nov. 19, 2025

Note: As you go through enrollment on the Health and Life website, an employee is shown as an Individual. For example, Individual + Child(ren), Individual + Spouse/Domestic Partner, etc.

- Log in to the Health and Life website.
- **Never logged in -** If you have not accessed the Health and Life website,
  - Review the **Getting Started Details** to agree to the electronic disclosure agreement and select **Continue**.
  - Enter your **Contact Preferences** on how you wish to receive benefit communications. Make sure to enter your

personal email address by selecting **Electronic Mail** and select the radio button indicating **Primary**. Click **Continue**.

  - **New -** If you need help selecting your benefits, use the new decision support tool that replaces ALEX and is here to guide you during enrollment. You will answer a few questions about your medical history, anticipated out-of-pocket costs and other questions. Your responses will be kept confidential. Based on your answers, the tool will recommend benefit plans that best suit your needs. You can choose one of these suggestions or select a plan on your own.

- Once you've finished, review your elections, including plans, coverage levels and premiums in their entirety and select **Approve** to authorize your transaction.
- Read the Confirmation pop up and select **I Agree**.
- On the Transaction Complete page, print your 2026 Benefit Summary.

Questions?

Lumen Health and Life Service Center

- Reach out to Sofia, your virtual benefits assistant. If Sofia is unable to assist you, she will connect you with a live advocate available Mon-Fri, 7 a.m. - 6 p.m. (CST) for further support and detailed guidance through chat.
- Member Service Advocates are available at 833-925-0487, Mon-Fri, 7 a.m. - 7 p.m. (CST).

Note: Virtual Hold may be an option if you call during peak hours. You will not lose your place in line if you select this option. An advocate will call you back; however, it may not occur until the next business day. Keep in mind that only one outbound call will be made to you whether you answer or not. If you receive a call from the Lumen Health and Life Service Center, the number will appear as 317-981-6810. Make sure not to block calls from this area code so you don't miss the call.

Reminders

Benefit focus	Summary
Dependent eligibility	Newly added dependent(s) will not be eligible for coverage until you timely provide the requested supporting documentation that confirms their eligibility under the Plan and the Dependent Verification process approves your dependent(s).
Imputed Income	Imputed income is income that the IRS requires you to be taxed on for the following plans: Employee Basic Term Life Insurance coverage over $50,000, Short-Term Disability Post-Tax, Domestic Partner and or Domestic Partner child/ren covered under the Medical, Dental and/or Vision plan. Be sure to review your premiums (bi-weekly deductions on the left hand side of your pay check listed under the title, Imputed Income). Calculations of imputed income are based on the effective date and will adjust your taxable amount as a lump sum if the effective date is retroactively processed.
Payroll deductions You can review your paycheck on SuccessFactors and the Benefits and Payroll schedule on InsideLumen.	If you work one or more days in a pay period and are enrolled in a Lumen health care plan (e.g., Medical, Dental and/or Vision), you are responsible for paying the full cost of your benefit premiums during that pay period. Premiums are not prorated and are based on the Benefits and Payroll schedule, not the calendar year. Therefore, premiums could cross over from one month to the next as well as from one calendar year to the next calendar year.
Tobacco Surcharge **Note:** If you are enrolled in the Hawaii Medical Service Association (HMSA), you will not be subject to the surcharge.	If you and your eligible dependent(s), if applicable, enroll in a Lumen medical plan and are non-tobacco users or are enrolled in a Company-recognized tobacco cessation program, you are not subject to the tobacco surcharge. If you and your eligible dependent(s), if applicable, enroll in a Lumen medical plan and are tobacco users (one individual that uses would mean you are tobacco users) and are not enrolled in a Company-recognized tobacco cessation program, you are subject to the $88 tobacco surcharge, which will be added to your bi-weekly medical premium deduction on your paycheck. **Note:** The Benefit Summary on the Health and Life website will display the medical premium deduction and tobacco surcharge separately.
Webinars	Register for a combined Surest Health Plan/HDHP webinar on the Annual Enrollment page on InsideLumen to learn more about these plans
Working Spouse/Domestic Partner Surcharge	If you are subject to the Working Spouse/Domestic Partner Surcharge, $100 will be added as a separate benefit premium deduction listed on your paycheck in addition to your bi-weekly medical premium deduction.
1095-C	The IRS requires individuals to report on their health care coverage. Lumen is required to supply this information on IRS Form 1095-C. The deadline to receive your 1095-C is by the end of February.

Post Annual Enrollment checklist (may not apply to all):

- ☐ **Benefit Summary:** At the end of your enrollment, print your Benefit Summary and keep for your records as a Benefit Summary will not be mailed.
- ☐ **ID Cards:** If you enroll in a new Plan, watch for your health care ID cards towards the middle/end of December.
- ☐ **Paycheck:** Review your Pay Period one paycheck dated Jan. 9, 2026 confirming your 2026 Health, Life, Disability, FSAs, HSA, Commuter Spending Account and Voluntary Lifestyle benefit premium deductions, if applicable.
- ☐ **Statement of Health/Evidence of Insurability (EOI) for Supplemental/Optional Term Life Insurance:** Complete and submit the Supplemental Enrollment "short form" for Employee and/or Spouse/Domestic Partner Supplemental/Optional Term Life Insurance coverage, if your election requires EOI approval. **New!** You don't need to submit your spouse/domestic partner short form via paper through USPS. You can complete the form on the MetLife website.
- ☐ **Statement of Health/Evidence of Insurability (EOI) for Supplemental Long-Term Disability (LTD):** You will be required to submit a Statement of Health (SOH) for Supplemental Long-Term Disability (LTD), if your election requires EOI approval.

Who do I contact? - Helpful resources

When you need more detailed information about Plan specifics, review the SPDs and SMMs located on InsideLumen or in the **Reference Center** located on the top right-hand side of the home page on the Health and Life website. If you would like a paper copy of these materials, contact the Service Center. Please be advised that mail time is based on the USPS schedule. Lumen and the Service Center is unable to overnight forms, documents, letters, etc. For this reason we recommend you reach out to the Claims Administrator: MetLife, Surest, UnitedHealthcare or the Service Center for specific information to allow you to make an informed decision about your elections.

Summary of benefits and coverage availability

We offer an array of resources to help you understand and make an informed decision when choosing your medical benefit options. A Summary of Benefits and Coverage Availability (SBC) that summarizes important information about the medical benefit options in a standard format helps you compare features across Plan options is available in the **Reference Center** on the home page of the Health and Life website.

Administrator/Plan/Program	Website/Group number	Phone number
To report the passing of an employee or a dependent, please contact WTW who will notify all Lumen Claims and Plan Administrators.	N/A	888-324-0689 Mon-Fri, 8 a.m. - 7 p.m. (CST)
Lumen Health and Life Service Center (Service Center)	lumen.com/healthandlife Download the free MyChoice Mobile App for iOS or Android **Search:** MyChoice™ Mobile App, available for free in the App Store and Google Play	833-925-0487 Mon-Fri, 7 a.m. - 7 p.m. (CST), or 800-729-7526 and select the applicable options 317-671-8494 (International callers) **Note:** If you receive a call from the Service Center, the number will appear as 317-981-6810. Make sure not to block calls from this area code so you don't miss calls.
Health Care Advocacy Services For issues with your Health Care claims that you are unable to resolve with the Claims Administrator or your Health Care provider.	Advocacy Services on InsideLumen	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST) **Note:** Request to speak to the Advocacy Services team, you will be asked a few questions before being transferred. You will need to contact the Service Center in order to reach Advocacy Services.
Medical and Prescription Drug		
Blue Cross/Blue Shield Hawaii Medical Services Association (HMSA)	HMSA: hmsa.com/contact Group Number: 030541001	800-776-4672 Mon-Fri, 5 a.m. – 2 p.m. (CST)
HDHP with Optional HSA including prescription drug through OptumRx	UnitedHealthcare: myuhc.com Group Number: 192086 **Search:** UHC App, available for free in the App Store and Google Play	800-842-1219 Mon-Fri, 8 a.m. - 10 p.m. (CST)

Administrator/Plan/Program	Website/Group number	Phone number
Maternity Support Program	benefits.surest.com **Search:** Surest App, available for free in the App Store and Google Play myuhc.com **Search:** UHC App, available for free in the App Store and Google Play	800 531-6329 Mon-Fri, 6 a.m. - 9 p.m. (CST) 800-842-1219 Mon-Fri, 8 a.m. - 10 p.m. (CST)
Surest Health PPO and Surest Select Health PPO including prescription drug through OptumRx	lumen.com/joinsurest or, if already enrolled, benefits.surest.com **Search:** Surest App, available for free in the App Store and Google Play Group Number: 78800186	800-531-6329 Mon-Fri, 6 a.m. - 9 p.m. (CST)
Virtual Care Surest Health PPO and Surest Select Health PPO HDHP with Optional HSA MD Live is available for all plans	benefits.surest.com **Search:** Surest App, available for free in the App Store and Google Play myuhc.com **Search:** UHC App, available for free in the App Store and Google Play lumen.com/mdlive	800 531-6329 Mon-Fri, 6 a.m. – 9 p.m. (CST) 800-842-1219 Mon-Fri, 8 a.m. - 10 p.m. (CST) 888-632-2738
2nd.MD Access to 2nd.MD services free for eligible employees and dependent(s) enrolled in a Lumen medical plan.	lumen.com/2ndmd **Search:** 2nd.MD, available for free in the App Store	866-842-1151 Mon-Fri, 7 a.m. – 7 p.m. (CST)
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)		
Flexible Spending Accounts (Dependent Care and Health Care: General Purpose and Limited Purpose)	UnitedHealthcare: myuhc.com Policy Number: 199383 **Search:** UHC App, available for free in the App Store and Google Play	800-842-1219 Mon-Fri, 7:30 a.m. - 8 p.m. (CST) **Note:** For help with card reissues or lost/stolen cards, call FSA Support/Card Services at 866-755-2648.
Health Savings Account (HSA)	optumbank.com **Search:** Optum Bank App, available for free in the App Store	866-234-8913 Available 24/7
Dental		
Dental (MetLife) (Option 1 and Option 2)	metlife.com/mybenefits **Search:** Metlife App, available for free in the App Store and Google Play Group Number: 148069	866-832-5756 Mon-Fri, 6 a.m. - 10 p.m. (CST)

Administrator/Plan/Program	Website/Group number	Phone number
Vision		
Vision (EyeMed)	lumen.com/eyemed **Search:** EyeMed App, available for free in the App Store and Google Play Group Number: 1061657	855-874-4744 Mon-Fri, 8 a.m. - 11 p.m. (CST)
Disability and Life Insurance		
Short-Term Disability (Sedgwick)	lumen.com/disability	844-223-7153 Mon-Fri, 7 a.m. - 4 p.m. (CST)
Long-Term Disability (MetLife)	metlife.com/mybenefits	833-622-0135 Mon-Fri, 8 a.m. - 11 p.m. (CST)
Business Travel Accident (BTA) AIG/Travel Guard	AIG Master Policy # - 9157182	U.S. and Canada Toll Free: 800-401-2678 or 888-873-8394 International Collect: 817-826-7008 or 817-826-7034
Life Insurance and Accidental Death and Dismemberment (AD&D) (MetLife)	lumen.com/healthandlife Policy Numbers: Basic, Supplemental Life Insurance - 148069-1-G Basic, Supplemental AD&D Insurance - 244473	800-438-6388 (for all life insurance questions) **Conversion:** Transition Solutions Resource Center 877-275-6387; Barnum Financial may call you regarding options for individual policies **Portability:** MetLife Portability Unit 866-492-6983
Wellness		
Employee Assistance Program (EAP) through Optum Emotional Wellbeing Solutions	lumen.com/eap	866-270-0033 Available 24/7
Wellos health and wellness coaching	wellos.com/member **Search:** Wellos App, available for free in the App Store and Google Play	866-262-2523
Well-being Rewards through Optum Engage	lumen.com/wellbeing **Search:** Optum Engage Mobile App, available for free in the App Store and Google Play	877-370-1130 Mon-Fri, 8 a.m. – 8 p.m. (CST)
Lifestyle Reimbursement	Active Living on InsideLumen	N/A
Voluntary Lifestyle Benefits		
Voluntary Lifestyle Benefits - Health and Life Service Center	lumen.com/healthandlife	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)

Appendix

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Medical Plan overviews

Surest Health PPO, Surest Select Health PPO and HDHP with Optional HSA

You can choose the medical plan options listed, or you can waive coverage. When you waive medical coverage, you also waive prescription drug coverage. **This chart is only a snapshot summary of medical benefits.**

Note: Dependent(s) can enroll in medical coverage if the employee is enrolled in medical coverage. If the employee waives medical coverage, the dependent(s) can't enroll. For example, if the employee elects medical, his/her dependent(s) can only enroll in medical.

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
HSA Contributions	**Not Applicable** - Refer to the Flexible Spending Account (FSA) section of this guide for more information		**Not Applicable -** Refer to the Flexible Spending Account (FSA) section of this guide for more information		With Individual-Funded HSA (maximum contribution): • $4,400 Individual • $8,750 Individual + one or more dependent(s) enrolled **Note:** If you are 55 or older, you can contribute an extra $1,000 "catch-up" contribution.	
You Pay	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
	Annual Deductible (Deductibles are separate for In-Network and Out-of-Network providers and are not combined)					
	Individual		**Individual**		**Individual**	
	$0	$0	$0	$0	$1,700	$3,400
	Individual + Child/ren		**Family**		**Family (Individual + one or more dependents)**	
	$0	$0	$0	$0	$3,400	$6,800 (deductible must be satisfied before coinsurance applies; no individual limits)
	Annual Out-of-Pocket Maximum					
	The In-Network copays apply towards the In-Network and Out-of-Network Out-of-Pocket Maximum.				The In-Network and Out-of-Network Out-of-Pocket Maximums are separate and are not combined.	
	Individual		**Individual**		**Individual**	
	$3,600	$10,800	$3,200	$9,600	$3,600	$10,800
	Individual + Spouse/Domestic Partner		**Individual + Spouse/Domestic Partner**			
	$5,400	$16,200	$4,800	$14,400		
	Individual + Child/ren		**Individual + Child/ren**			
	$5,400	$16,200	$4,800	$14,400		
	Family		**Family**		**Family (Individual + one or more dependents)**	
	$6,850	$20,550 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	$6,400	$19,200 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	$6,850	$20,550 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Coinsurance	100% covered		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)
Primary care visit to treat an injury or illness	$20 - $105	$220	$10 - $65	$195	• 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 - $105	$220	$10 - $65	$195	• 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	$160 copay	100% covered	$100 copay	100% covered	Not covered
Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care						
Outpatient Lab and Pathology	$0	$0	$0	$0	85% covered	50% covered (you may be subject to balances over the eligible expense)
Outpatient Surgery	$150 - $3,000	$2,550 - $9,000	$75 - $2,500	$1,575 - $7,000	• 85% covered (when performed at an Ambulatory Surgery Center) • 80% covered (if performed as outpatient in a hospital)	Not covered

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Emergency Room Services	$650	$650	$450	$450	80% covered after deductible is met	
Inpatient Hospital Care	Up to $3,000	Up to $9,000	Up to $2,500	Up to $7,000	80% covered after deductible is met	50% covered after deductible is met
Prescription Drugs	**Tier 1 Drugs**					
	• $15 for up to a 30 day retail supply • $37.50 for up to a 90 day retail/ home delivery supply • $260 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.		• $10 for up to a 30 day retail supply • $25 for up to a 90 day supply for home delivery • $200 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 85% covered; minimum copay of $15 for retail, $37.50 for home delivery, $260 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	
Prescription Drugs	**Tier 2 Drugs**					
	• $60 for up to a 30 day retail supply • $150 for up to a 90 day retail/home delivery supply • $285 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.		• $45 for up to a 30 day retail supply • $112.50 for up to a 90 day supply for home delivery • $225 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 80% covered; minimum copay of $60 for retail, $150 for home delivery, $285 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery order (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 31 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Prescription Drugs	**Tier 3 Drugs**					
	• $180 for up to a 30 day retail supply • $450 for up to a 90 day retail/home delivery supply • $360 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.		• $150 for up to a 30 day retail supply • $375 for up to a 90 day supply for home delivery • $300 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 70% covered; minimum copay of $180 for retail, $450 for home delivery, $360 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 31 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	
Prescription Drugs	**Tier 4 Drugs**					
	• $360 for up to a 30 day retail supply • $900 for up to a 90 day retail/home delivery supply • $460 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.		• $300 for up to a 30 day retail supply • $750 for up to a 90 day supply for home delivery • $400 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 60% covered; minimum copay of $360 for retail, $900 for home delivery, $460 for Specialty; after deductible is met. • Up to 31 day retail supply/90 day for home delivery (In-Network) • For certain preventive medications the deductible is waived • Specialty medications are limited to a 31 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	
	Tier 1, 2, 3 and 4 - Certain life saving/emergency medications on the Vital Medication list are covered at no cost to you.					
	Specialty Medications					
	No Out-of-Network coverage for Specialty Medications.					

Surest Health PPO and Surest Select Health PPO - You can review treatment options and costs before receiving treatment or choosing a provider. Here's how it works:

- Coverage starts at your first visit or prescription fill because this is a $0 deductible plan.
- Clear, upfront prices for treatments and doctors. Know before you go what your health care choices will cost.
- Shop by quality - Copays are lower for providers and locations evaluated as high-quality, based on quality, efficiency, and overall effectiveness of care.

Refer to the examples (for illustration purposes only) to see how one of the Surest plans can work for you.

Find doctors, treatments, or procedures in the Surest App, or on the website. Download the Surest App, available for free in the App Store and Google Play. To check costs, see if your provider is in-network or to review additional information, visit lumen.com/joinsurest or, if already enrolled, benefits.surest.com.

The information below assumes In-Network (UHC Choice Plus) charges.

Surest plans offer 'copay ranges' for many services. To get started from your Surest App, use the Search bar, type in your condition, or symptoms like "my head hurts". Results will show care options and you can select a doctor or location to see the copay. You can also search by provider name. Additionally, you have the option to turn on filters like specialty, gender, and distance. By evaluating providers, locations, and costs in advance, you can make informed decisions.

Childbirth	Surest Health PPO	Surest Select Health PPO
Copay – labor and delivery	As low as $900	As low as $625
Copays include: anesthesiologist, baby's stay (if discharged with mother), emergency C-section, epidural, hospital charges, OB		

Emergency Room	Surest Health PPO	Surest Select Health PPO
Copay (copay is waived if admitted)	$650	$450
Copays include: attending physician, hospital/facility charges, radiologist, splint, X-rays		

MRI	Surest Health PPO	Surest Select Health PPO
Copay range	$100 - $1,400	$75 - $950
Copays include: facility charges, and radiologist		

Pink Eye	Surest Health PPO	Surest Select Health PPO
Primary (PCP) or urgent care virtual visit	$0	$0
Office visit	$20 - $105	$10 - $65
Office visit copays include: blood work, X-rays and standard labs. The $20 copay represents what you would pay if you chose the highest quality provider or facility. The $105 copay represents a lower quality provider or facility.		

HDHP with Optional HSA - If you enroll in this plan, you can choose your health care providers; however, the Plan pays a greater benefit when you use providers that are in the network. You can elect a Health Savings Account (HSA) to help you save for qualified medical expenses, including prescription drugs and eligible dental and vision expenses. An HSA allows you to set aside pre-tax dollars from your paycheck. This account rolls over from year to year and the money in the account is 100% yours even if you leave the Company. Enrollment in an HSA is available year-round, and contributing is not required when selecting an HDHP with Optional HSA. For requests made outside of Annual Enrollment, HSA contributions become effective on the first day of the month following the contribution request once the Claims Administrator has vetted your eligibility.

The HSA is not a Company-sponsored plan or benefit and is not covered under ERISA. The Company has chosen to allow Optum Bank to offer to Lumen employees, but this is a voluntary program and only you can decide whether the benefits provided are appropriate for you and your eligible dependent(s). You are encouraged to research all suitable alternatives and consult with your personal advisors. The Company, including the Service Center, is not able to provide you with advice.

If you elect a Health Care Flexible Spending Account (HCFSA) while enrolled or enrolling in the HDHP with Optional HSA, the HCFSA, will be automatically defaulted to a Limited Purpose FSA and can only be used for eligible out-of-pocket dental and vision care expenses until your medical deductible has been satisfied. After your deductible has been satisfied, you can use the HCFSA for eligible medical and prescription drug expenses as well as dental and vision expenses. Refer to the FSA and HSA section in this guide for more information.

Dental Plan overviews

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

This chart is only a snapshot summary of dental benefits.

Note: Dependent(s) can enroll in dental coverage if the employee is enrolled in dental coverage. If the employee waives dental coverage, the dependent(s) waives coverage. For example, if the employee elects dental, his/her dependent(s) can only enroll in dental.

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

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

Vision Plan overview

The vision plan is a fully insured, employee-pay-all model offered by EyeMed, (aka EyeMed Vision Care/First American Administrators). This means that you will be responsible for the full premium deduction cost. You can choose the vision plan option or elect to waive coverage. Staying In-Network helps you save money on eye exams, contact lenses, and frames and lenses with a variety of options through Insight (name of the In-Network benefit) network to help save you more. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area. Since PLUS Providers are already through the Insight network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork but you still have the same vision benefits, plus a little more savings.

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

This chart is only a snapshot summary of vision benefits. For specific details on how services are covered or excluded, please refer to the Vision Summary Plan Description (SPD) on InsideLumen, in the **Reference Center** on the Health and Life website or contact EyeMed.

Note: Dependent(s) can enroll in vision coverage if the employee is enrolled in vision coverage. If the employee waives vision coverage, the dependent(s) waive coverage. For example, if employee elects vision, his/her dependent(s) can only enroll in vision.

Vision Care services	In-Network Cost Using PLUS Providers.	In-Network cost	Out-of-Network reimbursement
Examination Services			
Exam (with Dilation as necessary)	$0 copay	$10 copay	Up to $40
Retinal Imaging	$0 copay	$0 copay	Up to $20
Low Vision Supplemental Exam/Testing	$0 copay	$0 copay	Up to $125
Low Vision Aids	25% copay up to a maximum of $1,000	25% copay up to a maximum of $1,000	25% copay up to a maximum of $1,000
Contact Lens (allowance includes materials only)			
Conventional	$0 copay; 15% off balance; over $195 allowance	$0 copay; 15% off balance; over $170 allowance	Up to $119
Disposable	$0 copay; 100% of balance over $195 allowance	$0 copay; 100% of balance over $170 allowance	Up to $119
Medically Necessary	$0 copay; paid-in-full	$0 copay; paid-in-full	Up to $210
Contact Lens Fit And Two (2) Follow-Ups			
Fit and Follow-Up - Standard	Up to $40	Up to $40	Not covered
Fit and Follow-Up - Premium	10% off retail price	10% off retail price	Not covered

Vision Care services	In-Network Cost Using PLUS Providers.	In-Network cost	Out-of-Network reimbursement
Frame in lieu of contacts (any available frames at Provider locations)			
Frame	$0 copay; 20% off balance over $205 allowance	$0 copay; 20% off balance over $180 allowance	Up to $126
Standard Plastic Lenses (in lieu of contacts)			
Single Vision	$25 copay	$25 copay	Up to $30
Bifocal	$25 copay	$25 copay	Up to $50
Trifocal	$25 copay	$25 copay	Up to $70
Lenticular	$25 copay	$25 copay	Up to $70
Progressive - Standard	$25 copay	$25 copay	Up to $50
Progressive - Premium Tier 1	$110 copay	$110 copay	Up to $50
Progressive - Premium Tier 2	$120 copay	$120 copay	Up to $50
Progressive - Premium Tier 3	$135 copay	$135 copay	Up to $50
Progressive - Premium Tier 4	$200 copay	$200 copay	Up to $50
Lens Options			
Anti Reflective Coating - Standard	$45 copay	$45 copay	Up to $5
Anti Reflective Coating – Premium Tier 1	$57 copay	$57 copay	Up to $5
Anti Reflective Coating – Premium Tier 2	$68 copay	$68 copay	Up to $5
Anti Reflective Coating – Premium Tier 3	$85 copay	$85 copay	Up to $5
Photochromic – Non-Glass (Plastic)	$0 copay	$0 copay	Up to $5
Polycarbonate – Standard	$40 copay	$40 copay	Not covered
Polycarbonate – Standard – under 19 years of age	$0 copay	$0 copay	Up to $5
Scratch Coating – Standard Plastic	$15 copay	$15 copay	Not covered
Tint – Solid or Gradient	$0 copay	$0 copay	Up to $5
UV Treatment	$15 copay	$15 copay	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
Low Vision			
Supplemental Exam/Testing	$0 copay	$0 copay	Up to $125 allowance (no reimbursement)
Aids	25% copayment up to the maximum of $1,000	25% copayment up to the maximum of $1,000	25% copayment up to the maximum of $1,000
Member savings (enrollees who register on EyeMed's website receive additional savings)			
Additional Pairs of Glasses, Conventional Lenses	40% off additional pairs of glasses.	40% off additional pairs of glasses.	Not covered

Vision Care services	In-Network Cost Using PLUS Providers.	In-Network cost	Out-of-Network reimbursement
Non-Prescription Sunglasses and other items not covered by Plan* *Note: Safety Glasses and Provider's professional services or contact lenses are not eligible for coverage under the Plan	20% off	20% off	Not covered
Hearing Care from Amplifon Hearing Health Care Network (Call 877-203-0675)	Up to 66% off hearing aids, with an extended warranty including free batteries.	Up to 66% off hearing aids, with an extended warranty including free batteries.	Not covered
LASIK or PRK from U.S. Laser Network (Call 800-988-4221)	15% off retail or 5% off promotional price	15% off retail or 5% off promotional price	Not covered
Frequency (Adults and Children)			
Exam		Once every plan year	
Frame		Once every plan year	
Lenses (in lieu on Contact Lenses)		Once every plan year	
Contact Lenses (in lieu of Lenses)		Once every plan year	
Low Vision		Once every other plan year	

Definition of Contact Lens Fit

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

Offered by: EyeMed **Group number:** 1061657 **Phone number:** 855-874-4744

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

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

To contribute to FSAs or an HSA, you must enroll each year. Contribution elections do not roll over into the new year. FSA and HSA contributions are fully funded by you and your contributions are pre-tax, meaning, free from federal taxes.

Traditional (General Purpose) Health Care FSA	Limited Purpose Health Care FSA (enrolled in HDHP with Optional HSA)	Dependent Care FSA (for child/elder care services)	Health Savings Account (HSA) (enrolled in HDHP with Optional HSA)
How much can you contribute?			
Between $150–$3,300 per plan year	Between $150–$3,300 per plan year	Between $150–$7,500 per plan year **Note:** The IRS requires Companies to perform a Nondiscrimination test for the DCFSA plan. If you are determined to be a highly compensated individual, based on the Lumen population, the Plan Administrator may need to adjust your contribution election midyear, and you will be notified at that time.	Up to $4,400 Individual-only Up to $8,750 Individual + one or more enrolled **Note:** If you are age 55 or older, you can contribute an extra $1,000 "catch-up" contribution per plan year.
What types of expenses can you use it for?			
A range of eligible out-of-pocket health care expenses not covered by a medical, prescription drug, dental or a vision care plan. **Note:** You and your dependent(s) do not need to be enrolled in a Lumen medical plan to contribute to a FSA.	Only eligible out-of-pocket dental and vision care expenses, including deductibles, copayments and coinsurance not covered by other plans. Medical and prescription drug expenses are not eligible for reimbursement until you have satisfied your annual deductible for medical coverage.	Eligible out-of-pocket child care/elder care expenses for eligible dependents so you (and your spouse, if married) can work or attend school Full-time.	Eligible medical, prescription, over-the-counter drugs, dental and vision care expenses.
How does it work?			
Your contribution amount is available to you on Jan. 1. • If you elect a Health Care Flexible Spending Account (HCFSA), while enrolled or enrolling in the HDHP with Optional HSA, the HCFSA will be automatically defaulted to a Limited Purpose FSA and can only be used for eligible out-of-pocket dental and vision expenses until the annual medical deductible is satisfied. • If you enroll in the HDHP and had a Traditional (General Purpose) Health Care FSA in 2025, claims must be postmarked or received by Dec. 31, 2025.		DCFSA money is available as contributions are deducted from your bi-weekly paycheck and loaded to Optum Bank's system.	• You can open an HSA with Optum Bank (through bi-weekly payroll deductions), a bank of your choice, an insurance Company or other IRS-approved trustee. • HSA money is available as contributions are deducted bi-weekly from your paycheck and loaded to Optum Bank's system. **Important:** Optum Bank must first approve (vet) your account before an account can be set up and contributions deposited.

Traditional (General Purpose) Health Care FSA	Limited Purpose Health Care FSA (enrolled in HDHP with Optional HSA)	Dependent Care FSA (for child/elder care services)	Health Savings Account (HSA) (enrolled in HDHP with Optional HSA)
How does it work?			
			• There are no federal taxes on contributions, interest earned or expenses paid from the HSA (except for Alabama, California and New Jersey). **Note:** If you open up an HSA with Optum Bank (through bi-weekly payroll deductions), the minimum HSA contribution is $260 per Plan year or $10 bi-weekly.

FSA enrollment rules

FSA limits are determined by the Internal Revenue Service (IRS) and are subject to change. All FSA premiums are deducted over 26 pay periods (bi-weekly) or the remaining pay periods of the Plan year based on the effective date. To ensure employees do not contribute over the IRS maximum allowed amount, the calculation per pay period will always round-down which may result in under contributing between $.01 to $.26 at the end of the Plan year. Refer to the example used for illustration purposes only:

Example: Contribution election amount: $3,300

Per pay period (bi-weekly) deduction: $3,300/26 = $26.92 (rounded down). Your total deduction for the Plan year is $12.6.92 x 26 = $3,299.92 which is $.08 under your $3,300 contribution election amount.

- If an FSA deduction is missed or the full amount is not deducted, an adjustment is made on your account. The adjustment is deducted in subsequent pay periods, in addition to the regular bi-weekly deduction amount.
- 2026 FSA contributions can be used for eligible expenses incurred from Jan. 1, 2026 to March 15, 2027 (if still employed and eligible). You have until April 30, 2027, to file 2026 claims, or remaining funds are forfeited. The IRS does not allow expenses incurred by Domestic Partners or their Domestic Partners' dependents to be reimbursed through an FSA unless you claim your Domestic Partner or their dependents on your income tax return. Please contact your financial or tax advisor for assistance or guidance.
- If you have remaining FSA contributions, you can check the OptumStore (store.optum.com) offering all FSA eligible items for purchase.

HSA enrollment rules

- If you are newly enrolled in an HSA, the effective date is the first of the month following 30 days from your eligibility date. Changes in contribution election amounts (including stopping contributions) will be effective based on the benefits payroll cutoff date. If an HSA deduction is missed or the full amount is not deducted, the system may adjust the amount deducted on subsequent pay periods depending on your election of either Total For Plan Year amount or Bi-weekly.

Additional Plans, Programs and other benefit-related information

Benefit focus	Summary
Amazing Benefits	Explore the Amazing Benefits page on InsideLumen to uncover additional benefits and perks available to you.
Commuter Spending Account	Lumen offers pre-tax benefit accounts One can be used to pay for mass transit — including passes, fare cards or vouchers for the bus, train, subway, or vanpool. The second account can be used for parking expenses — including parking vouchers, direct pay parking and before-tax cash reimbursement. You can enroll at any time and you can enroll in both the mass transit and parking accounts at the same time but they can't be used interchangeably.
Dual coverage Company couples or parent/child relationships and employed/ retired from Lumen	Company couples and parent/child relationships who are eligible for their own benefits because they are/were employed by the Company or a subsidiary of the Company are prohibited from being enrolled in more than one Company health or life Plan benefit option. If you are enrolled as a spouse, domestic partner, or dependent child under another Lumen employee, you may not receive benefit communications directly. If the Service Center is not aware of your status, please contact them so that your record can be updated.
Life Insurance and Accidental Death & Dismemberment (AD&D)	**Company paid (automatically enrolled)** • Employee Basic Term Life Insurance • Employee Basic Accidental Death & Dismemberment Insurance (AD&D) **Employee Paid** • Employee Supplemental/Optional Term Life Insurance (Statement of Health/EOI may be required*) • Employee Supplemental/Voluntary Accidental Death & Dismemberment Insurance (AD&D) • Spouse/Domestic Partner Supplemental/Optional Term Life Insurance (Statement of Health/EOI may be required*) • Child Supplemental/Optional Term Life Insurance • Spouse/Domestic Partner Supplemental/Voluntary Accidental Death & Dismemberment Insurance (VAD&D) • Child Supplemental/Voluntary Accidental Death & Dismemberment Insurance (VAD&D)
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.
Short-Term and Long-Term Disability, (STD & LTD) **Note:** Imputed income is the term the IRS applies to the value of any benefit or service that should be considered income for the purposes of calculating your federal, state and local taxes. On your paycheck, the post-tax in the "Imputed Income" section is the taxable amount that reflects the value of the STD benefit. This line item on your check does not mean you are on STD but that you elected the post-tax option.	You must have one year of service to be eligible for STD. You may elect to have STD benefits paid on a pre-tax basis, which means STD benefits would be subject to tax. If an election is not made, you will default to the post-tax option, which means STD benefit payments are not subject to tax. Changing from pre-tax to post-tax or vice versa can only be done during Annual Enrollment. You must exhaust STD before you are eligible for LTD. You are eligible to enroll in the Supplemental LTD Plan the first Annual Enrollment after completing one year of service.

Benefit focus	Summary
Well-being Incentive Rewards program	All Lumen employees and their spouse/domestic partner enrolled in a Lumen medical plan can earn up to $600 each (combined max. $1,200 for employee and enrolled spouse/ domestic partner) in Well-being Rewards through Optum Engage. Employees do not need to be enrolled in a Lumen medical plan to participate; however, if they are not enrolled, their spouse/ domestic partner is not eligible for the rewards.
Voluntary Lifestyle Benefits	Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance are the only Voluntary Lifestyle Benefits that are Company-sponsored and are covered under the federal law known as “ERISA.” All other Voluntary Lifestyle Benefits are not Company-Sponsored.

Claims and appeals for enrollment issues

If you wish to file a claim or appeal regarding eligibility or enrollment for you and/or your eligible dependent(s) in a benefit Plan option or change in benefit Plan options, you must submit a Claim Initiation Form which is available in the **Reference Center** on the Health and Life website.

Decisions concerning the Plan

Claims and appeals are reviewed, and decisions are made based on benefit Plan provisions. The Benefits Appeals Committee, the Claims Administrators and the Plan Administrator have each been delegated the sole and absolute discretion to make decisions with respect to questions and requests related to the benefits under the Plan. This includes but is not limited to interpreting the Plan Document and determining eligibility for benefits.

The time frame for making an initial claim for a premium payroll adjustment is the earlier of: (1) within 180 calendar days of an adverse decision by the Plan Administrator, or (2) the earlier (a) within 180 calendar days of the effective date of an election claimed to be erroneous, or (b) by the last day of the Plan year of when the election error is claimed to have occurred. If the initial claim is not filed by this deadline, it shall be deemed untimely and denied on that basis.

Important: In selecting your coverage and advising of your and your dependents' eligibility, if applicable, you are held to the standard of honesty and truthfulness. Falsifying or omitting information in enrolling for coverage under the Plan will subject you to disciplinary action, up to and including termination. If you have questions about whether your responses during the enrollment process are accurate, please call the Service Center.

Note: Each Plan has its own claims and appeal process for benefit claims. Refer to the applicable SPD for additional information regarding these procedures.

In most cases, claims and appeals are reviewed within 30 calendar days of receipt, but additional time may be required. Health care claims are reviewed sooner if they are related to pre-service or urgent claims. Call the Service Center for further assistance or to ask additional questions regarding the claims and appeals process after reviewing the SPDs.

If an appeal is approved on a retroactive basis, you may experience retroactive premium deductions on your paychecks. If the date is in the prior Plan year, the retroactive amount owed will be post-tax deductions and may be over a course of one or more pay periods to bring your retroactive balance owed to zero. Refer to the Payroll & Benefits schedule available in the **Reference Center** on the Health and Life website and on InsideLumen. For example, if your appeal is approved and your medical coverage level changes from Individual Only to Individual + Family, you will be responsible for paying the retroactive benefit premium difference between the Individual Only and Individual + Family coverage amount. Review any and all deductions on your paycheck for accuracy.

Legal and important required notices

Review the Lumen Welfare Benefits Plan General Information Summary Plan Description (SPD) for active employees on InsideLumen or in the **Reference Center** on the Health and Life website for additional information.

A note about privacy

Keeping your personal information secure is of primary importance. That's why we, along with the Claims Administrators, have implemented various security measures and policies to help reduce the risk of unauthorized processing or disclosure of your personal information. You can also help by keeping your User ID and Password confidential for accessing websites. 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 to add your personal email address as your **Personal Preferences** in your **Profile** on the home page of Health and Life Website. Please be advised that using an email that is not secured, such as your work email address, may increase your risk of unauthorized disclosure. For assistance on how to add or change to a personal email address, contact the Service Center.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. You can review the complete notice on InsideLumen, in the **Reference Center** at lumen.com/healthandlife, or by calling the Service Center at 833-925-0487 to request a copy.

California Department of Managed Health Care Notification

Grievance Process and Independent Medical Review

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

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

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

Clerical Error

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 or premium under the Plan. You have an obligation to correct any errors or omissions that come to your attention by calling the Service Center at 833-925-0487.

Company's reserved rights

The Company reserves the right to amend or terminate any of the benefits provided in the Plan. For more information,

review the Lumen Welfare Benefits Plan General Information Summary Plan Description for active employees on InsideLumen or in the **Reference Center**.

Coverage is not advice

Health Plan coverage is not health care advice. Please keep in mind that the sole purpose of the Plan is to provide payment for certain eligible health care expenses – not to guide or direct the course of treatment for any employee or eligible dependent. If your health care provider recommends a course of treatment, be sure to check with the Plan to determine whether or not that course of treatment is covered under the Plan. However, only you and your health care provider can decide what the right health care decision is for you. Decisions by a Claims Administrator or the Plan Administrator are solely decisions with respect to Plan coverage and do not constitute health care recommendations or advice.

Health Care Reform Requirements

Medical Plan benefit options under the Health Care Plan comply with the Health Care Reform benefit coverage and affordability requirements. As long as you are enrolled in a Medical Plan benefit option in 2026, your coverage will meet (or exceed) the mandated affordability and coverage requirements. Since the Company's Medical Plan benefit options meet Health Care Reform requirements, it is unlikely you will receive any kind of financial help (subsidy) from the government to pay for any coverage you may purchase from a public exchange.

Honesty is the best policy

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

If you voluntarily elect to waive or end coverage

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

Important note regarding enrollment elections

By electing to participate in the 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; 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 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 claims you or your dependent(s) may have made or will make under the Plan, 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 and your dependent(s) are eligible to enroll in a benefit option, plan or program including voluntary or supplemental/optional coverages. Please refer to the applicable Plan Document or SPD on InsideLumen or in the **Reference Center** on the home page of the Health and Life website for details about eligibility for coverage or call the Claims Administrator - limitations may apply including, but not limited to, being actively at work (and if returning, working at least one full work day) 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/optional coverages; enrolling in and paying for

coverage for which you are ineligible will not entitle you or your dependent(s) to benefits; you understand that it is your responsibility to terminate benefit coverage once you or your dependent(s) become ineligible, for example, due to death or a divorce. This excludes dependent child(ren) who turn age 26, as they are automatically removed from coverage at the end of the month they turn age 26. **Note:** In the case of a divorce, even if your court order indicates you must continue providing health care and/or life benefits for your ex-spouse, the Plan doesn't allow ex-spouse's coverage. You will need to remove your ex-spouse from all Lumen benefits.

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 Descriptions (SPDs) and Summaries of Material Modifications (SMMs), 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.

Protections from disclosure of medical Information

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

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

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

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

Well-being Program Notice

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

However, employees and enrolled spouses/domestic partners who choose to participate in the wellness program will receive an incentive in the form of gift cards or a deposit into a Health Savings Account (HSA) for completing the health survey. Although you are not required to complete the health survey, only those who do so will each receive an incentive.

A total incentive of up to $600 may be available for employees and up to an additional $600 for enrolled spouses/domestic partners who participate in certain health-related activities such as preventive screenings, walking activities, or health coaching. Participants may also have the opportunity to qualify for other incentives, such as a reduction in future medical premiums by completing designated wellness and health-related activities. If you are unable to participate in any of the health related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Optum Engage at 877-370-1130.

The information from your health survey will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program.

Women's Health and Cancer Rights Act

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

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

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

You should carefully review the provisions of the Plan, the medical benefit option in which you elect to participate, and its SPD and SMM (if any) on InsideLumen or in the **Reference Center** on the home page of the Health and Life website regarding any applicable restrictions. Contact the Claims Administrator of your medical benefit option for more information.

Working after you retire or leave employment

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

If you are eligible for retiree health care or Retiree Basic and/or Supplemental Optional Term Life Insurance from the Company, refer to the applicable section to see how your retiree benefits may be impacted.

Note: If you have CTT Term Life Insurance, that coverage will not be impacted.

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

If you return to work for a supplier or Company contractor on assignment to the Company, you are not eligible to continue your retiree health and life benefits, if applicable. This means that while you are working for the supplier, your retiree health and life benefits, if applicable, will be suspended. You will, however, be offered the opportunity to continue your retiree medical and/or dental options under COBRA. Your retiree basic and/or supplemental/optional term life insurance 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 benefits. Retiree benefits are reinstated once your work with the supplier/contractor for the Company has ended. You will need to call the Service Center at 833-925-0487 to have your benefits reinstated.

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

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). You will need to work directly with the carrier and Medicare as the Service Center cannot assist you with disenrolling you from an individual Medicare policy not offered by Lumen.