Long-Term Disability (LTD) Plan

Summary Plan Description (SPD) for Non-Union and Union Represented employees (excluding Qwest Union Represented employees)

Effective January 1, 2027

To request a paper copy of this SPD, call the Lumen Health and Life Service Center at 833-925-0487, or print this document.

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Introduction

Lumen Technologies ("Lumen" or the "Company") is pleased to provide you with this Supplement to your Long-Term Disability (LTD) Certificate of Coverage, and related Summaries of Material Modification, if any (collectively known as the Summary Plan Description or the "SPD"). This SPD presents an overview of the administration of your Long-Term Disability (LTD) benefits under the Lumen Disability Plan (the "Disability Plan"). The Plan was established by the Company to provide Short and Long-Term Disability coverage and this document supplements the information about the insured Long-Term Disability Plan benefits that are available.

Reservation of Company Rights

The Company reserves the right to amend or terminate the Plan, and all or any of the benefits available under the Plan, including participant contribution obligations, if any, with respect to all participant classes, retired or otherwise without prior notice to or consultation with any participant, subject to applicable laws and collective bargaining agreements. In the event of any discrepancy between this SPD and the official Plan document, the Plan document shall govern.

How to use this Document

With respect to the LTD benefits you may be eligible for, we encourage you to read this Supplement in connection with the Certificate of Coverage prepared by Metropolitan Life Insurance Company (known as "MetLife"), the Plan's third-party administrator. MetLife's LTD Certificate, and any applicable riders, are located further down in this document.

This is an important Document

This SPD is provided to explain how the Plan works and to describe your benefits and rights as well as your obligations under the Plan. It is important for you to understand that because this is only a summary, it cannot cover all of the details of the Plan or how the rules will apply to every person in every situation. All of the specific rules governing the Plan are contained in the Plan document. You, your dependents and beneficiaries, and your lawyer (or other legal representative) may examine the Plan document and other documents relating to the Plan during regular business hours, or by appointment at a mutually convenient time in the office of the Plan Administrator.

We encourage you to read the SPD, in it's entirety. Many sections of the SPD are related to other sections of the document. You may not have all of the information you need by reading just one section. You should keep this SPD in a safe place so you can refer to it, as needed, from time to time. If you should have questions after reading these documents, please contact the Claims Administrator or the Plan Administrator.

Whose Benefits are explained in this SPD?

In general, the Plan provides Long-Term Disability coverage to Non-Union and Union Represented employees who are determined to be "Disabled" (as defined by the Plan) and eligible for LTD benefits.

Lumen's LTD Plan provides partial income protection for you in the event of an extended disability after the Short-Term Disability (STD) elimination period.

Note: At the time your STD Benefits are exhausted, the Company will consider requests for an additional, unpaid medical leave of absence beyond the length of your Short Term Disability benefits if:

1. Such a leave request is for an additional, reasonable period to allow you to recover sufficiently to return to work to do the essential functions of your job and,
2. Additional leave is required under federal, state or local disability laws.

Please tell both your Supervisor and Sedgwick, the STD Third-Party Administrator, if you want to be considered for such additional, unpaid leave.

While on an unpaid leave of absence you will be direct billed for your portion of the contributions for Benefits. Failure to pay will result in the cancellation of your Benefits coverage. If you have questions regarding your benefits of direct billing, please contact the Lumen Health and Life Service Center at 833-925-0487.

If you are unable to return to work after you exhaust the Maximum STD benefit period, you will be terminated from the payroll, unless you are transferred or reassigned to another position and/or an unpaid leave is authorized as an accommodation.

- You will be eligible to apply for Long-Term Disability (LTD) benefits under the Plan, with benefits to be effective based on the eligibility criteria of Lumen's LTD Third Party Administrator.
- If you are terminated from payroll, you may contact Lumen's LTD Third Party Administrator for up to 12 consecutive months after the expiration of STD benefits to apply for LTD benefits and submit an application packet.

General Plan Information

The SPD provides general Plan information including, but not limited to, the following:

- Eligibility
- When Coverage Begins
- When Coverage Ends
- Questions, Complaints, How to File a Claim and an Appeal
- The Plan's Right to Recover Overpaid Benefits
- Coordination of Benefits
- Your ERISA Rights
- Glossary of Defined Terms

To contact the Plan

Throughout this SPD you will find statements that encourage you to contact the Claims Administrator (the insurer, MetLife) for the Plan. Whenever you have a question or concern regarding LTD benefits or a claim, please call MetLife first:

- If it is to initiate an LTD claim telephonically and it has not been completed (assigned to an analyst), call 833-622-0135.
- If the claim is complete and has been assigned to an analyst, or you have general questions regarding LTD, call 833-771-1432.

Inform the Plan of changes

You must notify the Plan of a change in your address or telephone number as well as notifying the Plan of other changes to your name and/or marital status. To do this, you must contact the Lumen Health and Life Service Center as soon as possible at 833-925-0487.

A word about your privacy

In determining benefits and eligibility, the Plan will use confidential or personal health information. Please keep in mind it is very important for you to follow the Plan's procedures, as summarized in the SPD, in order to obtain Plan benefits and to help keep your personal health information private and protected. For example, contacting someone at the Company other than the claims administrator or Plan Administrator (or their duly authorized delegates), in order to try to get a benefit claim issue resolved, is not following the Plan's procedures. If you do not follow the Plan's procedures for claiming a benefit or resolving an issue involving Plan benefits, there is no guarantee the Plan benefits for which you may be eligible will be paid to you on a timely basis, or paid at all, and there can be no guarantee that your personal health information will remain private and protected.

Plan Determinations are not health care advice

Please keep in mind the sole purpose of the Plan is to provide for the payment of disability benefits and may provide you with eligibility to other Company-sponsored benefits (such as health or life insurance benefits); not to guide or direct the course of treatment of any employee or eligible dependent. A determination by the Claims Administrator that a particular course of treatment is not helpful in determining your eligibility for LTD benefits, does not mean the recommended course of treatments, services or procedures should not be provided to the individual or that they should not be provided in the setting or facility proposed.

Only you and your healthcare provider can decide what is the right health care decision for you. Decisions by the Plan Administrator or Claims Administrator are solely decisions with respect to Plan LTD benefits and do not constitute health care recommendations or advice.

Conversion Rights when coverage ends

There are no individual conversion rights to this insurance benefit.

Loss of Eligibility due to Falsification – Reimbursement required

Coverage for a participant may be terminated based on enrollment or eligibility information received which was falsely provided.

Note: If a participant's coverage for LTD benefits is terminated, the termination of coverage may relate back to the effective date of benefits based on the circumstances. The Plan will seek to be made whole by the participant for amounts improperly paid on behalf of the participant (and any dependents) for LTD benefits paid. Your loss of LTD benefits may impact your eligibility for other Company-sponsored benefits, such as health, life insurance or disability pension benefits.

General Administrative Information

Plan Name:	Lumen Disability Plan which is a component program under the Lumen Welfare Benefit Plan
Plan Sponsor:	Lumen 214 East 24th Street Vancouver, WA 98663
Employer Identification Number:	72-0651161
Plan Number:	513

Plan Administrator:	Lumen Employee Benefits Committee 214 East 24th Street Vancouver, WA 98663
Agent for Service of Legal Process:	Associate General Counsel/ERISA Lumen Technologies, Inc 931 N. 14th Street Denver, CO 80202
Legal process may also be served on:	Lumen Employee Benefits Committee 214 East 24th Street Vancouver, WA 98663

Interpretation of the Plan and Claims Fiduciary

The LTD Claims Administrator is the claims fiduciary, for purposes of the federal law known as "ERISA" which governs disability plans such as this. The LTD Claims Administrator has been delegated the sole and exclusive discretion to:

- Interpret benefits covered under the Plan.
- Interpret the other terms, conditions, limitations and exclusions under the Plan.
- Making factual determinations, finding and determining all facts related to benefits.
- Decide all disputes and questions related to benefits.

The LTD Claims Administrator may delegate this discretionary authority to other persons or entities that provide services in regard to the administration of this benefit.

Plan Fiduciary

The named fiduciary of the Plan is the Lumen Employee Benefits Committee. The Company has designated the Claims Administrator (the insurer, MetLife) as a claims fiduciary for purposes of all claims arising under this benefit.

Type of Administration of the Plan

The Company provides certain administrative services in connection with the Plan and uses the services of third-party administrators for benefits available under the Plan. The LTD benefit is fully insured by MetLife.

Funding

The LTD benefits under the Plan are currently fully insured and paid by MetLife.

Circumstances that may affect your Plan Benefits

Under certain circumstances all or a portion of your benefits under the Plan may be denied, reduced, suspended, terminated or otherwise affected. Many of these circumstances have been specifically addressed in the SPD. Such circumstances, in general, include:

- You are no longer in an eligible class of participants.
- The Plan is changed, amended or terminated or the contract with MetLife amended or terminated.
- You attain the maximum benefit available under the Plan.
- You misrepresent or falsify any information required under the Plan; you will not be permitted to benefit under the Plan from your own misrepresentation.
- You have been overpaid a benefit and the Plan seeks recovery of the overpayment.

- If you are entitled to receive benefits from the Plan for injuries caused by a third-party, the Plan has the right to obtain restitution, or by other equitable means, to a repayment of the LTD benefits paid under the Plan from any part of payments received from such party, your insurance carrier or by any other party, including an individual or corporate entity.
- Your coverage under the Plan is terminated for one of a variety of reasons, for example, failure to submit required documentation timely or, if applicable, to pay a premium.

Time limitation on Civil Actions

You cannot bring any legal proceeding or action against the Plan, the Plan Administrator, Claims Administrator or the Company unless you first complete all the steps in the "How to Request an Appeal for a Denied LTD Claim" section below.

After completing that process, you can bring any legal proceedings or action against the Plan or us or the claims administrator within 12 months or 1 year of the date the claims administrator notified you of the final decision on your appeal, unless otherwise specified in an applicable insurance policy. No person has the right to file a civil action, proceeding or lawsuit against the Plan or any person acting with respect to the Plan, including, but not limited to, the Company, any participating company, the Lumen Employee Benefits Committee or any other fiduciary, or any third party service provider, after the last day of the 12th month following the later of (a) the 60th day after receipt by the claimant of written notification of the Adverse Benefit Determination or (b) the date on which the Adverse Benefit Determination on appeal was issued with respect to such Plan benefit claim.

How to request an Appeal for a Denied LTD Claim

In the event of a denied claim, you may request an appeal for review of the denial of your claim by contacting MetLife in writing, but you must do it within 180 days of notification of your claim denial.

You have the right, at no charge, to reasonable access to and to obtain copies of all documents, records, and other information relevant to the claim upon request.

You also have the right to a full and fair review which includes the following:

- A review of the entire claim file.
- A review of any new medical and vocational information submitted by you or on your behalf.
- Additional investigation of medical, vocational or legal issues not previously investigated.
- Review of all information of record to ensure that all relevant material was properly and fully evaluated and considered when the initial adverse benefit determination was made.

Clerical error

If a clerical error or other mistake occurs, however occurring, that error does not create a right to LTD benefits. Clerical errors include, but are not limited to, providing misinformation on eligibility or benefit coverages or entitlements or relating to information transmittal and/or communications, perfunctory or ministerial in nature, involving claims processing, recordkeeping. Although every effort is and will be made to administer the Plan in a fully accurate manner, any inadvertent error, misstatement or omission will be disregarded and the actual Plan provisions will be controlling. A clerical error will not void coverage to which a Participant is entitled under the terms of the Plan, nor will it continue coverage that should have ended under the terms of the Plan. When an error is found, it will be corrected or adjusted appropriately as soon as practicable. Interest shall not be payable with respect to a benefit corrected or adjusted. It is your responsibility to confirm the accuracy of statements made by the Plan or our designees, including the claims administrator(s), in accordance with the terms of the SPD and other Plan documents.

Records and Information and your obligation to furnish information

At times, the Plan or the Claims Administrator may need information from you. You agree to furnish the Plan and/or the Claims Administrator with all information and proofs that are reasonably required regarding any matters pertaining to the Plan. If you do not provide this information when requested, it may delay or result in the denial of your claim.

By accepting LTD benefits under the Plan, you authorize and direct any person that has provided services to you, to furnish the Plan or the claims administrator with all information or copies of records relating to the services provided to you. The Plan or the claims administrator has the right to request this information at any reasonable time. This applies to all Participants.

The Plan agrees that such information and records will be considered confidential. The Company and the Claims Administrator have the right to release any and all records which are necessary to implement and administer the terms of the Plans, for appropriate medical review or quality assessment, or as we are required by law or regulation.

Interpretation of the Plan

The Plan Administrator has authority to control and manage the operation and administration of the Plan. However, the Plan Administrator has delegated to the Claims Administrator, MetLife, its discretionary authority to make all final determinations regarding claims and appeals for benefits under the Plan. This discretionary authority includes, but is not limited to, the determination of eligibility for benefits, based upon enrollment information, and the amount of any benefits due, and to construe the terms of the policy insuring the benefits for the Plan.

Any decision made by the group sponsored life insurance carrier in the exercise of this authority, including review of denials of benefit, is conclusive and binding on all parties. Any court reviewing the group sponsored life insurance carrier's determinations shall uphold such determination unless the claimant proves the determinations are arbitrary and capricious.