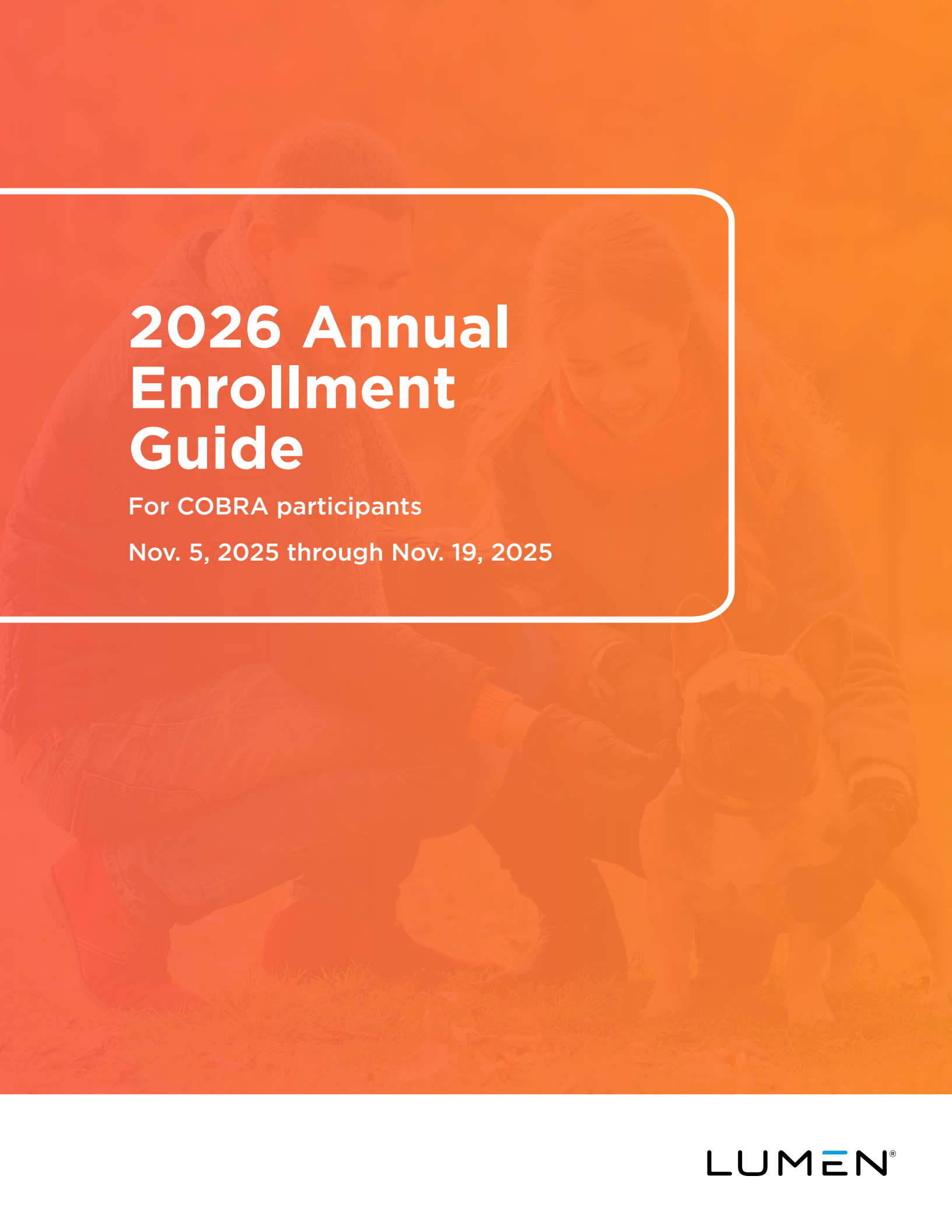




2026 Annual Enrollment Guide

For COBRA participants

Nov. 5, 2025 through Nov. 19, 2025

Table of Contents

What’s new for 2026 3

Get Started 7

Reminders..... 9

Who do I contact? - Helpful resources..... 10

Appendix 12

 Medical Plan overviews.....13

 Dental Plan overviews18

 Vision Plan overview.....19

 Legal and important required notices22

What’s new for 2026

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. If eligible, you will automatically be enrolled in the plans and the coverage levels displayed on your Annual Enrollment Notice.

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, but true transformation requires everyone’s participation.

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 health care costs nationally.

The vision plan is fully insured. Plan allowances for frames and lens benefits will increase. Refer to the vision plan overview in the appendix for more information.

Note: If you are eligible for COBRA medical subsidy and you and your dependents are enrolled in a Lumen medical plan and use tobacco products, the \$88 surcharge will be added to your medical premium. However, if you and your dependents are enrolled in a Company-recognized tobacco cessation program, the \$88 surcharge will not apply.

Tobacco Surcharge will increase

Be sure to review your Annual Enrollment Notice on the Health and Life website to confirm your benefit premiums.

2026	2025
\$88	\$80

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)

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.

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.

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. Direct Bill payments may not be updated until February. Your enrollment eligibility with the Claims Administrator such as EyeMed, MetLife, Surest, or UnitedHealthcare may not be fully processed until after January 1.

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 (you can register using your Health and Life website 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/healthbenefits.
- 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

- Log in to the lumen.com/healthbenefits.
- **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**.
- 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).
Direct bill payment Note: It is essential to pay all premiums by the due date to maintain continuous coverage. Failure to do so will result in the termination of coverage.	You are encouraged to set up automatic payments (autopay) for your direct bill account (e.g., medical coverage). If you choose to set up autopay, you must pay any outstanding balance in full, if applicable, before the autopay will begin. Note: If you choose to make one-time payments, each month you will incur a \$2.00 service fee for each payment. This is not the same as autopay. Lumen can't waive the service fee. You can also set up autopay at lumen.com/healthbenefits or you can call the Service Center at 833-925-0487 and an advocate can walk you through the set up process.
Other coverage options	There may be other, more affordable coverage options for you and your dependent(s) through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's employer's plan) through what is called a "special enrollment period," even if the Plan generally doesn't accept late enrollees. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Note: Being eligible for COBRA doesn't limit your eligibility for coverage for a tax credit through the Marketplace. You should compare your other coverage options with COBRA and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under COBRA, because the new coverage may impose a new deductible. More information on health insurance options through the Marketplace can be found at healthcare.gov.
Medicare eligible due to disability	It is your responsibility to notify the Service Center if you or your dependent(s) become Medicare eligible due to a disability. If you don't notify the Service Center, Medicare may assess penalties, or you or your dependent(s) may experience a gap in coverage.
Prescription Drugs	The Prescription Drug List (PDL) is updated periodically throughout the year. You can use the pricing tool on the following websites based on the plan you are enrolling in for 2026: • HDHP - myuhc.com • Surest Health PPO and Surest Select Health PPO - benefits.surest.com
Working Spouse/Domestic Partner Surcharge	If you are subject to the Working Spouse/Domestic Partner surcharge, \$100 will be added to your monthly medical cost. Note: The Working Spouse/Domestic Partner Surcharge applies if you are enrolled and eligible for subsidized medical coverage.

Who do I contact? - Helpful resources

When you need more detailed information about Plan specifics, review the SPDs and SMMs in the **Reference Center** located on the top right-hand side of the home page on the lumen.com/healthbenefits. 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
Lumen Health and Life Service Center (Service Center)	lumen.com/healthbenefits 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.		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 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)
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)

Administrator/Plan/Program	Website/Group number	Phone number
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 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 participants 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)
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)
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)

Change of address update - Follow the steps below to update your information.

Administrator	Website	Phone number
Health and Life Service Center	lumen.com/healthbenefits - Click on the Change My Benefits icon from the home page - Select Update Demographic Information Only under the Life Event drop-down menu - Enter the current date and select Continue, then Start Change - Continue through the screens to update your address, add an alternate address and phone number(s). - Select Approve, then I Agree to confirm your change	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)

Appendix

Medical Plan overviews

Surest Health PPO, Surest Select Health PPO and HDHP

This chart is only a snapshot summary of medical benefits. For specific details on how services are covered or excluded, please contact the Claims Administrator (Surest or UnitedHealthcare) or refer to the medical Summary Plan Description (SPD) in the **Reference Center** on the home page at lumen.com/healthbenefits.

Surest Health PPO			Surest Select Health PPO		HDHP	
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	\$6,600 (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)
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)

Surest Health PPO			Surest Select Health PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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
Emergency Room Services	\$650	\$650	\$450	\$450	80% covered after deductible is met	

Surest Health PPO			Surest Select Health PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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 \$200 (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, \$200 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 \$225 (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, \$225 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.			
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 \$300 (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, \$300 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.			

Surest Health PPO			Surest Select Health PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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 \$400 (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, \$400 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 - If you enroll in this plan, you can choose your UnitedHealthcare providers; however, the Plan pays a greater benefit when you use providers that are in the network.

You pay the full cost of the medical expenses until your deductible is met. You can also pay for covered services with money you have set aside in an HSA, if applicable. Lumen doesn't offer an HSA to COBRA participants. If you are Medicare eligible, you should review the **Medicare and You** handbook at [medicare.gov](https://www.medicare.gov).

Dental Plan overviews

You can choose between two dental plan options; Option 1 or Option 2. 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.

For specific details on how services are covered or excluded, please contact MetLife or refer to the Dental Summary Plan Description (SPD) in the **Reference Center** on the home page at lumen.com/healthbenefits.

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 offered by EyeMed, (aka EyeMed Vision Care/First American Administrators). 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 contact EyeMed or refer to the Vision Summary Plan Description (SPD) in the **Reference Center** on the home page at lumen.com/healthbenefits.

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
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

Vision Care services	In-Network Cost Using PLUS Providers.	In-Network cost	Out-of-Network reimbursement
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
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

Vision Care services	In-Network Cost Using PLUS Providers.	In-Network cost	Out-of-Network reimbursement
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.

Legal and important required notices

Review the Lumen Welfare Benefits Plan General Information Summary Plan Description (SPD) 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** at lumen.com/healthbenefits. 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, in the **Reference Center** at lumen.com/healthbenefits, 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 (SPD) in the **Reference Center** on the home page at lumen.com/healthbenefits.

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 participant 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.

If you voluntarily elect to end coverage

If you voluntarily 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 in 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 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; 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 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.

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) 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.