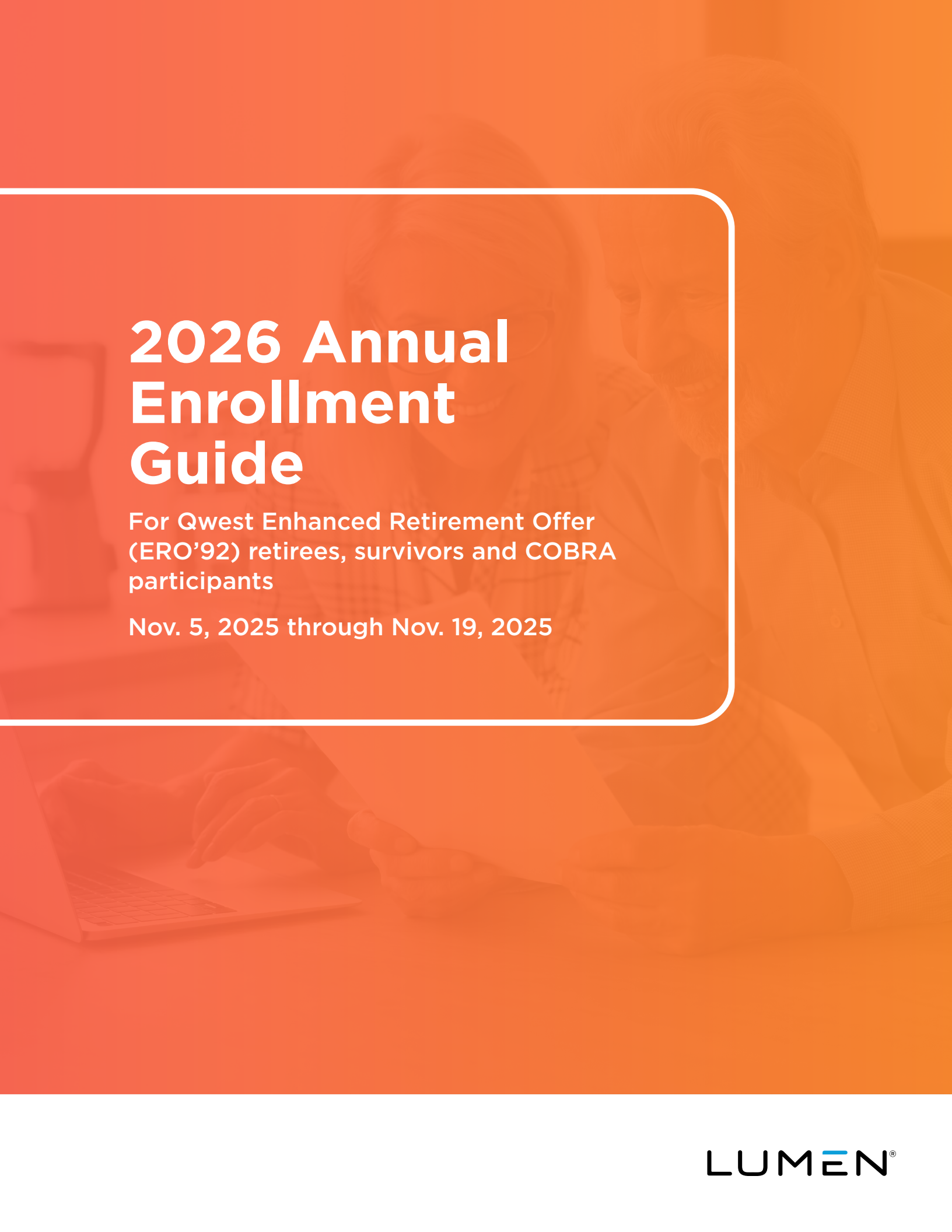




2026 Annual Enrollment Guide

For Qwest Enhanced Retirement Offer (ERO'92) retirees, survivors and COBRA participants

Nov. 5, 2025 through Nov. 19, 2025

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Some references and benefit options in this guide apply only to ERO'92 retirees. For more information, refer to your Annual Enrollment Notice for available plans and options, the Health and Life website at lumen.com/healthbenefits or contact the Lumen Health and Life Service Center. The Lumen Health and Life Service Center will be referred to hereafter as "the Service Center".

Lumen will be referred to hereafter as "Company".

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 to your benefits for 2026, **no action** is required.

Welcome to 2026 Annual Enrollment. As a valued retiree, survivor or COBRA participant, you’ve likely traveled many paths and made countless important decisions along the way. It’s time to review your benefit options and select what best supports your life’s continuing journey—both for yourself and your eligible dependents. Your benefits are designed to support you wherever life takes you. Take time to consider your choices, knowing that each decision empowers you to shape a future that fits your unique needs.

UnitedHealthcare Group Medicare Advantage Preferred Provider Option (MA PPO)

Deductibles will increase

MA PPO	2026	2025
Per participant enrolled	\$50	\$0

Out-of-Pocket maximums will increase

MA PPO	2026	2025
Per participant enrolled	\$300	\$150

COBRA participants

As a COBRA participant, coverage is limited to medical and/or, dental coverage, as applicable. COBRA rates have changed. Not all provisions of this guide apply to COBRA participants, please refer to your Annual Enrollment Notice for more information. Eligibility files sent to Claims Administrators such as UnitedHealthcare and MetLife, are transmitted on a weekly schedule. Consequently, there may be a delay before the Claims Administrator’s system reflects a COBRA paid through date, depending on the timing of the payment.

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 (non-Medicare participants), or supplemental/optional term life insurance plans, you may receive a reverification notification in the second quarter of 2026. **If you already completed dependent verification in 2021 to current or if you went through dependent reverification in May 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 or conversion coverage.

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

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

Note: You **do not** need to enroll if you are not changing or updating your benefits.

When can I enroll?

Annual Enrollment is Nov. 5, 2025 through Nov. 19, 2025

Note: 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, Pension or Direct Bill payments may not be updated until February, HRA contribution amounts may not be available immediately for reimbursement, and your enrollment eligibility may not be fully processed with the Claims Administrator (e.g., MetLife, Surest and UnitedHealthcare).

How can I enroll?

Mobile device enrollment - (easily accessible) - enrollment ends at 11:59 (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. You can also select **Benefits** to review your **Benefit Summary**.

To download directly from Benefitsolver:

- Log in to lumen.com/healthbenefits using your Username and Password.
- 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 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, a retiree 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**.
- 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.

Who do I contact? - Helpful resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs located in the **Reference Center** at lumen.com/healthbenefits. If you would like a paper copy of these materials, contact the Service Center at 833-925-0487. Please be advised that mailing time is based on the USPS schedule. Lumen and the Service Center are unable to overnight forms, documents, letters, etc. **Note:** You may not receive these documents prior to the Annual Enrollment deadline.

Administrator/Plan/Program	Website/Group Number	Phone Number
To report the passing of a retiree or dependent, contact the Pension Administrator, WTW, who will notify all Lumen Claims and Plan Administrators.	N/A	888-324-0689 Mon-Fri, 8 a.m. - 7 p.m. (CST)
Health and Life Service Center (Service Center)	lumen.com/healthbenefits Download the free MyChoice Mobile App for Android or iOS  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) Mon-Fri, 7 a.m. - 7 p.m. (CST) 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 on your own through the Claims Administrator or your Health Care provider.	lumen.com/healthbenefits	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		
The Medical Plan (Guaranteed Coverage Plan Options)/ Prescription Drug Plans	UnitedHealthcare: myuhc.com  Search: UHC App, available for free in the App Store and Google Play	UnitedHealthcare: 800-842-1219 You can't enroll through this number. UHC can answer questions regarding plan provisions. Enrollment is completed through the Service Center.
Group Medicare Advantage Preferred Provider Option (PPO) Plan	UnitedHealthcare: retiree.uhc.com Group #: 12254  Search: UHC App, available for free in the App Store and Google Play	UnitedHealthcare: 800-842-1219 You can't enroll through this number. UHC can answer questions regarding plan provisions. Enrollment is completed through the Service Center.
Health Reimbursement Account (HRA)	lumen.com/healthbenefits Download the free MyChoice Mobile App for Android or iOS  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) Mon-Fri, 7 a.m. - 7 p.m. (CST)

Administrator/Plan/Program	Website/Group Number	Phone Number
Dental		
Dental (MetLife)	metlife.com/mybenefits  Search: Metlife, available for free in the App Store and Google Play	866-832-5756 Mon-Fri, 6 a.m. - 10 p.m. (CST)
Life Insurance		
Life Insurance (MetLife)	lumen.com/healthbenefits Policy Number: Refer to the applicable Summary Plan Description (SPD).	800-438-6388 (general phone number for all life insurance questions) Conversion: Transition Solutions Resource Center 877-275-6387; Barnum Financial may call you regarding options for individual policies
MetLife Legal Plans, Inc.	Will Preparation and Probate Services when enrolled in a Supplemental/Optional Term Life Insurance plan	800-821-6400 Mon-Fri, 7 a.m. - 7 p.m. (CST)
TELUS Health	Grief Counseling and Funeral Assistance Services when enrolled in a Retiree Basic Term Life Insurance plan	888-319-7819 Available 24 hours a day/7 days a week
Voluntary Lifestyle Benefits		
Health and Life Service Center	lumen.com/healthbenefits Download the free MyChoice Mobile App for Android or iOS  Search: MyChoice™ Mobile App, available for free in the App Store and Google Play	833-925-0487 or 800-729-7526, Mon-Fri, 7 a.m. - 7 p.m. (CST), and select the applicable options 317-671-8494 (International callers)

Change of address updates

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

Administrator	Website	Phone number
Lumen 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 or 800-729-7526, Mon-Fri, 7 a.m. - 7 p.m. (CST), and select the applicable options 317-671-8494 (International callers)

Change of address updates (continued)

Administrator	Email and phone numbers	Mail or fax
Lumen Pension Service Center	lumen.pension.ehr.com Go to the Profile tab and select My Information. Scroll to the address section and update your information directly online. Lumen Pension Service Center: 888-324-0689 If your pension is being paid by Athene, call 877-813-4240 to update your address. If your pension is being paid by Brightspeed, call 844-516-7870 to update your address.	Mail or fax request to: Lumen Pension Service Center DEPT: LUM P.O. Box 981909 El Paso, TX 79998 Fax: 844-286-1282 Note: Your written request must include your full name, last four digits of your Social Security number, complete old and new address, signature and date.

Appendix

Medical overview for Medicare eligible participants

Enrollment in Medicare Parts A and B are required. If you and your dependent(s) are Medicare eligible, you must enroll in the same benefit plan option.

The Medical Plan (shown as Retiree UnitedHealthcare POS on the Health and Life website).

- The Medical Plan pays a substantial share of the costs of the hospital, surgical and medical care you and your dependent(s) receive each year.

Health Reimbursement Account (HRA) plan option combined Individual Medicare Policy - shown as the Lumen Medicare LQ Pre-91 - ERO'92 HRA

- If you elect to participate in this Plan option, you are waiving coverage under the Guaranteed Coverage Commitment Plan as well as the UHC Medicare Advantage PPO benefit option.
- The HRA provides you with Company-funded dollars to help you purchase an individual Medicare policy.
- The HRA is funded annually by the Company, on Jan. 1 of each year in the amount of \$3,800. Unused dollars are forfeited at the end of each year.
- The HRA is a Plan option under the Company group retiree plan. You must purchase an individual Medicare and/or prescription drug policy directly from the insurance carrier(s) of your choice, pay the insurance premium directly to them, and then receive reimbursement for the premium from your HRA. For additional information, review the Navigation Guide located in the **Reference Center** in the General Information folder.
- In order for your individual Medicare medical policy to be effective Jan. 1, you must enroll with Medicare during their Open Enrollment window, between Oct. 15 and Dec. 7. For assistance, you can call Via Benefits at 888-825-4252. Please do not contact the Service Center to enroll in an individual Medicare policy as they will be unable to assist you. Starting Nov. 5, you will need to contact the Service Center letting them know you want to enroll in the Lumen Retiree HRA Plan option. If you elect this option, you may need to enroll in a Medicare Part D plan, depending on which type of individual medical policy you elect.
- If you are already enrolled in this option, you can submit 2025 recurring claims for reimbursement starting in Dec. If you submit prior to this date, the claim will be automatically denied and will not be reprocessed.
- Expenses or services incurred in 2026 must be submitted to the Service Center by March 31, 2027. Claims must be postmarked, uploaded or faxed by 11:59 p.m. (CST). Claims received after this date and time will be denied. Make sure to keep a copy of your submission if faxing or mailing via a fax transaction receipt or through the USPS.

Note: If you and your Medicare eligible dependent(s) select the Lumen Medicare LQ Pre-91 - ERO'92 HRA plan option and you later want to change options or return to the coverage you had under the Medical Plan (Guaranteed Coverage Plan), you will be required to wait until the next Annual Enrollment period due to Centers for Medicare or Medicaid Services (CMS) rules.

UnitedHealthcare Group Medicare Advantage Preferred Provider Option (MA PPO) - shown as the UnitedHealthcare Group Medicare Advantage PPO on the Health and Life website

Note: The deductibles and out-of-pocket maximums will increase in 2026. Review the What's New section for more information.

- You can see any provider (in or out-of-network) that participates in Medicare and accepts the plan, at the same cost.
- 100% coverage for preventive services.
- Care and disease management programs (e.g., diabetes, heart failure, and more).
- UHC House Calls are designed to complement your doctor's care. A licensed and knowledgeable health care practitioner will review your health history and current medications, perform a health screening, identify risks and provide health education in the comfort of your home.
- **Personal Emergency Response System (PERS)** - PERS is a wearable monitoring device at no cost to you that provides access to emergency assistance to give your family peace of mind, should you experience a fall.
- **Telephonic Support** (Previously referred to as NurseLine) - Registered nurses answer your call 24 hours a day, seven days a week.
- **Renew Active** - Free gym memberships, brain games, cooking classes, etc.
- **Healthy at Home** - Meals, transportation and in-home personal care at no charge for up to 30 days following an inpatient facility visit.

To enroll in this plan, you will need you or your dependent's Medicare information. This can be found on your red, white, and blue Medicare ID card. Contact UnitedHealthcare for additional information regarding these benefits, services, and offerings at 877-886-7313. You must call the Service Center to enroll in this plan.

Note: If you and your dependent(s) are enrolling in this plan and one or both applications are denied by Medicare, you will both return to the coverage you had under the Company Medical Plan, the Medical Plan (Guaranteed Coverage Plan).

Medical Plan overviews

For the UnitedHealthcare Group Medicare Advantage PPO and the Guaranteed Coverage Plan, Point of Service (POS)

Note: Non-Medicare-eligible retirees and non-Medicare eligible dependents can only enroll in the applicable Guaranteed Coverage Plan Option, POS. *The UnitedHealthcare Group Medicare Advantage PPO is available to Medicare eligible participants only.

Note: Dependent(s) can enroll in healthcare coverage if the retiree is enrolled. If the retiree suspends or waives medical coverage, the dependent(s) can't enroll. For example, if retiree elects medical, dependent(s) can only enroll in medical.

	UnitedHealthcare Group Medicare Advantage PPO Plan*	Guaranteed Coverage Plan Option - Point of Service (POS)	
	Your in- and out-of-network costs	In-network costs	Out-of-network costs
Annual Out-of-Pocket Maximum (Medical Only)	\$300 per participant	N/A	\$3,000
Deductible	\$50 per participant	\$0	\$300
Coordination of Benefits with Medicare	UnitedHealthcare (UHC) handles on your behalf	Claims must be submitted to Medicare Part A or B first by you or your provider(s), then to UHC for Coordination with Company Plan ERO'92 Retiree Plan Options	
Medical Benefits			
Primary Care Physician Office Visit	\$0	\$10	20% after deductible
Specialist Physician	\$10	\$10	20% after deductible
Preventive services	\$0	\$10	20% after deductible
Emergency	\$50	\$50	\$50
Hospital Copay Per Admit	\$0	\$100 (max \$300/yr/ person)	20% after deductible
Outpatient services	\$0	\$50	20% after deductible
Additional benefits and programs not covered by Medicare			
Hearing aids	\$500 allowance (every 3 years, In- Network Providers only)	Plan pays up to \$300 (every three years)	
Telephonic Support (previously referred to as NurseLine)	Speak with a registered nurse (RN) 24 hours a day, seven days a week	Speak with a registered nurse (RN) 24 hours a day, seven days a week	
Vision Services: Eye exam	\$0-\$10	Not covered	
Routine eyeglass or contact lenses allowance (every 12 months)	\$130 for eyeglasses OR \$175 for Contact Lenses	Not covered	
Fitness Program	Stay active with a basic membership at a participating location at no extra cost to you	Not covered	
Prescription drug benefits retail (30-day supply)			
Tier 1 (Preferred Generic)	\$4 copay	\$5	Not covered
Tier 2 (Preferred Brand and non-Preferred Generic)	\$15 copay	\$10	Not covered

	UnitedHealthcare Group Medicare Advantage PPO Plan*	Guaranteed Coverage Plan Option - Point of Service (POS)	
Tier 3 (non-Preferred Brand)	\$40 copay	\$10	Not covered
Tier 4 (Specialty)	\$40 copay	\$10	Not covered
Coverage Gap	Full coverage	Full Coverage	Not covered
Prescription drug benefits retail (90-day supply)			
	Your in- and out-of-network costs	In-network costs	Out-of-network costs
Tier 1 (Preferred Generic)	\$0	\$5	Not covered
Tier 2 (Preferred Brand and non-Preferred Generic)	\$0	\$10	Not covered
Tier 3 (non-Preferred Brand)	\$0	\$10	Not covered
Tier 4 (Specialty)	\$0	\$10	Not covered
Coverage Gap	\$0	\$10	Not covered

	ERO'92 Retiree Plan for MN, ND, WI (United Healthcare Choice Plus Plan)	
	In-network costs	Out-of-network costs
Annual Out-of-Pocket Maximum (Medical Only)	\$1,000	\$3,000
Deductible	\$0	\$300
Coordination of Benefits with Medicare	Claims must be submitted to Medicare Part A or B first, then to UHC for Coordination with Company Plan ERO'92 Plan	
Medical Benefits		
Primary Care/Specialist Physician Office Visit	\$10	20% after deductible
Preventive Services	\$10	100% covered
Emergency	\$40	\$40
Hospital Copay Per Admit	\$0	20% after deductible
Outpatient Services	\$0	20% after deductible
Additional benefits and programs not covered by Medicare		
Hearing Aids	Plan pays up to \$300 (every three years)	
Telephonic Support (previously referred to as NurseLine)	24 hours a day, seven days a week	
Vision Services: Eye Exam	Not covered	
Routine Eyeglass Allowance (every 2 years)	Not covered	
Fitness Program	Not covered	
Prescription drug benefits retail (30-day supply)		
Tier 1 (Preferred Generic)	\$8	Not covered
Tier 2 (Preferred Brand and non-Preferred Generic)	\$12	Not covered
Tier 3 (non-Preferred Brand)	\$12	Not covered
Tier 4 (Specialty)	\$12	Not covered

ERO'92 Retiree Plan for MN, ND, WI (United Healthcare Choice Plus Plan)		
Coverage Gap	Full Coverage	Not covered
Prescription drug benefits retail (90-day supply)		
	In-network costs	Out-of-network costs
Tier 1 (Preferred Generic)	\$5	Not covered
Tier 2 (Preferred Brand and non-Preferred Generic)	\$5	Not covered
Tier 3 (non-Preferred Brand)	\$5	Not covered
Tier 4 (Specialty)	\$5	Not covered
Coverage Gap	\$5	Not covered

Reminder: Prior to becoming Medicare eligible, you must timely enroll in Medicare Part B. Contact your local Centers for Medicare and Medicaid Services (CMS) office for more information or go online to [medicare.gov](https://www.medicare.gov).

If you enroll in the Medicare Advantage PPO Plan or the Guaranteed Coverage Plan, you do not need to enroll in a separate Medicare Part D plan because prescription drug coverage is included in those benefit options, as defined by the Plan.

If you are enrolled in the Guaranteed Coverage Plan, Medicare becomes your primary coverage and the Guaranteed Coverage Plan becomes secondary. Your benefits will be reduced if you do not enroll timely in Medicare Part B coverage.

Dental Plan overview

The dental option you are enrolled in is indicated on your **Annual Enrollment Notice**.

Note: Dependent(s) can enroll in dental coverage if the retiree is enrolled. If the retiree suspends or waives dental coverage, the dependent(s) can't enroll. For example, if retiree elects dental, dependent(s) can only enroll in dental.

It pays to use network dentists

You may receive services from any provider under your Plan benefit option, but your out-of-pocket costs may be less if you receive care from MetLife network providers (in the Preferred Dentist Program).

If you receive services from a an out-of-network provider, your out-of-pocket costs may be more and you may need to complete and submit claim forms for reimbursement.

Here's a brief look at how the Dental Plan option pays benefits

Preventive and Diagnostic Care Services (cleanings, oral exams, x-rays)

The Plan pays 100% up to reasonable and customary (R&C) rates, but no more than what the dentist charges. If costs exceed R&C rates, you will be responsible for paying the excess charges.

All other Services

You pay according to a schedule of allowances. Review the schedule of allowances in the applicable Summary Plan Description (SPD) available on the Health and Life website or by requesting a copy from the Service Center to determine the out-of-pocket expenses you must pay.

To make updates, you will need to log in to the Health and Life website or contact the Service Center. If you are already enrolled and would like to continue your coverage into the new year, no action is required to continue the dental plan option.

For questions or benefit information, visit the MetLife website at [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call 866-832-5756. Call MetLife for details about covered services.

Life Insurance

The Life Insurance plans are Term Life Insurance coverage which pays the claim when you pass away.

To help take the pressure off of having beneficiaries make immediate financial decisions after your loss, MetLife will set up a Total Control Account (TCA), a flexible settlement option that allows beneficiaries full access to the life insurance proceeds to use now or in the future. TCA provides competitive interest rates.

A beneficiary can instead receive a one-time, lump sum check if required by state law, regulation, or at the beneficiary's request. **Important:** Your beneficiaries likely won't have to pay income tax on the payment(s) they receive. The Service Center and MetLife are not financial advisors and decisions should always be discussed between you, your beneficiaries and your financial or tax advisor.

Retiree Basic Term Life Insurance (Company-paid)

For eligible retirees, the Company provides Retiree Basic Life Insurance coverage that pays a \$10,000 benefit to your designated beneficiary(ies) when you pass away.

Retiree Supplemental/Optional Term Life Insurance (Retiree-paid)

For eligible retirees, the Company offers Retiree Supplemental Life Insurance calculated off of your base pay and the multiplier you were enrolled in (e.g., 1x, 2x, 3x), at the time you transitioned from active employee to retiree status, subject to applicable age reduction and Life Insurance rules. The Life coverage amount is paid to your designated beneficiary or beneficiaries when you pass away.

How to drop Retiree Supplemental/Optional Term Life Insurance

You may drop the Retiree Supplemental/Optional Term Life Insurance at any time by going to lumen.com/healthbenefits or contacting the Service Center at 833-925-0487. The drop will be effective the first of the month following your request except if you elect to cancel during Annual Enrollment; then your coverage will drop Dec. 31, 2025. You may not re-enroll, decrease or increase coverage in the future. Once you drop coverage, you no longer have Retiree Supplemental/Optional Term Life Insurance coverage.

Coverage ends on the last day of the month in which you turn age 65. You may convert your Retiree Supplemental Life coverage once you turn age 65, according to the laws of the state of Washington where the policy is issued. Conversion is not automatic, and you must apply for converted life insurance coverage through MetLife. You can reach MetLife at 877-275-6387 to request a conversion application if you experience a qualified loss in coverage. MetLife must receive your completed application and premium for conversion within 31 days from the date your retiree supplemental life insurance coverage terminates. Applications received by MetLife after the 31-day period will be denied.

Additional services provided by MetLife

- Will Preparation and Probate Services are provided at no additional cost to retirees who are enrolled in the Lumen Retiree Supplemental Life Insurance Plan through MetLife. Please call MetLife Legal Plans Client Service Center at 800-821-6400.
- Grief Counseling and Funeral Assistance Services, which are provided through TELUS Health for you, your dependents and your beneficiaries at no extra cost. You do not need to be enrolled in the Lumen Retiree Supplemental Life Insurance Plan to receive the services. If you are interested in learning more about this service, please call 888-319-7819.

Reminders

Benefit details	Important Information
Adding dependents during enrollment	Add your newly eligible dependents on the Health and Life website, or by contacting the Service Center. Coverage for your dependents will become effective Jan. 1, 2026, provided supporting documentation to verify eligibility for your dependent is received timely and approved. You can upload your supporting documentation after you complete your enrollment. You can also elect to fax or mail the supporting documentation, but uploading will expedite the process.
Direct bill payment Note: Account Statements are not mailed.	If you owe a premium for any of your benefits, you are encouraged to set up automatic payments (autopay) for your direct bill account (e.g., medical coverage). If your premium payments are not received by the Service Center in a timely manner, your payment may still be processed after the due date. In this case, a refund will be processed for the untimely payment after 21 business days and your coverage will not be reinstated. You have the right to appeal and can contact the Service Center if you wish to discuss the appeals process. Note: Checks that are returned or direct debit requests that are refused due to insufficient funds are not re-deposited.
Dual coverage	If you are a Company Couple or have a child(ren) who are eligible for their own benefits because they are/were employed by the Company or a subsidiary of the Company, and the Service Center is not aware of this, please contact them at 833-925-0487 so that your record can be updated.
Add your personal email address on the Health and Life website to ensure you receive benefit communications timely	Without a personal email address on file as your contact preference, you risk missing essential benefit information. Email communication is fast, cost-effective, and provides 24/7 access to your benefit details in one place. How to update your contact preference • Select Profile to the right • Under Personal Preferences choose Edit in the Contact Preferences section. • Select Electronic Mail and enter your personal email address. • Select the Primary radio button. • You can also receive important messages via text messaging by entering your cell phone number and click the Accept SMS Terms and Conditions box (data rates may apply). • Click Save and return to the home page. The email will come from info@businessolver.com, make sure it doesn't go to your junk folder or you may miss out on important benefit information.
Life insurance beneficiaries	Review and confirm you have up to date beneficiary information on file for any Life Insurance Plans. The Service Center is the record keeper of beneficiary designations.
Medicare-eligible and/or non-Medicare-eligible participants plan options	If you and your dependent(s) are Medicare eligible, you must enroll in the same medical plan option. If you were enrolled in the UnitedHealthcare Group Medicare Advantage PPO in 2025 and you are not changing, you will not be required to re-enroll. Therefore, no action is required, and your Annual Enrollment Notice will serve as your 2026 confirmation of benefits. If you are enrolling in an individual policy not offered by the company and therefore are electing the Lumen Medicare Retiree LQ Pre91-ERO92 HRA, you must complete that carrier's enrollment form and follow their process as well as enroll in the Lumen Retiree HRA plan. If you or one or more of your dependent(s) are not Medicare eligible and the other participant is Medicare eligible (split family), you can make separate elections. The non-Medicare participant may remain in the Company plan option or Suspended/Waived Coverage (No Coverage) option, while the Medicare eligible participant may select from one of the three Medical plan options available. Note: If the non-Medicare eligible participant becomes Medicare eligible during the Plan year, that participant must enroll (and complete forms, if applicable) in the same benefit plan option in which the Medicare-eligible participant is already enrolled.

Benefit details	Important Information
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 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.
Qualified Life Event (QLE)	If you experience a QLE such as marriage, death, divorce, adoption or birth, or losing other coverage, you can go to lumen.com/healthbenefits or contact the Service Center at 833-925-0487 within 45 days of the event in order to change your coverage elections. If you are adding a dependent, be sure to gather your dependent(s) Social Security numbers and birth dates before you start the enrollment process. You will be required to go through the Dependent Verification process if you add a new dependent. Note: If you make changes during Annual Enrollment and have a subsequent change to your coverage before the end of December 2025, because of a QLE (for example, you add a new spouse to your coverage), your 2025 changes/enrollment will not automatically be applied to 2026. As a result, you will need to update both your 2025 and 2026 coverage by contacting the Service Center.
Returning to work? Excludes survivors	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 when you return as an active employee. If you are rehired in a status that is eligible for active employee benefits, you will be offered the same benefits as other similarly situated employees based on your employee classification. If you have retiree supplemental 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 life coverage between what you previously had prior to your rehire date and the amount as an active employee, you may convert the difference with Metropolitan Life Insurance Company. If you continued supplemental/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 Company 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. However, you will be offered the opportunity to continue your retiree medical and/or dental options under COBRA. Your retiree basic and/or retiree supplemental/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 health care benefits. 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 (The local DNIS for international callers is 317-671-8494). If you returned to work for a supplier or Company contractor on assignment, the Company, will validate that your assignment has ended before you will be allowed to resume your retiree benefits. Note: If you are Medicare eligible and have enrolled in an individual Medicare policy, you may need to complete the dis-enrollment 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 dis-enrolling you from an individual Medicare policy not offered by Lumen.

Benefit details	Important Information
Retiree Benefits News	Stay up-to-date, visit lumenbenefits.com to get the latest retiree news. These articles are designed to share information about benefits, the Company and other topics.
Voluntary Lifestyle Benefits	Make sure to review the Voluntary Lifestyle Benefit programs available to you on the Voluntary Lifestyle Benefits page at lumen.com/healthbenefits. • Disaster Insurance - Protect your home and finances from a natural disaster. Eligibility is based on zip code and state and may change from time to time. • Employee Perks/Discounts - Provides you with access to hundreds of exclusive deals from brand-name retailers and local merchants. • Identity and Fraud Protection - Protects you and your family from fraud. • Legal Services - Legal experts on your side, whenever you need them.
1095-C	The IRS requires individuals to report on their health care coverage. Lumen is required to supply this information on form on IRS Form 1095-C by the end of February.

Income Related Monthly Adjustment Amount reimbursement and/or Medicare Part B reimbursement notification

The Social Security Administration (SSA) makes initial determinations whether the income-related monthly adjustment amount (IRMAA) applies to Medicare beneficiaries with Part B, or Medicare prescription drug coverage (or both if enrolled in both at the time a determination is made) using IRS data.

IRMAA reimbursement (if enrolled in the Medicare Advantage PPO Plan):

The IRMAA is an amount you are required to pay in addition to your monthly premium if your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit.

If you are a new Participant to the Medicare Advantage PPO Plan and are subject to IRMAA and are requesting reimbursement, refer to the Request for Reimbursement below for further information. You will not be eligible to receive reimbursement from the Company until you notify and provide the Service Center with a copy of the notification letter from the Social Security Administration.

If you are enrolled in the UHC Medicare Advantage PPO Plan and your IRMAA premium has changed, you will need to provide a copy of the notification letter from the Social Security Administration which lists the premium amount in order to receive the accurate reimbursement for the IRMAA premium in 2026.

Medicare Part B reimbursement:

The Centers for Medicare & Medicaid Services (CMS) requires high-income Medicare-eligible individuals who are enrolled in the Part B program to pay a monthly Part B premium that is higher than the 2026 standard Medicare premium. The premium for high-income individuals, as defined by CMS, will vary depending upon your modified adjusted gross income and income tax filing status. The income amounts will be indexed annually by CMS for inflation.

If you are receiving the standard Medicare Part B reimbursement, your monthly reimbursement will automatically update to the standard 2026 Medicare Part B premium, as determined by Medicare. If your Medicare Part B is different than the standard amount, you will need to provide a copy of the notification letter from the Social Security Administration which lists the adjusted Medicare Part B premium amount in order to receive the accurate reimbursement for your 2026 Medicare Part B reimbursement. You will not be eligible to receive reimbursement from the Company for the updated premium amount until you notify and provide the Service Center with a copy of the notification letter from the Social Security Administration.

The Social Security Administration will directly notify each high-income beneficiary regarding his/her obligation to pay a higher Medicare Part B premium. If you are one of these affected individuals, it will be your responsibility to notify the Service Center each Plan year, refer to the below for further information.

Request for reimbursement:

Mail or fax a copy of your Social Security Administration notification letter, which includes the updated 2026 Medicare Part B and/or IRMAA premium amount/s to:

Lumen Health and Life Service Center

P.O. Box 850552

Minneapolis, MN 55485-0552

Fax: 515-273-1545

If the notification letter is postmarked or faxed on or before March 31, 2026, your reimbursement amount will be effective retroactive to Jan. 1, 2026.

If the notification letter is postmarked or fax is sent after March 31, 2026, your reimbursement amount will be prospective only, meaning it would be effective the first of the month following receipt of the letter and retroactive reimbursement will not be approved.

Questions: Contact the Service Center at 833-925-0487 or 800-729-7526, Mon-Fri, 7 a.m. - 7 p.m. (CST), and select the applicable options.

Legal and important required notices

Review the Lumen Welfare Benefits Plan General Information Summary Plan Description (SPD) for Lumen retirees and former inactive employees located in the **Reference Center** on the Health and Life website for additional information.

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.

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 retiree 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.

If you voluntarily elect to suspend or waive coverage

If you voluntarily suspend or waive coverage for yourself or a dependent during Annual Enrollment, without there being a Qualified Life Event (QLE), you and/or your dependent will not be eligible for continuation of 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) for Lumen retirees available in the **Reference Center** on the Health and Life website.

Important note regarding enrollment elections

By electing to participate in the Plans, 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 claim 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. 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 benefit plan information, including terms and conditions for eligibility, limitations and benefits refer to the respective Plan documents, including the applicable SPD and SMM, 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.

Notice of “Exempt” Retiree Medical Plan status

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

Right to amend and/or discontinue

The Company and its delegate, the Plan Design Committee, each has reserved the right, in its sole discretion, to change, modify, discontinue or terminate the Plan and/or any of the benefits under the Plan and premiums, with respect to all participants classes, retired or otherwise, and their beneficiaries at any time without prior notice or consultation, subject to applicable law, specific written agreement and the terms of the Plan Document and with respect to the Health Plan, the written agreement specific to Pre-1991/ERO'92 Retirees. The Employee Benefits Committee, as the Plan Administrator, may adopt, at any time, rules and procedures that it determines to be necessary or desirable with respect to the operation of the Plan. The Plan Administrator has the authority, discretion and the right to interpret and resolve any ambiguities in the Plan or any document relating to the plans.