2027 Retiree and COBRA Premiums Qwest Union Represented

January 1, 2027

Qwest Union Represented Retiree and COBRA monthly premium rate sheets included in this document:

- Qwest Union Represented – Group 10
- Qwest Union Represented Retiree Optional Term Life Insurance Premiums
- COBRA Premiums for former Active employees
- COBRA Premiums for Retirees

Please locate your applicable premium rate sheet. If you have trouble determining which premium rate sheet applies to you, please refer to the **Retiree Health Care, Life Insurance and Survivor Benefits Guide** on lumenbenefits.com or in the **Reference Center** on the Health and Life website to determine your group.

Note: References to a Spouse in the charts include an eligible/enrolled Domestic Partner (DP).

Important information for the Medical Plans:

- The Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered. If the Retiree suspends or waives, dependents will be automatically suspended or waived, respectively.
- Premiums for Spouse only, Child(ren) only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants.

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Qwest Union Represented – Group 10

Retiree non-Medicare Medical Plans (total cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health PPO	$1,437.60	$1,437.60	$2,875.20	$2,084.52	$2,084.52	$3,522.12	$646.92
Surest Select Health PPO	$1,466.38	$1,466.38	$2,932.76	$2,126.25	$2,126.25	$3,592.63	$659.87
High Deductible Health Plan (HDHP)	$1,423.24	$1,423.24	$2,846.48	$2,063.70	$2,063.70	$3,486.96	$640.48
LQ Union Company Medical Subsidy Cap	**$520.83**	**$520.83**	**$1,041.67**	**$693.33**	**$693.33**	**$1,214.17**	**$172.50**

Retiree non-Medicare Medical Plans (your cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health PPO	$916.77	$916.77	$1,833.53	$1,391.19	$1,391.19	$2,307.95	$474.42
Surest Select Health PPO	$945.55	$945.55	$1,891.09	$1,432.92	$1,432.92	$2,378.46	$487.37
High Deductible Health Plan (HDHP)	$902.41	$902.41	$1,804.81	$1,370.37	$1,370.37	$2,272.79	$467.98

Retiree non-Medicare Dental Plan (total cost/your cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Dental	$43.13	$43.13	$86.26	$75.47	$75.47	$129.38	$32.34

Note: Dependents who are not Medicare eligible can remain on the non-Medicare plan even after the retiree becomes eligible for Medicare.

Premiums for Spouse only, Child only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants. The retiree's dependents who are not Medicare eligible can remain in Dental coverage until they become Medicare eligible.

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

Medicare eligible individuals have the option to elect the MA+PDP in lieu of electing the Lumen Health Reimbursement Account (HRA) - company contributions. Retiree's monthly contributions for this plan are:

Monthly premiums for the MA+PDP Plan	You Only	Spouse Only	You + Spouse	You + Spouse + Child	You + Spouse + Children	You + Child	You + Children	Spouse + Child	Spouse + Children	Child Only	Children Only
Qwest Union Represented	$74.97	$74.97	$149.93	$258.23	$504.53	$183.27	$429.57	$183.27	$429.57	$108.30	$354.60

Medicare Health Reimbursement Account (HRA) total Annual Company Subsidy

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
HRA Subsidy	$2,570.00	$2,570.00	$5,140.00	$4,640.00	$4,640.00	$7,210.00	$2,070.00

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Qwest Union Represented (Occupational) Retiree Optional Term Life Insurance Rates

Age for Retiree	Retiree Monthly Rates per $1,000 Coverage
<25	$0.176
25-29	$0.176
30-34	$0.227
35-39	$0.259
40-44	$0.276
45-49	$0.296
50-54	$0.481
55-59	$0.830
60-64	$1.339
65-69	$2.314

Age reduction and limiting age rules will automatically apply according to the Plan provisions.

For more information, refer to the Lumen Life Insurance Plan Summary Plan Description (SPD) available on lumenbenefits.com or in the **Reference Center** on the Health and Life website.

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2027 COBRA Premiums for former Active employees

Medical	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Surest Health PPO	$1,074.96	$2,257.41	$1,934.95	$3,117.39	$1,182.46	$2,042.43	$859.99
Surest Select Health PPO	$1,096.45	$2,302.56	$1,973.66	$3,179.75	$1,206.11	$2,083.30	$877.21
HDHP with Optional HSA	$1,064.21	$2,234.85	$1,915.61	$3,086.23	$1,170.64	$2,022.03	$851.40

Dental	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Dental Option 1	$34.14	$78.56	$85.38	$129.78	$44.42	$95.65	$51.24
Dental Option 2	$42.20	$97.12	$105.59	$160.48	$54.93	$118.28	$63.39

Vision	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Vision	$10.17	$21.33	$18.28	$29.46	$10.17	$18.28	$18.28

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2027 COBRA Premiums for Retirees

Non-Medicare Medical Plans

	Retiree only	Spouse only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health PPO	$1,466.35	$1,466.35	$2,932.70	$2,126.21	$2,126.21	$3,592.56	$659.86
Surest Select Health PPO	$1,495.71	$1,495.71	$2,991.42	$2,168.78	$2,168.78	$3,664.48	$673.07
HDHP with Optional HSA	$1,451.70	$1,451.70	$2,903.41	$2,104.97	$2,104.97	$3,556.70	$653.29

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

	Per covered Medicare individual in the MA+PDP Plan
MA+PDP	$251.23

Non-Medicare Dental Plan

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Dental	$43.99	$43.99	$87.99	$76.98	$76.98	$131.97	$32.99

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