2026 Annual Enrollment Guide

For retirees, survivors and COBRA participants (excluding Qwest Pre-1991, Qwest ERO'92 and CenturyLink Retirees with Executive Medical)

Nov. 5, 2025 through Nov. 19, 2025

LUMEN®

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This guide applies to: Medicare and non-Medicare eligible participants who are retired or survivors. It also applies to COBRA participants of retirees.

Lumen's plan provisions define "Medicare eligible" as individuals age 65 or older, and/or Medicare eligible, including individuals under age 65 who qualify due to a disability or ESRD.

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Important benefit information

The power of choice: Benefits for every journey

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

Want to receive benefit information timely?

Having a personal email address on file is crucial to receiving timely updates about your Lumen benefits. On the Health and Life website, select **Profile** on the right side of the screen or click your name in the top right-hand corner and select **Profile** from the drop-down menu add your **electronic mail (email address)** in the **Contact Preferences** section under **Personal Preferences**. Choose the **Electronic Mail** radio button and add your email addres. Be sure to select the **Primary** radio button and then **Save**.

Note: Without a personal email address on file, you risk missing essential information regarding Lumen Medicare Retiree Health Reimbursement Accounts (HRAs) and SHARE through MCA, if enrolled, as communications are only emailed. MCA does not send communications via USPS.

Want to receive benefit information via text messaging?

We can send certain Lumen benefit information via text (data rates may apply). On the Health and Life website, click on **Profile** from the home page, add your cell phone number and click the **Accept SMS Terms and Conditions** in the **Contact Preferences** section under **Personal Preferences**.

Do you know about the Mobile App?

You can enroll, update, or view your coverage.

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).

Dependent coverage

If you are a retiree and elect to suspend or waive medical coverage, your eligible dependent(s) will automatically be placed into the same suspend or waive coverage. In order for your dependent(s) to have coverage, you must be enrolled even if you are in a split-family (example: one of you is Medicare eligible and the other one is not Medicare eligible). **Important:** If your retiree group doesn't allow continuation once Medicare eligible and you become Medicare eligible before your dependent (spouse, domestic partner), they cannot stay enrolled because they are not yet Medicare eligible. **Note:** This excludes certain Legacy Embarq groups.

Health Reimbursement Account (HRA) or SHARE Account

Are you enrolled or will you enroll in a Lumen Medicare HRA or for Legacy Embarq, the SHARE account?

- Watch informative pre-recorded webinars about HRA and SHARE claims at lumen.com/healthbenefits. These webinars explain recent changes and offer guidance on submitting claims.
- The Retiree Benefits System Navigation Guide includes step-by-step instructions to help you navigate the MyChoice Accounts (MCA) section within the Health and Life website.

Do you have recurring HRA or SHARE reimbursement claims?

- Beginning Dec. 29, 2025 you can update existing recurring reimbursement schedules or set up new recurring schedules for 2026. If there are no changes to your recurring HRA claim for 2026, no action is required.
- You will not see 2026 funding on the Health and Life website or the Mobile App as funding is not visible until late December 2025.

Note: If you are not Medicare eligible and have a recurring reimbursement from a SHARE account, that reimbursement will continue at the same amount.

Setting up ACH (direct deposit) allows your recurring HRA claims to be deposited directly into your savings or checking account. Contact the Service Center for information on setting up this option. This method eliminates the need to wait to receive a paper check by mail.

HRA Balance Plan available only to Legacy Qwest Union Represented/Occupational retirees

If you have a remaining balance in the HRA Balance Plan, refer to the claims submission deadlines below:

Services incurred:	Submission deadline:
Prior to Dec. 31, 2024	March 31, 2026
Jan. 1, 2025 through Dec. 31, 2025	March 31, 2027
Jan. 1, 2026 through Dec. 31, 2026	March 31, 2028

Note: Mail must be postmarked by the deadline and if submission is by email or fax, it must be submitted no later than 11:59 p.m. (CST).

HRA/SHARE plans

The following Lumen Medicare HRA plans: LQ Post90 Occ HRA, CS HRA, CDHP HRA and SHARE submission deadline is March 31 of each year for services incurred from Jan. 1 through Dec. 31 of the prior year.

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, declared 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. **Note:** Please review your Annual Enrollment Notice as premiums may have increased. The notice was sent to you via your contact preference, either mailed through USPS with this guide or is available in your Personal Documents folder on the home page at lumen.com/healthbenefits.

Medicare eligible participant updates

Lumen dental coverage for Medicare eligible retirees and Medicare eligible dependents will no longer be available

This change is due to:

- Declining enrollment in the retiree dental plan;
- Availability of similar private dental plans in the market; and
- Lumen's goal to simplify retiree benefits administration.

Note: No changes for non-Medicare eligible participants—they can continue coverage under the Lumen dental plan.

Eligibility examples:

- All participants **not Medicare eligible** → Lumen dental plan **available**.
- All participants **Medicare eligible** → Lumen dental plan **not available**.
- Retiree is Medicare eligible, but dependent(s) are not → Dependent(s) **may enroll (if eligible and declared), or stay** on the Lumen dental plan.
- Dependent is Medicare eligible, but retiree and other dependents are not → Retiree and other dependents **may enroll or stay** on the Lumen dental plan.

Note: Updates to the Lumen Dental Plan for Medicare-eligible retirees and dependents may impact HRA or SHARE reimbursements. For further details, refer to the **Navigation Guide** located in the **General Information** folder within the **Reference Center** on the Health and Life website.

Other dental options for Medicare eligible participants:

- Lumen partners with Via Benefits to support retirees in accessing and managing their benefits. Via Benefits serves as the designated broker to help Medicare-eligible retirees and their dependents enroll in individual Medicare plans that best meet their needs. You can contact Via Benefits at 888-825-4252.

- You can also enroll in an individual dental policy through MetLife, TakeAlong Dental, at metlifetakealongdental.com. This portable dental solution allows you to:
  - Keep your current dentist, along with great benefits and network access.
  - Choose from a variety of individual dental programs, including PPO, Dental HMO/Managed care (in CA, FL, NY and TX), and the Discount Dental program.
  - These policies have flexible payment options.
  - If you have questions, you can call 844-263-8336, option 2. Representatives are available Mon-Fri, 7 a.m. - 7 p.m. (CST).
- You can also contact a local broker of your choice for assistance.

Note: COBRA continuation coverage will not be available or offered to Medicare-eligible participants losing Lumen dental coverage.

If you're enrolled in the **Medicare Advantage PPO plus Dental (MAPD)** plan, dental coverage **continues** under that plan. Non-Medicare dependents may still use the Lumen group retiree dental plan.

Medicare Advantage PPO plus Dental (MAPD) plan

Deductibles and out-of-pocket maximum will increase

MAPD	2026	2025
Deductible	$150 per participant	$0
Out-of-pocket maximum	$1,500 per participant	$950 per participant

Premiums will increase

MAPD	2026	2025
Monthly premium	Maximum of $281.30	$0-$140

Review your Annual Enrollment Notice for your specific premium amount due.

Medical - Non-Medicare eligible participant updates

Expanded women's preventive benefits - Breast cancer screening

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

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

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

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

Surest Health PPO and Surest Select Health PPO

Copay ranges for In-Network benefits will increase

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

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

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

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

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

UnitedHealthcare High Deductible Health Plan (HDHP) with Optional HSA

In-network deductibles will increase

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

Out-of-Network deductibles will increase

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

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

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

Prescription Drug

Surest Health PPO copays (retail) will increase

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

Surest Health PPO home delivery pharmacy copays will increase

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

Surest Health PPO Specialty retail pharmacy copays will increase

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

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

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

HDHP with Optional HSA home delivery pharmacy copays minimums will increase

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

HDHP with Optional HSA Specialty retail pharmacy copays minimums will increase

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

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

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

The Medicare Advantage PPO plus Dental (MAPD) plan will no longer be available for Embarq retirees and Embarq dependents

- You have the option to enroll in a Medicare plan and/or Medicare drug plan during Medicare's Open Enrollment from Oct. 15 through Dec. 7.
- Lumen partners with Via Benefits to support retirees in accessing and managing their health care benefits. Via Benefits serves as the designated broker to help Medicare-eligible retirees and their dependents enroll in individual Medicare plans that best meet their needs. You can contact Via Benefits at 888-825-4252. You can also contact a local broker of your choice for assistance.

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 the Spouse/Domestic Partner supplemental/optional term life insurance plan, 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, conversion, or portability 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 the SPDs and SMMs located in the **Reference Center** on the Health and Life website at lumen.com/healthbenefits. You can request to have a copy of SPDs or SMMs mailed to you through the Service Center. Mailing the information will be sent via USPS and delivery will depend solely on USPS. You may or may not receive the SPD(s) during the Annual Enrollment window. 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 non-Medicare medical benefits options. A Summary of Benefits and Coverage Availability (SBC) that summarizes important information about the non-Medicare medical benefit options in a standard format helps you compare features across Plan options is available in the **Reference Center** on the home page of the Health and Life website.

Administrator/Plan/Program	Website/Group number	Phone number
To report the passing of 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)
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) 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 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		
HDHP with Optional HSA including prescription drug through OptumRx	UnitedHealthcare: myuhc.com **Search:** UHC App, available for free in the App Store and Google Play **Group Number:** 192086	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.

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, 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)
Medical - Medicare eligible participants		
Lumen Retiree Medicare Advantage PPO plus Dental - MAPD	UHC: lumen.com/MAPD **Search:** UHC App, available for free in the App Store and Google Play **Group Number:** 12273	844-588-5873
Additional Medical Programs and Plans		
2nd.MD Lumen provides access to 2nd. MD services free for eligible retirees and dependent(s) enrolled in a Lumen UHC or a Surest Plan.	lumen.com/2ndmd **Search:** 2nd.MD, available for free in the App Store and Google Play	800-531-6329 Mon-Fri, 7 a.m. – 7 p.m. (CST)
Virtual Care Surest Health PPO and Surest Select Health PPO HDHP with Optional HSA	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)
Via Benefits	lumen.com/viabenefits	888-825-4252
Voluntary Lifestyle Benefits	lumen.com/healthbenefits	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
Dental		
Dental (MetLife)	metlife.com/mybenefits **Search:** Metlife, 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)
Life Insurance		
Life Insurance (MetLife)	lumen.com/healthbenefits Policy Number: Basic Life Insurance - 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

Administrator/Plan/Program	Website/Group number	Phone number
MetLife Legal Plan, 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

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)

Administrator	Email/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

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Non-Medicare Medical Plan overviews

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

You can choose the non-Medicare medical plan options listed, or you can suspend or waive coverage. When you suspend medical coverage, you also suspend prescription drug coverage. If you waive coverage, you will not be able to enroll at a later date. **This chart is only a snapshot summary of medical benefits.**

Note: Dependents can enroll in medical coverage if the retiree is enrolled in medical coverage. If the retiree suspends medical coverage, the dependent(s) can't enroll or continue coverage. For example, if the retiree elects medical, his/her dependent(s) can only enroll in medical. For questions about split families (one is Medicare eligible and one is not Medicare eligible), contact the Service Center to see what Medicare options, if any, are available to allow the non-Medicare participant to stay enrolled in the non-Medicare medical plan option. If allowed, the retiree must be enrolled whether they are non-Medicare or Medicare eligible. This excludes certain Legacy Embarq groups.

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
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 enrolled)**	
	$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 enrolled)**	
	$6,850	$20,550 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	$6,400	$19,200 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	$6,850	$20,550 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Coinsurance	100% covered		100% covered		• 85% covered (Tier 1 Premium Provider) • 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
Primary care visit to treat an injury or illness	$20 - $105	$220	$10 - $65	$195	• 85% covered (Tier 1 Premium Provider) • 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
Specialist Visit	$20 - $105	$220	$10 - $65	$195	• 85% covered (Tier 1 Premium Provider) • 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
Preventive Care: (No Deductible)						
Preventive care/ screening/ immunization	100% covered	$160 copay	100% covered	$100 copay	100% covered	Not covered
Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care						
Outpatient Lab and Pathology	$0	$0	$0	$0	85% covered	50% covered (you may be subject to balances over the eligible expense)
Outpatient Surgery	$150 - $3,000	$2,550 - $9,000	$75 - $2,500	$1,575 - $7,000	• 85% covered (when performed at an Ambulatory Surgery Center) • 80% covered (if performed as outpatient in a hospital)	Not covered

	Surest Health PPO		Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Emergency Room Services	$650	$650	$450	$450	80% covered after deductible is met	
Inpatient Hospital Care	Up to $3,000	Up to $9,000	Up to $2,500	Up to $7,000	80% covered after deductible is met	50% covered after deductible is met
Prescription Drugs	**Tier 1 Drugs**					
	• $15 for up to a 30 day retail supply • $37.50 for up to a 90 day retail/ home delivery supply • $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 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 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 supply/90 day for home delivery (In-Network). • For certain preventive medications the deductible is waived. • Specialty medications are limited to a 31 day supply. **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	
Prescription Drugs	**Tier 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 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 with Optional HSA
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 supply retail and Specialty/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 on costs or 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. You can 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 more informed decisions for you and your eligible dependent(s).

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

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

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

HDHP with Optional HSA - If you enroll in this plan, you can choose your health care providers; however, the Plan pays a greater benefit when you use providers that are in the network.

You 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 for Retirees, Survivors or COBRA participants. If you are Medicare eligible, you should review the **Medicare and You** handbook at medicare.gov.

Medicare eligible participants

To continue benefits once you or your eligible dependent(s) become Medicare eligible, you must contact the Service Center as soon as you or your dependent(s) are Medicare eligible. You or your eligible dependent(s) will need to provide your Medicare Number and coverage start dates for both Medicare Part A and Part B. You or your dependent(s) will not be able to enroll in a Medicare option without this information on file prior to enrolling. It is **your responsibility** to notify the Service Center if you or your dependent(s) become Medicare eligible due to a disability, prior to age 65. If you don't notify the Service Center, Medicare may assess penalties, or you or your dependent(s) may experience a gap in coverage. The two available Lumen Medicare options are: Lumen Medicare Health Reimbursement Account (Lumen Medicare HRA) and the UnitedHealthcare Group Medicare Advantage PPO plus Dental Plan (MAPD). You can't enroll in both the Lumen Medicare HRA and MAPD. All Medicare participants within the family who are eligible for coverage must be in the same Medicare option. For example, you as the retiree can't enroll in the Lumen Medicare HRA and your spouse, common-law spouse or domestic partner enroll in the MAPD. The same applies to children.

You can review the SPD's on lumen.com/healthbenefits or lumenbenefits.com, or, you can request a copy of the SPD to be mailed to you through the Service Center. Mailing the information will be sent via USPS and delivery will depend solely on USPS. You may not receive the SPD during the Annual Enrollment window. For this reason, we recommend you reach out to UnitedHealthcare for the MAPD option or the Service Center for the HRA option, for specific information to allow you to make an informed decision about your elections.

Note: The retiree must be enrolled in a Lumen medical option/plan for a dependent(s) to be enrolled in any Lumen medical option/plan. If you want to suspend your Medicare options (which means you are suspending both the HRA and the MAPD), select the plan name: **Suspend both HRA and MAPD**. You will see either an **Initial** or **Final** after the suspend plan name. This means you have or have not used your One-Time Suspend option. The word initial means you have one time to suspend. The word final means you can enroll, continue to suspend or waive. If you elect to enroll, you don't have a suspend option available in the future, it is a final election. If you elect to suspend, your dependent's coverage will also be suspended.

If you want to waive your Medicare options (which means you are waiving both the HRA and the MAPD), select the plan name: **Waive both Medicare options - HRA and MAPD**. Keep in mind, once you elect to waive, you are waiving all your Medicare options and will not be able to re-enroll, even if you have a qualified life event or during a future Annual Enrollment. If you elect to waive, your dependent's coverage will also be waived.

Important: For questions about the options, suspending or waiving coverage including the one-time suspend: initial and final suspend, or if you would like guidance on how to enroll, please contact the Service Center.

Health Reimbursement Accounts (HRAs)

Note: Depending on your group, the option for the Lumen Medicare HRA will display online as: **Medicare CS HRA or Lumen Medicare LQ Post 90 Occ.**

For Legacy Qwest Occupational retirees who had a remaining HRA balance on Dec. 31, 2023, it will continue to roll over from year to year until exhausted. The plan name online displays as: **HRA Balance Plan**.

For those who were enrolled in the non-Medicare UHC CDHP option as an active employee and had a remaining HRA balance when becoming Medicare eligible, UHC sends the balance to the Service Center after the claims runout period of 90 days. If you are eligible for this Lumen Medicare plan, the plan name online displays as: **CDHP HRA**.

Refer to the Retiree Health Reimbursement Account Summary Plan Description (SPD) available in the **Reference Center** located on the home page of the Health and Life website to learn how and when HRAs pay when you have more than one.

Lumen Medicare HRA

If you elect to enroll in the Lumen Medicare HRA option:

- You must be enrolled in Medicare Part A and Medicare Part B.
- You must enroll in an individual Medicare medical policy with Medicare during their Open Enrollment window, between Oct. 15 and Dec. 7. For assistance, you can call Via Benefits at 888-825-4252. Don't contact the Service Center to enroll in an individual Medicare policy as they will be unable to assist you unless you elect the MAPD at which time, you cannot enroll in the Lumen Medicare HRA.
- It provides you with a capped Company-funded dollar amount to help you purchase an individual Medicare policy not offered by Lumen. You may purchase an individual Medicare and/or prescription drug policy directly from insurance carrier(s) of your choice, pay the insurance premium directly to the carrier(s), and then complete the MyChoice Account Claim form online and upload supporting documentation based on requirements to receive reimbursement for the premium from your Lumen Medicare HRA.
- It is funded by the Company, each Plan year on Jan. 1. Unused dollars are forfeited at the end of each year.
- You can't change this election until the next Annual Enrollment, unless you experience a Qualified Life Event.

Helpful tips about Lumen Medicare HRA

To review what expenses are eligible for reimbursement under your HRA, go to the **Reference Center** next to your name on the top right-hand side of the home page on the Health and Life website and review your applicable HRA Expense List.

If you are currently enrolled in a Lumen Medicare HRA, you have until March 31 of the following Plan year to submit for reimbursement. For example, for 2026 reimbursements, you have until March 31, 2027. If submitting via email, fax or uploading online, complete all information and supporting documentation must be received by the Service Center by 11:59 p.m. (CST). Please keep copies of your submission as you may be asked to provide "proof." If submitting via USPS mail, your envelope must be postmarked by March 31, 2027.

SHARE

If you elect to enroll in SHARE, it:

- Is available to only certain eligible Embarq retirees, based on Plan rules;
- Can be accessed to help pay for your individual Medicare medical and/or dental policy;
- *Will roll over each year until funds are depleted or until your balance is less than $10; and
- Is not newly funded each Plan year; only remaining balances are available.

Helpful tips about SHARE

To review what expenses are eligible for reimbursement under SHARE, go to the **Reference Center** next to your name on the top right-hand side of the home page on the Health and Life website and review your applicable HRA Expense List. If you are unsure which one applies to you, please contact the Service Center for guidance.

If you currently have a SHARE balance, you have until March 31 of the following Plan year to submit for reimbursement. For example, for 2026 reimbursements, you have until March 31, 2027. If submitting via email, fax or uploading online, complete all information and supporting documentation must be received by the Service Center by 11:59 p.m. (CST). Please keep copies of your submission as you may be asked to provide "proof." If submitting via USPS mail, your envelope must be postmarked by March 31, 2027.

***Note:** At the end of the Plan year, if your SHARE balance is less than $10 and no claims have been submitted, the remaining balance will be forfeited and will not roll over to the next year.

Lumen Medicare Advantage PPO plus Dental Plan (MAPD), this plan is administered by UnitedHealthcare

Enrollment in this plan must be approved by Medicare prior to the effective date. For example, if approved by UHC in December, coverage under the MAPD would become effective Jan 1. Please have your Medicare information available (coverage start dates for Medicare Part A and Medicare Part B as well as Medicare number) as you will be required to provide this at the beginning of your enrollment, but before electing plans. You need to enter this information so that during your enrollment you see the applicable benefit plans and options available based on your status (Medicare eligible, not Medicare eligible).

This plan includes original Medicare (Part A and Part B), Part D Prescription Drug coverage and additional benefits like dental, vision and more. Refer to the **Medical Plan overview** section and the Summary Plan Description (SPD) for more information available in the **Reference Center** on the home page of the Health and Life website.

If you elect to enroll in the MAPD option:

- Your monthly premium is determined by your retiree group and retiree medical subsidy cap - refer to your 2026 Annual Enrollment Notice available based on how you selected to receive your benefit communication: electronic/email or paper/mail. If electronic, you can go into your **Personal Documents** on the home page at lumen.com/healthbenefits. If mailed, you would receive it with this guide.
- You and/or your dependent(s) must have Part D (Medicare Drug coverage) for a continuous period of 63 days or more after the end of your Initial Enrollment Period for Part D coverage or you will be subject to a Medicare Part D late enrollment penalty. The late enrollment penalty (also called “LEP” or “penalty”) is an amount that may be added to the monthly premium. If you were enrolled in Lumen medical coverage and you have no gap in coverage, this is considered continuous drug coverage.
- You can’t change this election until the next Annual Enrollment, unless you experience a Qualified Life Event.
- You can’t enroll or continue in the Lumen Medicare HRA (you either elect: Lumen Medicare HRA, MAPD, suspend both options or waive both options).

Important: Embarq retirees and Embarq dependents are not eligible to enroll in the MAPD option.

What happens to my Lumen Medicare HRA if I enroll in the MAPD?

Your Lumen Medicare HRA will be suspended, and you will not receive 2026 HRA funding. If you are enrolled in the Lumen Medicare HRA for 2025, you can submit claims for reimbursement for any eligible expenses or services through Dec. 31, 2025. The deadline to submit claims via email, faxing or uploading online is at 11:59 p.m. (CST) on March 31, 2026.

Lumen Medicare Advantage PPO plus Dental (MAPD) overview – Medicare eligible participants

This chart is only a snapshot summary of medical benefits. For specific details on how services are covered or excluded, please contact UHC Customer Service at 844-588-5873, refer to the Summary Plan Description (SPD) in the **Reference Center** at lumen.com/healthbenefits, or call the Service Center. You can request to have a copy of the SPD mailed to you through the Service Center. Mailing the information will be sent via USPS and delivery will depend solely on USPS. You may or may not receive the SPD during the Annual Enrollment window. For this reason we recommend you reach out to UnitedHealthcare or the Service Center for specific information to allow you to make an informed decision about your elections.

Note: If you enroll in the MAPD, it replaces the Lumen Medicare HRA and can't be changed until the next Annual Enrollment or, if you experience a Qualified Life Event. Eligible/declared dependents who are non-Medicare eligible can enroll in Lumen dental coverage if the retiree is enrolled in this plan.

Medical Benefits	MAPD In-Network	MAPD Out-of-Network
Monthly premium	Maximum of $281.30	
Annual deductible	$150	
Out-of-pocket maximum	$1,500	
Primary care physician/specialist visit	$5/$35	$5/$35
Hospital stay	$250/day 1-4	$250/day 1-4
Emergency room visit	$90	$90
Prescription Drug benefits		
Monthly premium	Included in medical	Included in medical
Deductible *Tiers 3-5	$50	$50
Tier 1: Preferred generic	$0	$0
Tier 2: Generic	$8	$8
Tier 3: Preferred brand	$40	$40
Tier 4: Nonpreferred drug	$90	$90
Tier 5: Specialty	30%	30%
Percent of Part D drugs covered	97%	97%
Catastrophic Coverage	$0	$0

Note: You can save money by utilizing Home Delivery. You can receive a 90 day supply from OptumRx for the cost of a 60 day retail supply. To find out how your drugs are covered, contact UHC Customer Service at 844-588-5873 or log in to lumen.com/MAPD.

Dental Coverage is included with the MAPD

Annual Benefit Maximum (per person)	$1,000
You Pay	
Annual Deductible	$50
Plan Pays (after deductible)	
Diagnostic and Preventive (no deductible): Cleanings, exams, x-rays	100%
Minor Services: Fillings, root canals, periodontics	80%
Major Services: Crowns, dentures and bridges	50%
Oral Surgery	50%
Passive PPO Network	When you use network providers, you pay a percentage of discounted fees.
Claims Administrator	UHC: 800-445-9090

Dental Plan overview for non-Medicare eligible participants

Lumen Dental Plan - Passive PPO

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 annual maximum value regardless of going In or Out-of-Network. In-Network services are subject to MetLife's negotiated PDP 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.

If you and all of your dependent(s) are Medicare eligible:

- Lumen no longer offers a Dental plan for participants who are eligible for Medicare.
  - If you need help finding an individual dental insurance plan, Via Benefits at lumen.com/viabenefits can assist you with your search. You can call Via Benefits at 888-825-4252.
  - You may also choose to enroll in a dental insurance policy on your own, either directly from an insurance provider or with the help of a broker.
  - You can enroll in an individual dental policy through MetLife, TakeAlong Dental, at metlifetakealongdental.com. You can call TakeAlong Dental at 844-263-8336, option 2.

Annual Benefit Maximum (per person)	**$1,000 (not including oral surgery)**
You Pay	
Annual Deductible	$25 for General Care, Major and Restorative; no deductible for Diagnostic and Preventive or Oral Surgery
Plan Pays (after deductible)	
Diagnostic and Preventive (no deductible): cleanings, exams, x-rays	100% up to maximum allowable amount
Minor services: fillings, root canals, periodontics	50% up to maximum allowable amount
Major services: crowns, dentures and bridges	50% up to maximum allowable amount
Oral Surgery (no deductible)	80% no limit
Passive PPO Network	When you use network providers, you pay a percentage of discounted fees.
Claims Administrator	MetLife Group number: 148096 Phone number: 866-832-5756

Life Insurance

The Life Insurance plans are Term Life Insurance coverages which pays the claim when you pass away. The claim is paid to your beneficiary or beneficiaries that you have designated and are on file at the Service Center. The Service Center is the recordkeeper for all beneficiary information.

To help take the pressure off of having beneficiaries make immediate financial decisions after your passing, 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. These payments can help cover mortgage or rent, credit card bills or even utilities. TCA may also include 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. However, the TCA is the automatic default. **Note:** 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 around tax rules should be 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 Term Life Insurance coverage that pays a benefit to your beneficiary or beneficiaries when you pass away.

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

For eligible retirees, the Company offers Retiree Supplemental/Optional Term Life Insurance coverage calculated off 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 any other Life Insurance rules. The Life Insurance coverage amount is paid to your 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. The drop will be effective on the first of the month following your request except if you elect to cancel during Annual Enrollment; then your coverage will end on 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.

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/Optional Term Life Insurance plan through MetLife. For more details, please call MetLife Legal Plans Client Service Center at 800-821-6400.
- Grief Counseling and Funeral Assistance Services, provided through TELUS Health for you, your dependents and your beneficiaries at no additional cost. You do not need to be enrolled in the Lumen Retiree Supplemental/Optional Term Life Insurance plan to receive the services. However, you do need to be enrolled in the Retiree Basic Term Life Insurance plan. If you are interested in learning more about these services, please call 888-319-7819.

Notification of a death

All notifications of someone passing (whether it is a retiree or a dependent of the retiree as well as any survivors) should contact WTW, the Pension Administrator who will then notify all Lumen Claims and Plan Administrators to process the notification. Please do not reach out to each Service Center. They will not be able to process until they receive notification from WTW. WTW is available Mon-Fri, 8 a.m. to 7 p.m. (CST) at 888-324-0689.

WTW will need the following information of the individual who passed away: first and last name, SSN, date of birth, date of passing, mailing address, phone number with area code as well as if the deceased was employed anytime by the following: Legacy Company (CenturyTel, Embarq, Qwest, etc.) and status (active employee, on a leave, LTD, retired, etc.). Information will also be requested of the caller such as first and last name, phone number with area code and the relationship to the deceased. Please do not delay calling if you don't have all the information requested as indicated. The more information you can provide, the better for all the administrators to process any benefits and claims accurately and timely.

Paying for your coverage

We make it easy for you to pay for your Retiree Supplemental/Optional Term Life Insurance, if applicable.

Monthly premiums are due on the first day of each month. You can contact the Service Center for payment options such as:

- Direct debit (automatic monthly withdrawal from your checking or savings account), or
- Check or money order.

Note: You can 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.

Important: If you currently have deductions taken from your pension check, deductions will continue. If you elect to change and set up Direct Bill, you will not be able to go back to deductions from your pension check.

Reminders

Benefit details	Important Information
Add your personal email address on the Health and Life website to ensure you receive benefit communications timely	To update/confirm your email address • Log in to lumen.com/healthbenefits. • On the home page, click on your name in the top right-hand corner, then select **Profile**. Or click on the **Profile** icon on the home page. • Locate the **Contact Preferences** below Personal Preferences and click **Edit**. • Select **Electronic Mail** and enter your personal email address and select it as **Primary**. • You can also receive important benefit information via text messaging by entering your cell phone number and click the **Accept SMS Terms and Conditions** box. • Click **Save** and return to the home page. The email from the Lumen Health and Life Service Center 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.
Direct bill payment **Note:** if you are enrolled in a plan that has a benefit premium, 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.	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 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.
Dual coverage Company couples or parent/child relationships and employed/retired from Lumen	Company couples and parent/child relationships who are eligible for their own benefits because they are/were employed by the Company or a subsidiary of the Company are prohibited from being enrolled in more than one Company health or life Plan benefit option, except as noted below. If you are enrolled as a dependent under your spouse's, domestic partner's or parent's Lumen plan, you will not receive benefit communications directly. Please look for benefit updates sent to them. • **If you elect coverage during Annual Enrollment, and are also enrolled as a dependent on another employee's/retiree's plan(s),** you will remain enrolled under your own record. You will be automatically removed as a dependent from the other employee's, retiree's coverage during an audit process after Annual Enrollment closes. If your record is administratively corrected based on Plan rules and provisions, you will receive a Benefits Summary notification based on your Contact Preferences (email or mail). • **If you retired and enrolled as a dependent under a Qwest Pre-1991 retiree's coverage,** you will be allowed to remain enrolled as both a dependent and as a retiree, and you may also cover the Qwest Pre-1991 retiree as your dependent under your coverage. **Note:** Pre-1991 retirees must be enrolled in the Company Guaranteed Plan; otherwise, dual coverage does not apply.
Medical and dental Company Cap Non-Medicare eligible retirees and non-Medicare eligible dependents as well as non-Medicare survivors	**Medical and Dental premiums - excluding Embarq Retirees -** Review your Annual Enrollment Notice as your plans and premiums may change for 2026 even if you don't want to make a change. Participants are responsible for the portion of the monthly medical and/or dental premiums that exceeds the monthly Company contribution cap, as applicable. Be sure to review your Plan options and premiums carefully. The Retiree and Inactive Health Plan includes a cap on the dollar amount of the premium subsidy provided by the Company. Cap amounts vary depending on your legacy Company and whether you are enrolling yourself and any eligible dependents. Once the cost of health care coverage exceeds the specified cap amount, you pay 100% of the remaining balance above the cap amount, in addition to your percentage amount.

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.
Prescription Drugs Non-Medicare eligible	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 with Optional HSA – myuhc.com • Surest Health PPO and Surest Select Health PPO - benefits.surest.com
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. **Note:** If you have CTT Term Life Insurance, that coverage will not be impacted. **If you are rehired in a status that is eligible for active 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 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 disenrollment process to be released by that carrier from the individual plan (which can take up to 60 days). You will need to work directly with the carrier and Medicare as the Service Center cannot assist you with disenrolling you from an individual Medicare policy not offered by Lumen.
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.

Benefit details	Important Information
Suspending coverage Medicare and non-Medicare eligible retirees, excluding COBRA participants	You can suspend your coverage one time and re-enroll at a later date, if you haven't already used your One-Time Suspend option. **Important:** As a retiree, you cannot enroll your dependent(s) in a medical plan without being enrolled in a Lumen medical plan option. **Note:** The One-Time Suspend option does not apply with respect to Retiree/Inactive Participants who become re-employed directly with the Company as an active employee or who work for a supplier for the Company. If you want to suspend medical coverage and are Medicare eligible, select the plan name: **Suspend both HRA and MAPD**. The plan name will also say **Initial** or **Final** depending on if you have used your One-Time Suspend option. If you want to suspend medical coverage and are non-Medicare eligible, select the plan name: **Suspend Medical**. The plan name will also say **Initial** or **Final** depending on if you have used your One-Time Suspend option.
Unsuspending coverage Medicare and non-Medicare eligible excluding COBRA participants	To unsuspend coverage during Annual Enrollment, **read below**. • To add coverage for you and/or your suspendend dependent(s), follow the directions online or contact the Service Center. • If you are already enrolled and you want to unsuspend coverage for your suspendend dependent(s) you will need to provide supporting documentation to verify current eligibility for your dependent. You can upload the required supporting documentation after you complete your enrollment. **Note:** A marriage certificate is not an acceptable form of documentation as it does not show your current eligibility status with your dependent. **Important:** As a retiree, you cannot enroll your dependent(s) without being enrolled in a Lumen medical plan or the Lumen dental plan for non-Medicare eligible participants. If you suspend coverage, your dependent(s) will be set up as suspending coverage. If you have questions or unsure how you should enroll online, please contact the Service Center for assistance.
Waiving coverage	You can waive medical and/or dental coverage for you and your dependent(s). If you do, you and your dependent(s) will NOT be eligible to enroll in coverage at any time in the future for any reason. **Waiving** coverage is a permanent election and different from suspending coverage. If you elect to waive, your dependent(s) will be automatically set up to waive coverage as your dependent(s) cannot be enrolled without you being enrolled. **Important:** If you have questions or unsure how you should enroll online, please contact the Service Center for assistance.
Voluntary Lifestyle Benefits	You can review these programs in the **Reference Center** at lumen.com/healthbenefits. You can search for the **Voluntary Lifestyle Benefits** folder and review each benefit program.
1095-C	The IRS requires individuals to report on their health care coverage. Lumen is required to supply this information on IRS Form 1095-C by the end of February.

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.

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/or 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.