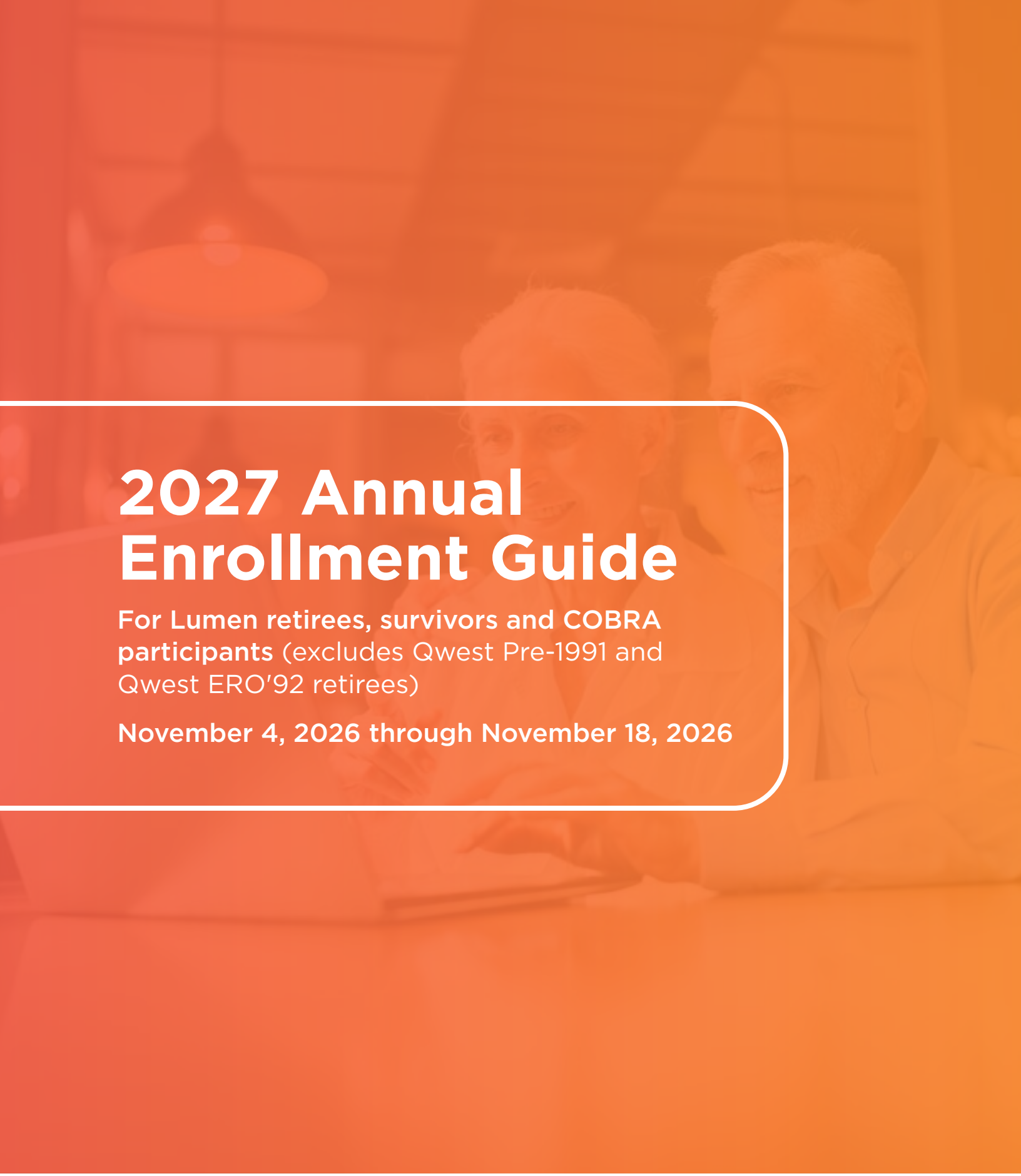


2027 Annual Enrollment Guide

For Lumen retirees, survivors and COBRA participants (excludes Qwest Pre-1991 and Qwest ERO'92 retirees)

November 4, 2026 through November 18, 2026

LUMEN®

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

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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 to support you.

Checklist

- ☑ **Read the What's new or changing for 2027** section to review any changes to your premiums or out-of-pocket costs.
- ☑ **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.**

Note: If you are a retiree and suspend or waive your medical coverage, your eligible dependents will be placed in the same status. Waiving coverage is a permanent election, you cannot re-enroll at anytime in the future.

Visit the Annual Enrollment or Webinars tab on the Health and Life website to register for a Surest or UnitedHealthcare webinar.

- Tuesday, November 3 at 12 a.m. to 1:30 p.m. CST
- Tuesday, November 10 at 3:30 p.m. to 5 p.m. CST
- Tuesday, November 17 at 1 p.m. to 2:30 p.m. CST

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.

Reminders

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, Lumen dental (non-Medicare participants) or Spouse/Domestic Optional/Term Life Insurance, you'll receive a reverification request in the second quarter of 2027.

It's important to respond promptly. If a 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, conversion, or portability Life Insurance coverage.

Health and Life website

- **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 mobile 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) or have a SHARE account through MCA, communications are sent via email — not by mail.

- **Want to receive 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.**

Via Benefits - your Medicare health coverage resource

Via Benefits is Lumen's Medicare insurance exchange partner and licensed Medicare broker, helping eligible retirees and their dependents evaluate, compare, and enroll in Medicare coverage that best meets their individual needs.

With personalized support from licensed benefit advisors, easy-to-use digital tools, and access to a broad selection of Medicare and Individual and Family health plans, Via Benefits simplifies the process of choosing and enrolling in health coverage. Their unbiased guidance, plan comparisons, and enrollment assistance help you make informed decisions with confidence. Best of all, these services are provided at **no cost to you**.

Learn more about Via Benefits and explore available coverage options, visit the Via Benefits website.

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.

Note: If you are a CenturyLink retiree eligible for the Executive Medical Plan, your enrollment in this plan is automatic and provided at no cost to you. For more information, contact UnitedHealthcare at 800-842-1219 as you will not receive a separate Annual Enrollment guide.

Enrollment 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.

Mobile 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.

Important: As a retiree, if you remove a declared dependent from coverage, you will not be able to add that dependent back to coverage in the future. Please carefully review your elections and any related messages before submitting your changes.

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.

Premiums will increase

- Health care premiums for medical and dental coverage will increase as health care expenses continue to rise nationwide because of higher use of care, more expensive treatments, and increased prescription drug costs.
- Be sure to review your Annual Enrollment Notice on the Health and Life website to confirm your benefit premiums.

Medical, prescription drug and plan design updates for non-Medicare eligible participants

Surest Health PPO and Surest Select Health PPO

Enhancement - Clinical Advocacy Support

Members enrolled in a Surest medical plan will have access to enhanced Clinical Advocacy Support. Surest Clinical Advocates can help guide you through your health care journey by assisting with a wide range of health needs, including pregnancy, pediatric care, heart care, cancer support, and more. Advocates can help you navigate the Surest app, identify high-value in-network providers and virtual care programs, understand your care options, and make informed health care decisions.

In addition, Clinical Advocates can provide personalized support to help improve your physical and mental well-being, align care with your personal preferences, connect you with relevant health resources, and help identify programs that may offer financial assistance when needed.

Copay ranges will increase

Copay ranges	2027 – Surest Health PPO	2026 – Surest Health PPO	2027 – Surest Select Health PPO	2026 – Surest Select Health PPO
Office Visit – PCP and Specialist	$25 to $135	$20 to $105	$20 to $110	$10 to $65
Complex Imaging	$125 to $1,900	$100 to $1,400	$100 to $1,450	$75 to $950
Emergency Room	$900	$650	$650	$450
Urgent Care	$80	$60	$60	$35
Procedures (ASC, OP, IP)	Up to $3,500	Up to $3,000	Up to $3,000	Up to $2,500
Other Outpatient Hospital	$250 to $1,350	$150 to $850	$150 to $1,100	$75 to $525
Other inpatient hospital	$2,750	$2,000	$2,000	$1,600
Maternity	$1,300 to $2,750	$900 to $2,000	$900 to $2,000	$625 to $1,600

Surest Health PPO

In-network out-of-pocket maximum will increase

Coverage level	2027	2026
Individual	$5,500	$3,600
Individual + Spouse/Domestic Partner	$8,250	$5,400
Individual + Child(ren)	$8,250	$5,400
Family	$11,000	$6,850

Out-of-network out-of-pocket maximum will increase

Coverage level	2027	2026
Individual	$22,000	$10,800
Individual + Spouse/Domestic Partner	$33,000	$16,200
Individual + Children	$33,000	$16,200
Family	$44,000	$20,550

Surest Select Health PPO

In-network out-of-pocket maximum will increase

Coverage level	2027	2026
Individual	$5,000	$3,200
Individual + Spouse/Domestic Partner	$7,500	$4,800
Individual + Children	$7,500	$4,800
Family	$10,000	$6,400

Out-of-network out-of-pocket maximum will increase

Coverage level	2027	2026
Individual	$20,000	$9,600
Individual + Spouse/Domestic Partner	$30,000	$14,400
Individual + Children	$30,000	$14,400
Family	$40,000	$19,200

UnitedHealthcare High Deductible Health Plan (HDHP)

In-network deductibles will increase

Coverage level	2027	2026
Individual	$1,750	$1,700
Individual + one or more dependents	$3,500	$3,400

Out-of-network deductibles will increase

Coverage level	2027	2026
Individual	$7000	$3,400
Individual + one or more dependents	$14,000	$6,800

In-network out of pocket maximum will increase

Coverage level	2027	2026
Individual	$5,500	$3,600
Individual + one or more dependents	$11,000	$6,850

Out-of-network out of pocket maximum will increase

Coverage level	2027	2026
Individual	$22,000	$10,800
Individual + one or more dependents	$44,000	$20,550

Prescription Drug Program – Non-Medicare eligible participants

Surest Health PPO - Maintenance medications

To align with the Surest Select PPO and HDHP, beginning in 2027, the Surest Health PPO plan will require maintenance medications to be filled through Optum Rx® Home Delivery Pharmacy after two retail fills. Maintenance medications are prescriptions taken on a regular, recurring basis for long-term conditions such as diabetes or birth control. Mail order maintenance medications is currently the same requirement for the Surest Select PPO and HDHP.

You may fill a maintenance medication at a retail pharmacy up to two times. After that, the medication must be filled through Optum Rx® Home Delivery Pharmacy and may no longer be filled at a retail pharmacy or another mail-order pharmacy. Home delivery can help you receive a consistent, uninterrupted supply of maintenance medications.

Expanded health programs – Non-Medicare eligible participants

Program changes at a glance

There are several programs that will be introduced, replaced, or consolidated for 2027. The chart below provides an overview of the current program and the updated program for 2027 followed by a more detailed program description.

Current program	2027 update
Weight-loss GLP-1 coverage through Optum Rx	Replaced by the eMed GLP-1 Weight Management Program
Wondr Advanced GLP-1 Support Program*	Replaced by eMed GLP-1 Weight Management Program
Solutions for Nursing Mothers	Replaced by Maven
Milk Stork	Replaced by Maven
Surest & UnitedHealthcare Maternity Support Programs	Replaced by Maven
Pacify	Replaced by Maven

Current program	2027 update
Quit4Life	Replaced by Pelago
Real Appeal	Discontinued

Note: *Wondr Health will continue to be offered. However, the Wondr Advanced GLP-1 support program will not be offered in 2027.

Plan design updates for non-Medicare eligible participants

Surest Health PPO, Surest Select Health PPO and the HDHP

GLP-1 Medication coverage and Support (does not apply to GLP-1 for diabetes)

FDA-classified weight-loss GLP-1 medications (which is Wegovy (shot and pill), Zepbound, and Foundayo) will no longer be covered through the Optum Rx pharmacy benefit.

Instead, weight-loss GLP-1 medications will be available through the eMed GLP-1 Support Program, which will become the only Lumen-supported program for access to FDA-classified weight-loss GLP-1 medications. Eligible participants may have access to medications through a direct manufacturer-to-consumer pricing structure using e-Med designated pharmacies. Member contribution for a 30-day fill is expected to be on average $250. Final pricing will be available later in the year. Amounts paid through eMed do not apply toward your medical plan deductible or out-of-pocket maximum.

Participation in eMed is optional. Members may continue to work with their healthcare provider or use another program of their choice. However, weight-loss GLP-1 medications obtained outside of eMed will not be covered through Optum Rx and will not be eligible for Lumen-supported eMed pricing.

This change applies regardless of why the weight loss medication is prescribed, e.g., for sleep apnea, cardiovascular risk reduction, MASH (Metabolic Dysfunction-Associated Steatohepatitis), or another weight-related health condition.

Note: GLP-1 medications for diabetes

GLP-1 medications FDA-classified for Type 2 diabetes treatment (which is Ozempic® and Mounjaro®) are not changing. These medications remain covered through OptumRx only for members with a Type 2 diabetes diagnosis, are subject to prior authorization, and continue to follow the plan's standard tier-based pharmacy coverage. Coverage requirements and plan rules continue to apply.

eMed GLP-1 Weight Management Program

Lumen is introducing the eMed GLP-1 Weight Management Program for eligible participants seeking FDA-classified weight-loss GLP-1 medications, such as Wegovy, Zepbound and Foundayo. The program combines medication access with clinical oversight and ongoing support to help participants manage their treatment journey.

The eMed program includes:

- Clinical intake and health assessment
- At-home lab testing and biometric screening
- Review by a licensed clinician to determine program eligibility
- Prescription management and medication fulfillment through designated pharmacies
- Weekly check-ins and progress monitoring
- Clinical support for medication management and side effects
- Digital tools to help track progress throughout treatment

The eMed program supports more than medication access. The program is designed to help participants better understand their health, monitor key health indicators, and receive ongoing support throughout treatment. Additional details about enrollment, eligibility requirements, and program availability will be shared before the January 1, 2027 launch.

Maven

Maternity, menopause, and midlife support: Maven will replace the current Surest and UnitedHealthcare maternity support programs, along with Solutions for Nursing Mothers and Milk Stork, creating one simplified experience for maternity, postpartum, lactation, menopause, and midlife support.

Available at no cost to employees and covered partners enrolled in a UnitedHealthcare or Surest health plan, Maven provides 24/7 virtual access to providers, care advocates, on-demand classes, community support, and expert resources.

- Maternity and newborn care – Support for pregnancy, postpartum recovery, newborn care, lactation, miscarriage and loss, plus breast milk shipping for eligible health plan members.
- Menopause and midlife health – Guidance for perimenopause, menopause, post-menopause, hormone health, hormone replacement therapy, early intervention, and men's health.

Nox Sleep - Expert sleep health support

Better health begins with better sleep. Nox Sleep provides one convenient source of expert care for sleep-related conditions, with access to board-certified physicians and a dedicated care team.

The Nox Sleep program is available to Lumen employees and spouses/domestic partners enrolled in a Lumen medical plan beginning January 1, 2027. Members have access to personalized sleep care, from evaluation and diagnosis through treatment and ongoing support, including a no-cost home sleep test (when appropriate) and teleconsult.

- **Sleep Apnea:** Expert evaluation, diagnosis, treatment, and ongoing care, including convenient at-home testing and access to sleep specialists.
- **Insomnia:** Personalized support and evidence-based treatment to address trouble falling asleep, staying asleep, or getting restorative sleep.
- **Restless Legs Syndrome & Circadian Rhythm Disorders:** Specialized care to identify and treat conditions that can disrupt sleep timing, quality, and comfort.

You may continue receiving CPAP equipment and supplies from your current DME provider through December 31, 2026.

Beginning January 1, 2027, covered CPAP equipment, supplies, and related care should go through Nox Sleep. Our Care Team can help coordinate the transition, including support for members with rented CPAP devices.

Tobacco Cessation Program

To offer a more comprehensive and streamlined experience, we are consolidating all tobacco cessation support into Pelago. If you or a covered family member is seeking assistance with quitting tobacco products, Pelago will be your single resource going forward.

Pelago is a Wellness Coaching Program available to you and your eligible dependent(s) ages 15 or older who are enrolled in a Lumen medical plan. It supports your health goals by helping you cut back, quit, or manage tobacco use, as well as alcohol, cannabis, and opioid use. Key features include virtual one-on-one support from a licensed care team of health coaches, counselors, and physicians; 24/7 online access with appointments available within 24 hours; a personalized care plan; and on-demand resources and goal tracking in the digital app. You can learn more and get started at lumen.com/pelago or by calling 877-349-7755.

The Quit4Life Tobacco Cessation program will no longer be available.

WellTheory

If you or a covered dependent (18+) are living with an autoimmune condition — or experiencing unexplained symptoms like fatigue, brain fog, joint pain, or digestive issues — WellTheory is now available to you at no cost through your medical plan. WellTheory pairs you with a Registered Dietitian who specializes in autoimmune health, offering regular video visits, unlimited messaging, and a personalized nutrition and lifestyle plan built around your unique needs. Members have reported impressive results: 92% reduced their symptoms within just four weeks, and 74% experienced a better quality of life within 20 weeks.

World Class Health (WCH) - Speciality care made simple

If you or a covered dependent need surgery, imaging, or infusion care, WCH is available to you through your Lumen medical plan. WCH connects you with top-rated hospitals and specialists for procedures including bariatric surgery, spine surgery along with other specialty categories such as imaging and infusion services.

A dedicated WCH nurse navigator guides you through every step, from your first questions through recovery, helping ensure you get the right care, at the right place, at the right time. Members who use the WCH network can access great savings on their care, including relief on copay costs.

Medical and prescription drug coverage changes for Medicare eligible participants

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

What's changing?

The current Lumen Medicare Advantage PPO + Dental Plan (MAPD) will be replaced by two plans:

- Lumen Medicare Advantage PPO Medical + Dental Plan.
- Lumen Part D Prescription Drug Plan (PDP).
- **Note:** Collectively, these plans are referred to as the MA+PDP.

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/dental 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 plan (administered by UnitedHealthcare) you will continue to have access to:

- Comprehensive nationwide medical and dental 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 a UnitedHealthcare Medicare Part D Prescription Drug Plan (PDP) with no changes to your copays. Together, these plans provide comprehensive medical, prescription drug, and dental 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 MAPD plan, you will automatically be enrolled in the MA+PDP 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 the 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 doesn't 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 + Dental Plan.
- **New ID card** - Lumen UHC Medicare Advantage PPO Medical + Dental Plan.
- **Welcome letter** - Lumen Part D Prescription Drug Plan (PDP).
- **New ID card** - Lumen Part D Prescription Drug Plan (PDP).

Upcoming webinar sessions

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

Date and time	Meeting information	Webinar password
Tuesday, November 3, 9 a.m. to 11 a.m. PST	2666 670 3607	Welcome2026!
Tuesday, November 10, 9 a.m. to 11 a.m. PST	2667 354 1165	Welcome2026!
Monday, November 16, 1 p.m. to 3 p.m. PST	2667 475 9234	Welcome2026!

Please follow the instructions below to attend an 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.

Closer to these webinar dates, visit the "**Enrollment information**" tab at lumen.com/MA-PDP for direct links to each webinar.

Can't attend one of the webinars?

Find a recorded presentation on lumen.com/MA-PDP.

Or call UnitedHealthcare 844-588-5873, TTY 711, 8 a.m. to 8 p.m. local time, Monday to Friday.

These sessions will review the coverage changes, explain what is and is not changing, and provide an opportunity to ask questions.

For more information about Lumen's Lumen Medicare Advantage PPO Medical + Dental Plan and Part D Prescription Drug Plan (PDP), visit lumen.com/MA-PDP to access the Plan Guides which provide plan costs, coverage details, and what to expect next. For a printed copy or to discuss these plans with an advisor, contact UnitedHealthcare Customer Service at 844-588-5873, 8 a.m. to 8 p.m. local time, Monday to Friday.

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

Lumen MA+PDP premium maximum

The monthly premium maximum is $246.30 (check your Annual Enrollment Notice for your specific premium amount).

Need assistance?

Speak with a licensed benefit advisor at **888-825-4252**, Monday through Friday, 7 a.m. to 6 p.m. CST, for personalized support and answers to your health coverage questions.

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.

Non-Medicare medical plan overviews

Use these charts to compare each plan. These are summaries only — see the Summary Plan Descriptions (SPDs) in the **Reference Center** on the Health and Life website for full details.

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 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.

Annual deductibles and annual out-of-pocket maximums

	Surest Health PPO	Surest Select Health PPO	HDHP w/Optional HSA
Note: Deductibles are separate for In-network and Out-of-network providers and are not combined			
Annual deductible (Individual)	$0	$0	$1,750 In-network $7,000 Out-of-network
Surest plans - Individual + Child/ren and Family **HDHP – Individual + one or more dependents**	$0	$0	$3,500 In-network $14,000 Out-of-network
The In-network copays apply towards the In-network and Out-of-network Out-of-pocket maximum.			The In-network and Out-of-network maximums are separate and are not combined.
In-network out-of-pocket maximums			
Individual	$5,500	$5,000	$5,500
Individual + Spouse/Domestic Partner	$8,250	$7,500	N/A
Individual + Child/ren	$8,250	$7,500	N/A
Surest plans – Family **HDHP – Individual + one or more dependents**	$11,000	$10,000	$11,000
Out-of-network out-of-pocket maximums			
Individual	$22,000	$20,000	$22,000
Individual + Spouse/Domestic Partner	$33,000	$30,000	N/A
Individual + Child/ren	$33,000	$30,000	N/A
Surest plans – Family **HDHP – Individual + one or more dependents**	$44,000 (Entire family out-of-pocket must be satisfied before eligible expenses are 100% covered)	$40,000 (Entire family out-of-pocket must be satisfied before eligible expenses are 100% covered)	$44,000 (Entire family out-of-pocket must be satisfied before eligible expenses are 100% covered)

Doctor visits and preventive care

	Surest Health PPO	Surest Select Health PPO	HDHP w/Optional HSA
In-network			
Primary care and Specialist visit	$25 – $135	$20 – $110	• 85% covered (Tier 1 premium provider) • 80% covered (network provider)
Preventive care	100% covered	100% covered	100% covered

	Surest Health PPO	Surest Select Health PPO	HDHP w/Optional HSA
Coinsurance	100% covered (for eligible services)	100% covered (for eligible services)	• 85% covered (Tier 1 premium provider) • 80% covered (network provider)
Out-of-network			
Primary care and Specialist visit	$220	$220	50% covered (you may be responsible for any amount over the eligible expense)
Preventive care	Not covered	Not covered	Not covered
Coinsurance	100% covered (for eligible services)	100% covered (for eligible services)	50% covered (you may be responsible for any amount over the eligible expense)

Hospital and emergency care

	Surest Health PPO	Surest Select Health PPO	HDHP w/Optional HSA
In and Out-of-network			
Emergency Room (copay waived if admitted)	$900	$650	80% after deductible
In-network			
Inpatient hospital	$2,750	$2,000	80% after deductible
Outpatient surgery	$250 – $1,350	$150 – $1,100	• 85% covered (when performed at an Ambulatory Surgery Center) • 80% covered (if performed as outpatient in a hospital)
Out-of-network			
Inpatient hospital	$8,250	$6,000	50% after deductible
Outpatient surgery	$3,500	$3,300	Not covered

Prescription drugs – Tier 1, 2, 3 and 4

Certain life saving/emergency medications on the Vital Medication list are covered at no cost to you.

Surest Health PPO	Surest Select Health PPO	HDHP w/Optional HSA
Tier 1		
• $15 for up to a 30 day retail supply • $37.50 for up to a 90 day home delivery supply • $260 (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.	• $10 for up to a 30 day retail supply • $25 for up to a 90 day supply for home delivery • $200 (In-network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions	• 85% covered; minimum copay of $15 for retail, $37.50 for home delivery, $260 for Specialty; after deductible is met. • Up to 31 day 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 w/Optional HSA
Tier 2		
• $60 for up to a 30 day retail supply • $150 for up to a 90 day home delivery supply • $285 (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.	• $45 for up to a 30 day retail supply • $112.50 for up to a 90 day supply for home delivery • $225 (In-network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions	• 80% covered; minimum copay of $60 for retail, $150 for home delivery, $285 for Specialty; after deductible is met. • Up to 31-day supply/90 day for home delivery (In-network). • For certain preventive medications the deductible is waived. • Specialty medications are limited to a 31 day supply. **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.
Tier 3		
• $180 for up to a 30 day retail supply • $450 for up to a 90 day home delivery supply • $360 (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.	• $150 for up to a 30 day retail supply • $375 for up to a 90 day supply for home delivery • $300 (In-network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	• 70% covered; minimum copay of $180 for retail, $450 for home delivery, $360 for Specialty; after deductible is met. • Up to 31-day supply/90 day for home delivery (In-network). • For certain preventive medications the deductible is waived. • Specialty medications are limited to a 31 day supply. **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions
Tier 4		
• $360 for up to a 30 day retail supply • $900 for up to a 90 day home delivery supply • $460 (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.	• $300 for up to a 30 day retail supply • $750 for up to a 90 day supply for home delivery • $400 (In-network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	• 60% covered; minimum copay of $360 for retail, $900 for home delivery, $460 for Specialty; after deductible is met. • Up to 31-day 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.

Specialty Medications – Out-of-network coverage is not covered.

Good to know — Surest plans

- $0 deductible — coverage starts at your first visit or first prescription.
- Clear upfront prices — know what you'll pay before you go.
- Lower copays for higher-quality providers.
- If you are enrolled in a Surest health plan, you can find prices in the Surest App, or at benefits.surest.com, or, for pre-members, at lumen.com/joinsurest.

Good to know — HDHP with Optional HSA

- You can pick any provider, but In-network costs less.
- You pay full cost until you meet your deductible.
- Lumen does not offer an HSA for retirees, survivors, or COBRA participants.
- If you are enrolled in UHC HDHP, you can find prices in the UnitedHealthcare App, or at myuhc.com, or, for pre-members, at lumen.com/exploreuhc.

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.

Important — disability before age 65

If you or a dependent become Medicare eligible due to a disability **before age 65**, it's your responsibility to notify the Service Center. If you don't, Medicare may charge penalties or you may have a gap in coverage.

Medicare options

- **Lumen Medicare HRA** (Health Reimbursement Account)
- **Lumen Medicare Advantage PPO Medical + Dental Plan and Lumen Part D Prescription Drug Plan (MA+PDP)**

You can't enroll in both. And you and your dependent(s) who are eligible for coverage must be in the same option — for example, you can't choose the Lumen Medicare HRA while your covered dependent chooses the MA+PDP. **The medical and prescription drug plans must remain paired; you can't enroll in one without the other.**

Suspending or waiving your Medicare options

Suspend both options

To suspend, select "**Suspend both HRA and MA+PDP**." This suspends **both** the HRA and the MA+PDP. You'll see either:

- **Initial** — you have your one-time suspend available.
- **Final** — you've used your one-time suspend. You can now enroll, suspend, or waive. If you choose to enroll, you **won't** have a suspend option in the future — it becomes a final election.

If you suspend, your **dependent's coverage is also suspended.**

Waive both options

To waive, select "**Waive both Medicare options – HRA and MA+PDP.**" This waives both options.

Waiving is permanent

Once you waive, you waive **all** Medicare options and **cannot re-enroll** — not even with a Qualified Life Event or at a future Annual Enrollment. Waiving also waives your dependent's coverage.

*COBRA participants:

- If you are Medicare eligible prior to your COBRA effective date, Medicare will be primary and COBRA/Lumen will be secondary. You must be enrolled in Medicare Part A and Part B.
- If you become Medicare eligible after 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.

Retiree Health Reimbursement Accounts (HRAs)

Depending on your retiree eligibility group, your HRA may appear as follows:

- The **Lumen Medicare HRA** displays as **Medicare CS HRA** or **Lumen Medicare LQ Post 90 Occ.**
- **HRA Balance Plan** — for Legacy Qwest Occupational retirees who had a remaining HRA balance on December 31, 2023. This balance rolls over year to year until it's used up.
- **CDHP HRA** — if you were in the non-Medicare UHC CDHP as an active employee and had a remaining balance when you became Medicare eligible. UHC sends that balance to the Service Center after the 90-day claims runout period.

If you have more than one HRA, see the **Retiree Health Reimbursement Account SPD** in the **Reference Center** on the Health and Life website to learn how and when each one pays.

Lumen Medicare HRA

If you enroll in the Lumen Medicare HRA:

- You must be enrolled in **Medicare Part A and Part B.**
- You must enroll in an individual Medicare medical policy during Medicare's Open Enrollment, **October 15 to December 7.** Lumen has contracted with Via Benefits to help you find and enroll in Medicare and individual coverage at no cost to you. You can call Via Benefits at 888-825-4252. Enrollment through Via Benefits is not a requirement, you can enroll through a Financial Institution, Broker of your choice or directly on medicare.gov. Don't contact the Service Center to enroll in an individual policy — they can't help with that unless you elect the MA+PDP (and electing MA+PDP means you can't have the Lumen Medicare HRA).
- It provides you with a capped, Company-funded amount to help purchase an individual Medicare policy that Lumen doesn't offer. You purchase the medical and/or prescription policy directly from the carrier(s) of your choice, pay the premiums yourself, then submit the MyChoice Account Claim form on the Health and Life website or by mail with supporting documents to be reimbursed from your HRA.
- It's funded by the Company each plan year on **January 1**. Unused dollars are forfeited at the end of each year.
- You can't change this election until the next Annual Enrollment unless you have a Qualified Life Event.

Helpful tips — Lumen Medicare HRA

- To see what's eligible for reimbursement, go to the **Reference Center** (next to your name, top right of the Health and Life website home page) and review your **HRA Expense List.**
- If you're enrolled, you have until **March 31 of the following plan year** to submit claims.
- Email, fax, or online submissions and documents must be received by 11:59 p.m. CDT**.** Keep copies — you may be asked for proof.
- USPS mail must be **postmarked by March 31, 2027.**

SHARE

If you have a SHARE account, it:

- Is available only to certain eligible Embarq retirees, based on plan rules;
- Can help pay for your individual non-Medicare, Medicare medical and/or dental policy;
- Rolls over each year until the funds are depleted; and
- Is not newly funded each plan year.
- If you have a SHARE balance, you have until **March 31 of the following plan year** to submit claims.
- At the end of the plan year, if your SHARE balance is less than $10 and **no claims have been submitted,** the remaining balance is forfeited and does not roll over.

Helpful tips

- To see eligible expenses, go to the **Reference Center** and then the **Health Reimbursement Account** folder to review your HRA Expense List and Claim Forms. If you're unsure which list applies to you, contact the Service Center.
- **Set up direct deposit (ACH)** – Log in to the Health and Life website and follow the steps or call the Service Center so your reimbursements go straight to your bank instead of waiting for a paper check (includes SHARE reimbursements).

Do you have recurring reimbursement for HRA or SHARE claims?

- Beginning December 28, 2026 you can update existing recurring reimbursement schedules or set up new recurring schedules for 2027. If there are no changes to your recurring HRA claims for 2027, no action is required.
- You will not see 2027 funding on the Health and Life website or the Mobile App as funding is not visible until late December 2026.

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
January 1, 2025 through December 31, 2025	March 31, 2027
January 1, 2026 through December 31, 2026	March 31, 2028
January 1, 2027 through December 31, 2027	March 31, 2029

HRA/SHARE plans

The following Lumen Medicare HRA plans: LQ Post 90 Occ HRA, CS HRA, CDHP HRA and SHARE submission deadline to file a claim is March 31 of each year for services incurred from January 1 through December 31 of the prior year.

How to file a claim

Email: lumenclaims@mychoiceaccounts.com (email no later than 11:59 p.m. CDT)

Fax: 855-883-8542 (fax no later than 11:59 p.m. CDT)

Mail: MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168 (postmarked by the deadline)

Lumen Retiree Medicare Advantage PPO Medical + Dental Plan and Lumen Part D Prescription Drug Plan (MA+PDP)

Administered by UnitedHealthcare

Your enrollment must be **approved by Medicare before the effective date**. For example, if UHC approves you in December, your MA+PDP coverage starts **January 1**.

Have your Medicare information ready — your **Medicare number** and the **coverage start dates for Part A and Part B**. You'll enter this at the very start of enrollment, before you elect any plans, so the system shows the benefit options available for your status.

This plan includes the benefits of **original Medicare (Part A and Part B), a Part D prescription drug plan**, and added benefits like **dental, vision, and more**. For details, review the Plan Guide and Summary in the **Reference Center** on the Health and Life website.

If you enroll in the MA+PDP

- Your **monthly premium** is based on your retiree group and retiree medical subsidy cap. For details, refer to your **2027 Annual Enrollment Notice**. If you elected electronic delivery, you can find it in your **Personal Documents** folder on the Health and Life website. If you elected paper delivery, it was mailed with this guide.
- You and/or your dependents must keep **Part D drug coverage.** A gap of **63 days or more** after your Initial Enrollment Period ends can trigger a **Medicare Part D late enrollment penalty (LEP)** added to your monthly premium. If you had Lumen medical coverage with no gap, that counts as continuous drug coverage.
- You can't change this election until the next Annual Enrollment **unless you have a qualified life event.**
- You can't enroll in or continue the Lumen Medicare HRA if you choose this option.

Important Note: Embarq retirees and their dependents are not eligible to enroll in the MA+PDP option.

What happens to my Lumen Medicare HRA if I enroll in the MA+PDP?

- Your Lumen Medicare HRA is automatically **suspended**, and you **won't receive 2027 HRA funding.**
- If you were enrolled in the Lumen Medicare HRA for 2026, you can submit claims for eligible 2026 expenses incurred through **December 31, 2026.**
- The deadline to submit by email, fax, or online upload is 11:59 p.m. CDT **on March 31, 2027.**

Medicare Eligible Participants – Lumen Retiree Medicare Advantage Medical PPO + Dental Plan and Lumen Part D Prescription Drug Plan (MA+PDP) overview

This is a summary only — see the Summary Plan Description (SPD) in the **Reference Center** on the Health and Life website for full details.

Note: If you enroll in the MA+PDP, 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

Benefit	In-network	Out-of-network
Monthly premium	Maximum of $246.30	
Annual deductible	$150	
Out-of-pocket maximum	$1,500	
Primary care/specialist visit	$5 / $35	
Hospital stay	$250/day (days 1–4)	
Emergency room (worldwide)	$90	
Urgent Care	$35	

Prescription drug benefits (Part D)

Drug tier	You pay (in-network)
Deductible (Tiers 3–5)	$50
Tier 1 — Preferred generic	$0
Tier 2 — Generic	$8
Tier 3 — Preferred brand	$40
Tier 4 — Nonpreferred drug	$90
Tier 5 — Specialty	30%
Catastrophic coverage	$0

97% of Part D drugs are covered. You can save money using OptumRx home delivery — a 90-day supply costs the same as 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/MA-PDP.

Dental coverage (included with MA+PDP)

Service	What the plan pays
Annual benefit maximum (per person)	$1,000
Annual deductible	$50 (you pay)
Diagnostic & preventive — cleanings, exams, x-rays	100% (no deductible)
Minor services — fillings, root canals, periodontics	80% (after deductible)
Major services — crowns, dentures, bridges	50% (after deductible)
Oral surgery	50% (after deductible)

Passive PPO network — when you use in-network providers, you pay a percentage of discounted fees. Claims administrator: UnitedHealthcare, 800-445-9090.

Dental Plan

If you are eligible for Lumen dental coverage, it will be listed on your **Annual Enrollment Notice**.

If both you and your dependents are enrolled in Lumen Dental coverage and you become Medicare eligible in 2027 while your dependent(s) do not, and your retire group allows dependents to keep coverage after your coverage ends, your dependent(s) will stay on dental coverage but will be moved to their own MetLife Dental account and receive a separate MetLife ID card. Claims will need to be submitted using the dependent's new account information, not your retiree account. Any claims filed under your account will be denied because coverage ended when you became Medicare eligible. Please make sure the dentist's office is informed of the change. If you are not Medicare eligible but your dependent is, your account will stay the same, except that your dependent will show a termination date as of the date they became Medicare eligible.

Please read: To make updates, 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 (and you and your dependents are not Medicare eligible and/or 65 years old or older), no action is required.

The plan is a passive PPO — same deductible, coinsurance, and benefit maximum whether you go in or out-of-network. This plan is available to retirees and eligible declared dependents who are not Medicare eligible and/or are under age 65. If you or an enrolled dependent becomes Medicare eligible in 2027 (due to age), Lumen Dental coverage will automatically end when the participant becomes Medicare eligible. **Note:** If you or your dependents become Medicare eligible prior to turning age 65, you will need to notify the Service Center prior to the month you or your dependent becomes Medicare eligible.

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 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**.

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.

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 for providers in the PDP Plus network.

Service	What the plan pays
Annual benefit maximum (per individual)	$1,000 (not including oral surgery)
Annual deductible	$25 (Type B and C excluding oral surgery); $0 (Type A and Type B: oral surgery only)
Type A = Diagnostic and Preventive care — standard and periodontal cleanings, exams	100% up to maximum allowable
Type B = General care — fillings, root canals, periodontics	50% up to maximum allowable
Type C = Major services — crowns, dentures, bridges	50% up to maximum allowable
Type B = Oral surgery (no deductible)	80% (maximum allowable)

Claims administrator: MetLife — Group 305521, 800-GETMET8 (800-438-6388).

Dental coverage is an important part of your overall health and well-being. If your Lumen dental coverage ends due to becoming Medicare eligible, you may have an option to continue dental coverage through the MetLife TakeAlong Dental plans.

MetLife TakeAlong Dental is a lifelong, portable dental option that helps you maintain dental coverage through different life stages, including after group dental coverage (Lumen Dental) ends. The plan offers nationwide network access, flexible enrollment, and options such as PPO, DHMO/managed care, and discount dental programs, allowing you to keep your dentist when available, choose coverage that fits your needs, and manage payments conveniently online.

To complete the application process online or through the MetLife customer service center, use the referral code **Lumen**. Be sure to enroll using the referral code so you receive the full benefit. If customer service does not ask whether you have a referral code, provide it before completing your application. If you are online, after you enter your ZIP code, it will ask you to enter your referral code, **Lumen**. Then select **Go**.

Important: There is a waiting period for services; make sure you discuss with MetLife and understand prior to completing your application. MetLiife TakeAlong 844-2METDEN (844-263-8336) or metlifetakealongdental.com.

Life Insurance for eligible participants

- If you are eligible for life insurance coverage (whether Retiree Basic or Retiree Optional or both), it will be listed on your **Annual Enrollment Notice.**
- The Life Insurance plans are Term Life Insurance coverage which pays the claim to your beneficiary(ies) on file at the Service Center when you pass away.
- Retiree Basic Term Life Insurance **(Company-paid)**

For eligible retirees, the Company provides Retiree Basic Term Life Insurance coverage.

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 such as age reduction schedule and rounding rules, if applicable.

How to terminate Retiree Optional Term Life Insurance

You may drop 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 drop will be effective the first of the month following your request, except if you elect to drop during Annual Enrollment; then your coverage will drop December 31, 2026. You may not re-enroll, decrease or increase coverage in the future. Once you drop coverage, you no longer have Retiree Optional Term Life Insurance coverage.

Also, if you voluntarily drop your coverage outside of the Life Insurance rules, such as during Annual Enrollment, you are not eligible to convert your group life insurance to an individual policy.

If you have a reduction in coverage due to age (qualified loss), you may convert your lost coverage amount of Retiree Optional Term Life Insurance to an individual policy. Conversion is not automatic, and you must apply for converted life insurance coverage through MetLife. You can reach MetLife Transition Solutions at 877-275-6387 to request a conversion application if you experience a qualified loss in coverage.

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 is reduced due to a qualified loss of coverage event. Applications received at MetLife after the 31-day period will be denied.

Beneficiary information

Maintaining complete, accurate, and current beneficiary information is essential to help ensure life insurance benefits are processed accurately, promptly and in accordance with your wishes. Each beneficiary record should include the **beneficiary’s full name**, **mailing address**, **and phone number with area code**. **Dates of birth** and **Social Security numbers** are strongly recommended although not required to support verification and help prevent claim delays.

If your beneficiary is an estate, Power of Attorney, or trust, include the same information noted above for the **executor**, **POA**, or **trustee**. For trusts, you must also provide the **trust’s legal name** exactly as it appears on legal documents.

We strongly encourage you name one or more **contingent** beneficiaries in the event your primary beneficiaries are deceased or cannot be located.

If no beneficiary information is on file, cannot be located or the information provided is outdated, the claim may be processed under the **Facility of Payment** provision, which may result in proceeds being paid differently than you intended.

You can log in to the Health and Life website or contact the Lumen Health and Life Service Center to review and/or update beneficiary information. You can update beneficiary information as often as you want; it doesn't need to be during Annual Enrollment or if you experience a Qualified Life Event (e.g., marriage, divorce, etc.). The Lumen Health and Life Service Center is the record keeper for all beneficiary designation information.

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.

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 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 Lumen Retiree Optional Term Life Insurance Plan to receive the services. If you are interested in learning more about this service, please call TELUS Health at 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 through MetLife 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 re-retiree (left the company and came back to work and left a second time).	800-GETMET8, (800-438-6388) 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

Helpful resources

When you need more detailed information about Plan specifics, review the Summary Plan Descriptions (SPDs) on the Health and Life website located in the **Reference Center.**

Summary of benefits and coverage availability

We offer resources to help you understand and compare your non-Medicare medical benefit options. The Summary of Benefits and Coverage Availability (SBC) provides key information in a standard format so you can review Plan options side by side. You can find the SBC in the **Reference Center** on the Health and Life website home page.

Most used contacts	Phone number	Website/notes
Lumen Health and Life Service Center	833-925-0487 Monday to Friday, 7 a.m. to 7 p.m. CST International: 317-671-8494	lumen.com/healthbenefits **Search:** MyChoice™ Benefits App, available for free in the App Store and Google Play. 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. **Note:** If you receive a call from the Service Center, the number will appear as 317-981- 6810.
Notification of a death (retiree or dependent — WTW, Pension Administrator)	888-324-0689 Monday to Friday, 8 a.m. to 7 p.m. CST	WTW notifies all Lumen administrators.

Medical and prescription drug

Plan	Phone number	Website/Group #
HDHP with Optional HSA (includes Rx through OptumRx)	800-842-1219 **Note:** You can't enroll through this number. UHC can answer questions regarding plan provisions. Enrollment is completed through the Service Center or the Health and Life website.	lumen.com/exploreuhc, or, if already enrolled myuhc.com **Search:** UHC App, available for free in the App Store and Google Play. Group Number: 192086
Surest Health PPO and Surest Select Health PPO (includes Rx through OptumRx)	800-531-6329 Monday to Friday, 6 a.m. to 9 p.m. CST	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
Lumen Medicare Advantage PPO Medical + Dental and Lumen Part D Prescription Drug Plan (MA+PDP)	844-588-5873 Monday to Friday, 8 a.m. to 8 p.m. local time	lumen.com/MA-PDP **Search:** UHC App, available for free in the App Store and Google Play. MA Group Number: **12273** PDP Group Number: **25861**
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.	800-531-6329 Monday to Friday, 7 a.m. to 7 p.m. CST	lumen.com/2ndmd **Search:** 2nd.MD, available for free in the App Store and Google Play.
Virtual Care	**Surest:** 800-531-6329, Monday to Friday, 6 a.m. to 9 p.m. CST **UHC:** 800-842-1219, Monday to Friday, 8 a.m. to 10 p.m. CST	benefits.surest.com myuhc.com

Plan	Phone number	Website/Group #
Via Benefits (help finding individual Medicare plans)	888-825-4252	lumen.com/viabenefits

Dental

Plan	Phone number	Website/group #
Dental (MetLife) (Non-Medicare participants)	866-832-5756 Monday to Friday, 6 a.m. to 10 p.m. CST	metlife.com/mybenefits **Search:** MetLife, available for free in the App Store and Google Play. Group Number: 305521
MetLife TakeAlong Dental (for Medicare participants who are not eligible for Lumen dental coverage)	844-263-8336 opt. 2 Monday to Friday, 7 a.m. to 7 p.m. CST	metlifetakealongdental.com

Life insurance

Plan	Phone number	Website/group #
Life insurance (MetLife)	800-GETMET8, (800-438-6388) **Conversion:** Transition Solutions Resource Center 877-275-6387; Barnum Financial may call you regarding options for individual policies.	lumen.com/healthbenefits See SPD for policy number
MetLife Legal Plan (Will Prep and Probate available if enrolled in Optional Term Life Insurance)	800-821-6400 Monday to Friday, 7 a.m. to 7 p.m. CST	N/A
TELUS Health (Grief counseling and funeral assistance, free if enrolled in Retiree Basic Term Life Insurance)	888-319-7819 Available 24/7	N/A

Address updates

Service Center	Phone number	Website/notes
Lumen Health and Life Service Center (update address)	833-925-0487 Monday to Friday, 7 a.m. to 7 p.m. CST 317-671-8494 (International callers)	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.
Lumen Pension Service Center (update address, payment questions)	888-324-0689 Athene: 877-813-4240 Brightspeed: 844-516-7870	lumenpension.ehr.com **Mail/fax:** Lumen Pension Service Center, DEPT: LUM, P.O. Box 981909, El Paso, TX 79998 — **Fax:** 844-286-1282

Legal and important required notices

Review the Lumen Welfare Benefits Plan General Information Summary Plan Description (SPD) for Lumen retirees and former inactive employees in the **Reference Center** on the Health and Life website for more 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, 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. 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, check with the Plan to determine whether or not that course of treatment is covered. 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 suspend or waive coverage

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

Enrollment elections are binding

By electing to participate in the Plans and submitting your information, you agree to be bound by the provisions of each Plan and its administrative practices, including (but not limited to) recovery of over- and under-payments and the terms and conditions for eligibility and benefits.

You certify that the information you submit is true and accurate to the best of your knowledge, and that you will submit new information promptly as changes occur. If you are found to have falsified any document supporting a claim for eligibility or reimbursement, the Plan Administrator may — without anyone's consent and as permitted by law — terminate your and your dependent's coverage and refuse to honor claims. You are liable for the misappropriation of Plan funds through false documentation.

It is your responsibility to confirm that you and your dependent(s) are eligible to enroll. Enrolling in and paying for coverage for which you are ineligible will not entitle you or your dependent(s) to benefits. You are also responsible for ending coverage when you or your dependent(s) become ineligible — for example, due to death or divorce. This excludes dependent children who turn 26, who are automatically removed from coverage at the end of the month they turn 26.

Note on divorce

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.

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.

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 (retired or otherwise) and their beneficiaries at any time without prior notice or consultation. This is subject to applicable law, specific written agreement, and the terms of the Plan Document, including (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 determine whether it determines necessary or desirable with respect to the operation of the Plan. The Plan Administrator has the authority, discretion, and right to interpret and resolve any ambiguities in the Plan or any document relating to the plans.

Returning to work

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.

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 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 return 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.