

2027 Annual Enrollment Guide

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

November 4 through November 18, 2026

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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 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" and Lumen will be referred to hereafter as "Company."

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Important benefit information

Choose well. Live well. Thrive!

Welcome to 2027 Annual Enrollment. This guide is designed to help you understand your benefit options and make confident, informed decisions for the year ahead. Please read it carefully, as it includes important details about your coverage, enrollment steps, deadlines, and resources available.

Checklist

- ☑ **Read the What's new or changing for 2027** section in this guide.
- ☑ **Compare your plan options** using the charts in this guide.
- ☑ **Review your Annual Enrollment Notice** in your Personal Documents on the Health and Life website if you chose electronic delivery. If you chose paper delivery, your notice was mailed with this guide.
- ☑ **Review your beneficiaries** and confirm all fields are completed.

If your information is correct and you do not want to make changes, your current elections will continue as shown in your Annual Enrollment Notice.

How to log in and enroll

Be sure to review the **Enrollment enhancements** to the Health and Life website in the **What's new or changing for 2027** section in this guide.

How	Where	When
Online	lumen.com/healthbenefits	By 11:59 p.m. CST, November 18, 2026
Mobile App	MyChoice Benefits App (App Store/Google Play). Company key: **Lumen**	By 11:59 p.m. CST, November 18, 2026
Phone	Service Center: 833-925-0487	By 6:59 p.m. CST, November 18, 2026

Note: Virtual hold may be available if you call during peak hours. An advocate will call you back either the same or the next business day. Only one callback attempt will be made, whether you answer or not. The call will come from 317-981-6810, so please do not block this number.

Health and Life website reminders

- **Download the free MyChoice Benefits App** available in the App Store or Google Play. Sign in or create a Username and Password — you can use the same login as the Health and Life website. The Benefits App provides access to most of the same features and functions available online.
- **Receive benefit information timely** by adding your email address on the Health and Life website:
  - **Select Profile** (from the homepage, click your name in the top right corner and choose **Profile**).
  - Go to **Contact Preferences** under **Personal Preferences**.
  - Click on **Edit** and then choose the **Electronic Mail** button and enter your email address.
  - Select the **Primary** button, then click **Save.**

Note: Without a personal email on file, you may miss important benefits information. If you are enrolled in a Health Reimbursement Account (HRA), these communications are sent via email, not by mail.

- **Want benefit information by text message?** We can text you certain Lumen benefit updates (data rates may apply).
  - From the home page, click your name in the top right corner and choose **Profile**.
  - Go to **Contact Preferences** under **Personal Preferences**.
  - Click on **Edit** and then check the box under **Text messages (optional)**, then click **Save**.

What's new or changing for 2027

Welcome to 2027 Annual Enrollment. We know your benefits are important, and we want to make reviewing them as easy as possible. Please take a few minutes to read this guide, see what's changing that may impact your benefits, review your current coverage, and confirm whether you need to make any updates for 2027.

Enhancements to the Health and Life website

Changes at a Glance and Things to Consider

- During enrollment, a new **Changes at a Glance** screen will provide a summary of any updates you make, including changes to coverage, contributions, or dependents. The **Things to Consider** section will also include helpful reminders before you submit your elections.

Benefits App branding update

- The MyChoice Benefits app will have an updated name, refreshed design, and easier navigation to provide a more consistent experience across devices.

Dependent removal during Annual Enrollment

- During Annual Enrollment, you will have the option to remove a dependent from your coverage through the enrollment process.

COBRA participants

- COBRA premiums have increased for 2027. Please review your Annual Enrollment Notice or visit the Health and Life website to confirm your premium amounts for the new year.
- As a COBRA participant, your coverage is limited to medical and/or dental, as applicable.
- Eligibility files are sent to claims administrators (such as UnitedHealthcare and MetLife) once a week. Because of this timing, there may be a short delay before your paid-through date shows in their system. Enrollment and payment must be received before eligibility files are sent to the Claims Administrators.

Medical and prescription drug coverage changes for Medicare eligible participants

Lumen Medicare Advantage PPO Medical: Pre91/ERO92; and Lumen Part D Prescription Drug Plan: Pre91/ERO92

Beginning January 1, 2027, Lumen is updating how Medicare medical and prescription drug coverage is provided for retirees currently enrolled in the Lumen UnitedHealthcare Group Medicare Advantage PPO (MA PPO) Plan.

What's changing?

The current Lumen UnitedHealthcare Group Medicare Advantage PPO (MA PPO) Plan will be replaced by two plans:

- Lumen Medicare Advantage PPO Medical: Pre91/ERO92
- Lumen Part D Prescription Drug Plan: Pre91/ERO92
- **Note:** Collectively, these two plans are referred to as the **MA+PDP: Pre91/ERO92**

As part of this change, you will receive two sets of plan materials and two ID cards, one for each plan.

Why is this changing?

To help manage costs while continuing to offer comprehensive retiree coverage, Lumen is separating medical and prescription drug coverage into two coordinated plans. This change supports evolving Medicare requirements while maintaining the coverage retirees depend on today.

What's staying the same?

Your coverage remains substantially the same.

With the Lumen MA+PDP: Pre91/ERO92 (administered by UnitedHealthcare) you will continue to have access to:

- Comprehensive nationwide medical coverage.
- Routine benefits, including vision, hearing, chiropractic coverage, and more.
- Allowances for eyewear and hearing aids.
- Wellness programs like HouseCalls, no cost gym membership through the fitness program, and more.
- The same deductible and copay amounts you have today.

Your prescription drug coverage will continue through Lumen Part D Prescription Drug Plan: Pre91/ERO92 with no changes to your copays. Together, these plans provide comprehensive medical and prescription drug coverage.

Important: The medical and prescription drug plans must remain paired; you can't enroll in one without the other.

Do I need to take any action?

No. If you are currently enrolled in the MA PPO plan, you will automatically be enrolled in the **MA+PDP: Pre91/ERO92** plans effective January 1, 2027. No paperwork is required.

Important information before opting out

Before declining coverage, carefully review all available options. We recommend speaking with Lumen Health and Life Service Center to understand your coverage choices and any requirements that may apply before making your decision.

- If you leave Lumen-sponsored retiree coverage, you may not be able to re-enroll at a later date.
- If you opt out, you will return to Original Medicare for medical coverage and will not have Medicare prescription drug coverage through Lumen. Original Medicare does not include Part D drug coverage. If you go 63 days or more without other creditable drug coverage, Medicare may charge you a late enrollment penalty if you enroll in a Medicare drug plan later.

What happens next?

During Annual Enrollment, UnitedHealthcare will provide additional information about your 2027 coverage, including plan details, costs, and coverage information.

If you remain enrolled, the following four items will be mailed to you before January 1, 2027:

- **Welcome letter** - Lumen Medicare Advantage PPO Medical: Pre91/ERO92
- **New ID card** - Lumen Medicare Advantage PPO Medical: Pre91/ERO92
- **Welcome letter** - Lumen Part D Prescription Drug Plan: Pre91/ERO92
- **New ID card** - Lumen Part D Prescription Drug Plan: Pre91/ERO92

Upcoming webinar session

If you'd like to learn more about these changes, please attend the upcoming informational webinar hosted by Lumen and UnitedHealthcare:

Date and time	Meeting information	Webinar password
Thursday, November 12, 3 p.m. to 5 p.m. CST	2665 002 1713	Welcome2026!

Please follow the instructions below to attend the online meeting:

- Go to uhc.webex.com
- Enter the **Meeting information** and the **Webinar password** listed above.
- Click the **Join now** button to join up to 30 minutes before the meeting start time.

Can't attend the webinar?

For more information about Lumen's Medicare Advantage PPO Medical: Pre91/ERO92 and Part D Prescription Drug Plan: Pre91/ERO92, visit lumen.com/MA-PDP to access detailed plan guides with information about plan costs, coverage details, and what to expect next.

To access your plan guides online, you will need the following group numbers:

- Medicare Advantage - 12254
- Part D - 25862

For a printed copy or to discuss these plans with an advisor, contact UnitedHealthcare Customer Service at 877-886-7313, TTY 711, 8 a.m. to 8 p.m. local time, Monday to Friday.

Important: Your current Lumen UnitedHealthcare Group Medicare Advantage PPO coverage will end on December 31, 2026. Effective January 1, 2027, you will automatically transition to the Lumen Medicare Advantage PPO Medical: Pre91/ERO92 Plan and the Lumen Part D Prescription Drug Plan: Pre91/ERO92. While the plan names and structure are changing, your medical and prescription drug coverage will continue without interruption, and no action is required to maintain coverage.

Summary of Material Modifications (SMM)

The information in the What's new or changing for 2027 section is intended to serve as an SMM under the Employee Retirement Income Security Act of 1974 (ERISA) to notify you of certain changes to the Company-sponsored plans subject to ERISA. Please keep this SMM with your Summary Plan Descriptions (SPDs). For more Plan details, refer to your SPDs and the Legal and Important Required Notices section in this guide. The Plan Administrator has the right to interpret and resolve any ambiguities in the Plan, and the Company reserves the right to amend and/or terminate any benefits or plans.

Helpful resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs located in the **Reference Center** on the Health and Life website. 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 Monday to Friday, 8 a.m. to 7 p.m. CST
Lumen Health and Life Service Center	lumen.com/healthbenefits Sofia, your virtual benefits assistant, is also available on the Health and Life website — if Sofia can't answer your question, she'll connect you with a live advocate who can chat with you. Download the free MyChoice Benefits App for Android or iOS **Search:** MyChoice™ Benefits App, available for free in the App Store and Google Play	833-925-0487 Monday to Friday, 7 a.m. to 7 p.m. CST 317-671-8494 (International callers) Monday to Friday, 7 a.m. to 7 p.m. CST
Medical and Prescription Drug		
The Medical Plan (Guaranteed Coverage Option)/Prescription Drug Plan	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.
Medicare Advantage PPO Medical and Lumen Part D Prescription Drug Plan MA+PDP: Pre91/ERO92	UnitedHealthcare: lumen.com/MA-PDP MA Group Number - **12254** PDP Group Number - **25862** **Search:** UHC App, available for free in the App Store and Google Play	UnitedHealthcare: 877-886-7313 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 Benefits App for Android or iOS **Search:** MyChoice™ Benefits App, available for free in the App Store and Google Play	833-925-0487 Monday to Friday, 7 a.m. to 7 p.m. CST 317-671-8494 (International callers) Monday to Friday, 7 a.m. to 7 p.m. CST
Dental		
Dental (MetLife)	metlife.com/mybenefits **Search:** Metlife, available for free in the App Store and Google Play Group Number - **305521**	800-GETMET8 (800-438-6388) or directly at 866-832-5756 Monday to Friday, 6 a.m. to 10 p.m. CST

Administrator/Plan/Program	Website/Group number	Phone number
Life Insurance		
Life Insurance (MetLife)	lumen.com/healthbenefits Policy Number: Refer to the applicable Summary Plan Description (SPD). Group Number - **148069**	800-GETMET8 (800-438-6388) **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 Optional Term Life Insurance plan	800-GETMET8 (800-438-6388) or directly at 800-821-6400 Monday to Friday, 7 a.m. to 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 24/7

Change of address updates

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

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 Monday to Friday, 7 a.m. to 7 p.m. CST 317-671-8494 (International callers)

How to update/change your beneficiaries

Log in to the Lumen Health and Life website

Note: You can also log in to the MyChoice Mobile App if you have a smartphone.

- Select the **Change My Benefits** tile from the home page.
- Click on **Basic Info** and then **Change of Beneficiary**.
- Today's date will appear; select **Continue**.
- Select **Start Change**.
- Sofia will appear, click **Start Enrollment**.
- If you have dependents, they will appear first which may differ from your beneficiaries, choose **Looks Good**. If you don't have enrolled dependents, select **No** and **Next**.
- View your current beneficiary information for each of the applicable plans by selecting **Edit** next to each beneficiary to confirm or make updates.
- To add a new beneficiary, scroll to the bottom and choose **Add New Beneficiary**, (enter the required information explained in this communication.
- If you would like to name an Estate, select **Person** as the Beneficiary Type. Then choose **Estate** (Not a Trust) as the Relationship.
- If you would like to name a Trust, select **Trust** (not Estate) as the Beneficiary Type. Then choose **Trust** as the Relationship.

Review and confirm your updates before submitting. You will need to select **Approve** then **I Agree** to submit your updates. If you receive a Thank You! confirmation number, you have submitted your updates. Print your Benefit Summary for your records and provide a copy to your executor or trustee.

Appendix

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Medical overview for Medicare eligible participants*

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 End-Stage Renal Disease (ESRD).

Contact the Service Center as soon as you or a dependent becomes Medicare eligible.

You'll need to provide the below information for each participant:

- Medicare number, and
- The coverage start dates for both Medicare Part A and Part B

You can't enroll in a Medicare option until this information is on file.

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.

Medical Plan – Guaranteed Coverage option

(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)

This option combines an individual Medicare policy you buy on your own with Company-funded dollars to help pay for it.

- If you elect to participate in this option, you are waiving coverage under the Guaranteed Coverage option as well as the UHC Medicare Advantage PPO benefit option.
- The Company funds the HRA once a year, on January 1, in the amount of $3,800. Any unused dollars are forfeited at the end of each year.
- The HRA is a Plan option under the Company group retiree plan. You purchase an individual Medicare and/or prescription drug policy directly from the insurance carrier(s) of your choice, pay the premium directly to them, and then get reimbursed from your HRA.
- For your individual policy to start January 1, you must enroll with Medicare during their Open Enrollment, October 15 to December 7. For help, call Via Benefits at 888-825-4252. Depending on the policy you choose, you may also need to enroll in a Medicare Part D plan. Do not contact the Service Center to enroll in an individual Medicare policy — they cannot assist.
- Starting November 4, you can enroll in the Lumen Retiree HRA Plan option.
- If you are already enrolled in this option, you can submit 2027 recurring claims for reimbursement starting in December. If you submit before December, 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. CDT. 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 later want to change options or return to the Medical Plan (Guaranteed Coverage option), you must wait until the next Annual Enrollment period due to Centers for Medicare or Medicaid Services (CMS) rules.

Lumen Medicare Advantage PPO Medical and Lumen Part D Prescription Drug Plan
(shown as Lumen UHC MA PPO P91E92 Med and Lumen UHC MA PDP P91E92 Rx on the Health and Life website)

- 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 HouseCalls 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.
- **Telephonic Support –** Registered nurses answer your call 24/7.
- **Renew Active –** Free gym memberships, brain games, cooking classes and more.
- **Healthy at Home –** Meals, transportation and in-home personal care at no charge for up to 30 days following an inpatient facility visit.
- Comprehensive Part D prescription drug coverage.

To enroll in this plan, you will need your and/or your dependent's Medicare information. This can be found on your Medicare Health Insurance card. Contact UnitedHealthcare for additional information regarding these benefits, services, and offerings at 877-886-7313. Contact 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 Guaranteed Coverage option.

*COBRA participants

If you are Medicare eligible prior to your COBRA effective date you can enroll in COBRA. Medicare will be primary, and COBRA/Lumen will be secondary. You must be enrolled in Medicare Part A and Part B on or before your COBRA effective date.

If become Medicare eligible while you are enrolled in COBRA, your COBRA coverage will end on the last day of the month prior to your Medicare effective date. You will need to contact the Service Center to let them know you are now eligible for Medicare.

Medical plan overviews

Lumen Medicare Advantage PPO Medical and Lumen Part D Prescription Drug Plan - MA+PDP: Pre91/ERO92 and the Guaranteed Coverage option (Retiree UnitedHealthcare POS)

- Non-Medicare-eligible retirees and non-Medicare eligible dependents can only enroll in the applicable Retiree UnitedHealthcare POS. The MA+PDP: Pre91/ERO92 is available to Medicare eligible participants only.
- Dependent(s) can enroll in health care coverage if the retiree is enrolled. If the retiree suspends or waives medical coverage, the dependent(s) will be suspended or waived, respectively.

	MA+PDP: Pre91/ERO92	Retiree UnitedHealthcare POS (Guaranteed coverage option)	
	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 handles on your behalf	Claims must be submitted to Medicare first by you or your provider(s), then to UHC for Coordination with Retiree UnitedHealthcare POS plan.	
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 per participant)	20% after deductible
Outpatient services	$0	$50	20% after deductible
Additional benefits and programs not covered by Medicare			
Hearing aids	$500 allowance (every three 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) 24/7	Speak with a registered nurse (RN) 24/7	
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

	MA+PDP: Pre91/ERO92	Retiree UnitedHealthcare POS (Guaranteed coverage option)	
Tier 3 (non-preferred brand)	$40 copay	$10	Not covered
Tier 4 (specialty)	$40 copay	$10	Not covered
Coverage gap	N/A	Full Coverage	Not covered
Prescription drug benefits (90-day supply)			
	When you use Optum Home Delivery	**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	N/A	$10	Not covered

ERO'92 Retiree Plan for MN, ND, WI (UnitedHealthcare 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 first, then to UHC for coordination with the retiree UnitedHealthcare POS 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)	24/7	
Vision services: eye exam	Not covered	
Routine eyeglass allowance (every two 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 (UnitedHealthcare 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.

If you enroll in the MA+PDP: Pre91/ERO92 or the Retiree UnitedHealthcare POS, 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 Retiree UnitedHealthcare POS, Medicare becomes your primary coverage and the Retiree UnitedHealthcare POS plan becomes secondary. Your benefits will be reduced if you do not enroll timely in Medicare Part B coverage and you will incur a penalty.

Lumen Dental Plan overview

If you are eligible for dental coverage, it is listed 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) suspend or waive, respectively

To make a change, log in to the Health and Life website or contact the Service Center. If you are already enrolled and want to keep your dental coverage for the new year, no action is required to continue the dental plan option.

It pays to use network providers

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.

If you receive services from 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.

Visit metlife.com/dental to determine if your provider is in-network or to find a provider.

Under **Dental Insurance Plan Participants**:

- Select **Find a Participating Dentist**.
- In the Your Network dropdown, choose **PDP Plus** (do not select PDP, as it is a different network).
- Enter your **ZIP code** or select **Use Current Location**.
- If you know the Dentist or Practice Name, **enter the information.** This is optional and not required.
- Click **Find**.

If you are unable to access the website, you can contact MetLife Dental at 800-GETMET8, 800-438-6388, and let the customer service representative know you are looking at the PDP Plus network.

Look for MetLife SpotLite providers

SpotLite identifies in-network MetLife providers who focus on preventive care and strong long-term oral health outcomes. All SpotLite providers are in-network, but not all in-network providers are SpotLite providers.

To find a SpotLite provider, go to mybenefits.metlife.com and search for the **Find a Provider** tool and look for providers marked with the Spotlite designation.

Service	What the plan pays
Annual benefit maximum (per individual)	$1,800
Annual deductible	$25 individual / $50 family (applies to type B and D, excludes type B - oral surgery)
Type A = Diagnostic and Preventive care - cleanings, exams, X-rays	100% of reasonable and customary charges (no deductible)
Type B = General care - fillings, root canals, periodontics	Refer to the **Note** below
Type C = Major services - crowns, dentures, bridgework	Refer to the **Note** below
Type B = Oral surgery	Refer to the **Note** below
Type D = Orthodontia care - age limits apply	Up to a $1,600 lifetime maximum

Note: Benefits for General Care, Major Services, Oral Surgery, and Orthodontia Care are paid according to the Summary Plan Description (SPD) and is based on the geographic region where services are performed. Please reach out to MetLife.

All other services

For questions or benefit information, visit the MetLife website at metlife.com/mybenefits or call 800-GETMET8 (800-438-6388) or directly at 866-832-5756.

Life Insurance

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

Retiree Basic Term Life Insurance (Company-paid)

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

Retiree Optional Term Life Insurance (Retiree-paid)

For eligible retirees, the Company offers Retiree Optional Term 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 Life Insurance rules. The Life Insurance coverage amount is paid to your designated beneficiary(ies) on file at the Service Center when you pass away.

Coverage ends on the last day of the month in which you turn age 65. You may convert your Retiree Optional Term Life coverage once you turn age 65. Conversion is not automatic, and you must apply for converted life insurance coverage through MetLife. You can reach Transition Solutions Resource Center at 877-275-6387 to request a conversion application if you experience a qualified loss in coverage. If you voluntarily terminate your coverage outside of the Life Insurance rules, you are not eligible to convert your group life insurance to an individual policy.

Barnum Financial may call you regarding options for individual policies as they work directly with MetLife, an affiliation of Metropolitan Life Insurance company. These are legitimate, important calls to you and not "spam" calls.

MetLife must receive your completed application and premium for conversion within 31 days from the date your Retiree Optional Term Life Insurance coverage terminates. Applications received at MetLife after the 31-day period will be denied.

How to terminate Retiree Optional Term Life Insurance

You may terminate the Retiree Optional Term Life Insurance at any time by going to the Health and Life website or contacting the Service Center at 833-925-0487. The termination will be effective the first of the month following your request, except if you elect to terminate during Annual Enrollment; then your coverage will terminate December 31, 2026. You may not re-enroll, decrease or increase coverage in the future. Once you terminate your coverage, you no longer have Retiree Optional Term Life Insurance coverage.

What is a Total Control Account (TCA)?

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 immediately when you pass away or in the future.

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.

TCA also offers competitive interest rates.

Additional services provided by MetLife

- Will Preparation and Probate Services are provided at no additional cost to retirees who are enrolled in the Retiree Optional Term Life Insurance plan. Please call MetLife Legal Plans Client Service Center at 800-GETMET8 (800-438-6388) or directly 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 Retiree Optional Term Life Insurance Plan to receive the services. If you are interested in learning more about this service, call 888-319-7819.

Voluntary Benefits Program

Lumen offers retirees access to select voluntary benefits that are also available to active employees as a convenience. Participation is entirely voluntary and retirees are responsible for reviewing the available options and determining whether a benefit meets their individual needs. If you choose to enroll, you will enroll directly with the vendor not through the Service Center.

If you decide to enroll, the vendor(s) will bill you directly, and you are responsible for paying the full cost of any voluntary benefits you select. These benefits do not end or reduce because of age.

If you choose to add dependents, Lumen does not require you go through the Lumen dependent verification or the reverification process. However, the vendor may require when enrolling or when submitting a claim. For specific questions about adding dependents, contact the vendor directly.

Additional information is available in the Voluntary Benefits Guide available in the **Reference Center** on the Health and Life website. If you have questions about a plan, the provisions of the plan, or need help with claims after enrolling, contact the vendor directly.

Lumen is not a sponsor of and does not endorse the plans or programs being offered under the Voluntary Benefits Program.

Vendor	Website/Phone number
Farmers Insurance offers Home and Auto Insurance with coverage tailored to your needs. This voluntary benefit provides customizable and personalized coverage that may include bundling multiple policies with a menu of potential savings. Options may be available for boats, condominiums, recreation vehicles, renters, vacation homes and valuable items. You can enroll in Farmers Insurance anytime through MetLife.	800-GETMET8, 800-438-6388 855-567-6605 (directly to Farmers Insurance) farmers.com/landing/groupselect/getquote
Identity & Fraud Protection powered by Aura through MetLIfe helps protect your personal information, finances and privacy in an increasingly digital world. This voluntary benefit includes monitoring of sensitive information, such as credit activity, Social Security numbers, and dark web activity, along with real-time alerts that can help identify potential fraud early. You have access to dedicated specialists who can assist with recovery and resolution if identity theft occurs. Additional tools, such as anti-virus protection and a VPN, can also help reduce cyber risks and provide added peace of mind. You can enroll in Aura anytime through MetLife.	800-GETMET8, 800-438-6388 844-931-2872 (directly to Aura) offer.aura.com/9904598
MetLife Legal Services provides access to a nationwide network of experienced attorneys for a wide range of personal legal matters, including estate planning, identity management services, power of attorney, real estate matters, traffic violations, trusts, and wills. This voluntary benefit allows you to pay a fixed monthly premium instead of paying attorney fees on a case-by-case basis. You can enroll in MetLife Legal Services during Annual Enrollment, if you experience a Qualified Life Event (QLE) such as marriage, divorce, birth or adoption of a child, loss of coverage, or if you are a rehired retiree.	800-GETMET8, 800-438-6388 or directly at 800-821-6400 (directly to MetLife Legal Services) Once you are **enrolled**, you can create an account by adding your email address and a password, making sure to read the "I agree to the Terms of Services and Privacy Policy". Register at legalplans.com
PerkSpot is a member-only program offering perks and discounts that provide access to national brands and local merchants. Whether you're planning a trip, dining out, shopping or managing everyday expenses, PerkSpot helps you find products and programs as a voluntary benefit. You can enroll in PerkSpot anytime.	866-606-6057 signin.perkspot.com/community-sign-in
Recoop Disaster Insurance may be an available option to you based on your ZIP code and how you answer a few eligibility questions. This voluntary benefit offers a lump-sum cash payment following a covered natural disaster, such as a dust storm, earthquake, gas explosion, hurricane, tornado, wildfire, or winter storm. Designed to help fill gaps that may remain after homeowners or renters insurance. You can enroll in Recoop anytime. **Note:** Coverage must be in place before a covered event occurs, and benefits are not available for disasters that have already happened or are in progress at the time of enrollment.	877-2RECOOP, 877-273-2667 quote.recoopinsurance.com/partner/retiree

Reminders

Benefit details	Important information
Dependent reverification	Lumen reverifies dependents every five years to keep health plan costs down for everyone. If your spouse, common-law spouse or domestic partner has not been verified since 2022 and is enrolled in Lumen medical or Lumen dental (non-Medicare participants), you'll receive a reverification request in the second quarter of 2027. It's important to respond promptly. If a spouse, common-law spouse or domestic partner is not approved during the reverification process, their coverage — and coverage for any stepchildren or domestic partner's children — will end at the close of the reverification period. They will not be eligible for COBRA.
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 January 1, 2027, 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, dental, optional term life insurance 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 after 21 business days for the untimely payment 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 833-925-0487 so that your record can be updated.
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 MA PPO in 2026, now the MA+PDP: Pre91/ERO92 in 2027 and you are not changing, you will not be required to re-enroll. If you are enrolling in an individual policy not offered by the Company and therefore are electing the Lumen Medicare Retiree LQ Pre-91-ERO'92 HRA, you must complete that carrier's enrollment form and follow their process as well as enroll in the Lumen Medicare Retiree LQ Pre-91-ERO'92 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 Medicare 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). 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/birth, or losing other coverage, you can log in to the Health and Life website or contact the Service Center at 833-925-0487 within 45 days of the event in order to change certain 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. In addition, 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 2026, because of a QLE (for example, you add a new spouse to your coverage), your 2026 changes/enrollment will not automatically apply to 2027. As a result, you will need to update **both** your 2026 and 2027 coverage by contacting the Service Center.
Returning to work? Excludes survivors	If you are eligible for retiree health care or Retiree Basic and/or 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 Optional Term Life Insurance coverage, you will be eligible to elect Active Optional Term Life insurance coverage. If there is a loss of optional 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 optional term life insurance coverage through Metropolitan Life Insurance Company, you will be required to surrender this policy when you return to a retiree status in order to resume your retiree 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 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 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.

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.

Conflict between this guide and Plan documents

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 guide, the terms of the Plan documents will govern.

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 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 Retirees. 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 Qwest Pre-1991 and Qwest 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 a authority, discretion and the right to interpret and resolve any ambiguities in the Plan or any document relating to the plans.