

U.S. EMPLOYEES

2025 Annual Enrollment Guide

For active employees

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Lumen (referred to hereafter as the Company) is committed to green initiatives. You can help by saving this guide as a PDF instead of printing. However, if you would like a paper copy and don't have access to a printer, contact the Lumen Health and Life Service Center (referred to hereafter as the "Service Center") at 833-925-0487 to request one to be mailed to you. Please be advised that mail time is based on the USPS schedule. Lumen and the Service Center are unable to overnight forms, documents, letters, etc.

Note: If you leave the Company before the end of the year, you should review the Benefits Resource Guide for Departing Employees on InsideLumen for more information.



Time to take **the next step**

A message from Ana White

Team,

Our well-being influences how we show up every day, not only at work, but in life. Lumen strives to offer benefits to our employees and dependent(s) that support your health and well-being.

For 2025 Annual Enrollment, we have some great news and a few changes. Lumen's healthcare costs have increased based on the national average. However, rather than passing these increases on to employees, Lumen will absorb the costs again for 2025. This means employees and their dependent(s) enrolled in a Lumen medical plan who are committed to a smoke-free or tobacco-free lifestyle or are enrolled in a company-recognized tobacco cessation program, will not see an increase in benefit premiums. However, should you change your coverage level from Employee to Employee + Spouse/Domestic Partner, etc., or decide to select a different plan, you may see a change in premiums.

Plan changes

The big changes for 2025 are 1) the current Consumer Driven Health Plan (CDHP) will be replaced with the **new** Surest Select Health PPO Plan, which is overall a more cost-efficient plan for both employees and the company, and 2) the Doctors Plan will no longer be offered. If you are currently enrolled in the CDHP, you will be automatically enrolled in the **new** Surest Select Health PPO Plan. Your employee premiums will be the same as noted above. If you are currently enrolled in the Doctors Plan, you will be automatically enrolled in the current Surest Health PPO Plan. If you prefer a different plan, you can make changes during Annual Enrollment.

A few other plan changes/enhancements include: the expansion of Calm, Pelago, and RethinkCare. Refer to the What's new for 2025 section in this guide for more information.

So, it's the perfect **time to take the next step!** Please familiarize yourself with these changes. We also encourage you to explore the new plans and programs that have been implemented to support you and your eligible dependent(s).

Despite life's inevitable challenges, your resilience is essential for staying in control and keeping a positive mindset. Please make your well-being a priority by engaging in preventive screenings and leveraging the plans and programs we offer. Together, let's embrace another year of making healthy choices!

Many thanks,
Ana, Chief People Officer

Welcome to Annual Enrollment

It's a perfect **time to take the next step** to advance your understanding of Lumen's benefits. We encourage you to explore the plans and programs available by connecting to detailed resources on InsideLumen and to thoroughly review this guide.

Annual Enrollment is your opportunity to find the benefit options, plans and programs that are right for you. You can add, change or waive your health and life benefits. If you don't enroll by Nov. 20, you will be automatically enrolled in the same plans, if available, with the same coverage levels (e.g., Employee only, Employee + Spouse/Domestic Partner, etc.) listed on the Health and Life website at lumen.com/healthandlife, with the exception of FSAs (DCFSA and HCFSA) and an HSA. You must enroll in these accounts each year as current elections and goal amounts **do not** roll over. Refer to the Eligibility section in this guide to determine what plans you are eligible to enroll in based on your employment status (e.g., full-time, part-time, etc.). Below is a check list as you take the next step towards completing your enrollment.

- Ask ALEX.** ALEX is an interactive tool that can help you learn about your health and life benefit options including: medical plans, Health Savings Account (HSA), Flexible Spending Accounts (FSAs), Voluntary Lifestyle Benefits and more. Keep in mind, even if you use ALEX, you must enroll through the Health and Life website.
- Watch** a benefit video that provides you with a high-level summary of What's New in 2025. You can find the video on the Annual Enrollment home page on InsideLumen.
- Read** #LiveWellatLumen on Viva Engage and visit the Annual Enrollment home page on InsideLumen.
- Review/Add** your personal information on the Health and Life website. You are strongly encouraged to use a personal email address as your preferred method to receive benefit communications. The company email does not guarantee privacy and does not comply with company policy. Generally, benefit communications will not be sent to your company email address. Log in to lumen.com/healthandlife:
 - Click your name in the top right-hand corner and select **Profile** from the drop-down menu
 - Select **Edit** next to Contact Preferences under the **Personal Preferences** section
 - Choose the **Electronic Mail** radio button
 - Add your **Personal Email Address**
 - Select the **Primary** radio button
 - **Save****Note:** You can add your cell phone number and select the Accept SMS Terms and Conditions radio button to opt into receiving certain benefit communication via text messaging (data rates may apply).
- Answer** the Tobacco Surcharge, and the Working Spouse/Domestic Partner Surcharge questions each Annual Enrollment. Your answer can impact medical plan premiums and certain Voluntary Lifestyle Benefit plan premiums.
- Chat** with Sofia on the Health and Life website. Sofia is your personal benefits assistant and can answer questions and guide you as you enroll.
- Register** for MyEvive at lumen.com/myevive. MyEvive is a customized benefit portal that puts control of your health, wealth and well-being at your fingertips.
- Register** for a Surest Health Plan and/or a UnitedHealthcare High Deductible Health Plan (HDHP) with Optional HSA webinar to learn more about these plans. Details and registration information can be found on the Annual Enrollment home page on InsideLumen.
- Test your knowledge**, take the next step and shoot for the North Star by answering questions about 2025 benefit plans and programs. After logging in to Lumen Stars, you should see a pending quiz in the upper right corner under your profile picture. If you answer all multiple-choice questions correctly, you'll be entered into a drawing. Five (5) randomly selected employees with the correct answers will each earn 100 Lumen Stars after Annual Enrollment ends on Nov. 20.

What's new for 2025

The information listed below is a "Summary of Material Modifications" (this "SMM") for purposes of the Employee Retirement Income Security Act of 1974 ("ERISA"). This SMM notifies you of certain changes to the Company-sponsored plans that are subject to ERISA (collectively, the "Plan") and only summarizes certain Plan provisions. For more Plan details, refer to your Summary Plan Descriptions ("SPDs") as well as the Legal and Important Required Notices section in this guide.

Please keep this SMM with your SPDs for future reference. Note that if there is a conflict between the terms of the Plan documents and this SMM, the terms of the Plan documents will control. The Plan Administrator has the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan and the Company reserves the right to amend and/or terminate any benefits or plans.

Please read this section in its entirety to learn what's new for 2025, as there may be changes that impact you.

Dependent reverification request – take the next step and get prepared now!

Starting in 2025, dependent reverification will be required every three to five years. If you have a spouse, domestic partner or common law spouse that is enrolled in a Lumen benefit: medical, dental, vision or a life insurance plan, you can expect to receive a Dependent Reverification Notice. The first group will start to receive the request towards the end of May 2025. You don't need to contact the Service Center if you haven't received a notice by May 31, 2025 as reverification notices will process throughout the year and into future years. You will be notified when reverification is required for your dependent(s).

You will **not** need to provide your marriage certificate or a marriage license. You will need to provide documentation that is within six months of the notice (listed within the request). Examples of supporting documentation are: mortgage statement, residential lease statement or rental agreement, property tax statement, bank or credit card statement. You can submit two documents listing you or your dependent's name on each document (your name on one document and your dependent's name on another document) as long as the address matches on each document and it is the address that the Service Center has on file. You can black out any financial information.

Note: The Dependent Reverification process excludes survivors, company couples as well as parent/child relationships who are employed, on leave or retired from a subsidiary of Lumen. If you are a company couple or in a parent/child relationship and the Service Center is not aware, please contact them prior to Annual Enrollment so that they can provide you correct plan information.

Medical

Tobacco-Free Discount is changing to a Tobacco Surcharge (excludes those enrolled in the Hawaii Medical Services Association plan (HMSA))

The Tobacco Surcharge doesn't apply to Temporary Full-time, Temporary Part-time or Incidental employees.

Lumen is changing the way employees are charged for medical coverage when you or a covered dependent use tobacco products. There will be an \$80 bi-weekly tobacco surcharge applied which will be added to your medical premium. If you are currently receiving the tobacco-free discount, you will automatically default to no tobacco surcharge. Similarly, if you are not currently receiving the discount, you will automatically default to the surcharge. Be sure to answer the Tobacco Surcharge question during Annual Enrollment.

If you and your dependent(s) are enrolled in a Lumen medical plan and use tobacco products and are not enrolled in a *Company-recognized tobacco cessation program, an \$80 bi-weekly surcharge will be added to your medical premium.. However, if you and your dependents are enrolled in a Company-recognized tobacco cessation program, the \$80 bi-weekly surcharge will not apply.

What is a Tobacco Product? Tobacco products include but are not limited to the following: chewing tobacco, cigarettes, cigars, e-cigarettes, hookahs, nicotine gels/dissolvables, pipe tobacco, tobacco snuff, vapors and other products associated with tobacco.

*Pelago is now offering a company-recognized tobacco cessation program in addition to Quit for Life.

Note: When comparing plans, it's important to review the [U. S. Benefits Premiums](#). If you are subject to the \$80 bi-weekly tobacco surcharge, it has been added to the tobacco user premiums displayed on the full-time and part-time medical premium rate sheets. Coverage amounts and benefit premiums may increase or decrease throughout the year, in certain situations. Refer to the General Information Summary Plan Description (SPD) and the Life and Accidental Death and Dismemberment Insurance SPD, on InsideLumen.

The Consumer Driven Health Plan (CDHP) and the Doctors Plan, administered by UnitedHealthcare (UHC), will no longer be offered.

CDHP participants will be enrolled in the **new Surest Select Health PPO**, **Doctors Plan** participants will be enrolled in the **Surest Health PPO** if no action is taken during Annual Enrollment.

Similarities between Surest Health Plans

- You can easily search for the coverage you need, knowing your cost upfront before you access care
- No deductible, no coinsurance, no balance billing, you pay copays which can vary
- You will need to provide your provider and pharmacy a copy of your new Surest Health ID card
- Because Surest Health uses the same UHC provider network, you don't need to change providers as long as your provider remains in the UHC network
- Your prescriptions remain with OptumRx

Note: The **new** Surest Select Health PPO premiums are the same as the 2024 CDHP premiums for non-tobacco users or those who enroll in a Company-recognized tobacco cessation program.

If you are enrolled in the CDHP or Doctors Plan, the following changes will occur based on the plan you will be automatically enrolled in if you take no action, or the plan you select.

Plan/Program	Surest Health PPO	New - Surest Select Health PPO	HDHP with Optional HSA
Remaining Health Reimbursement Account (HRA) funds	Spenddown HRA*	Spenddown HRA*	Post Deductible HRA**
Health Care Flexible Spending Account (HCFA) enrollment	General Purpose FSA	General Purpose FSA	Limited Purpose FSA

Plan/Program	Surest Health PPO	New - Surest Select Health PPO	HDHP with Optional HSA
Health Savings Account (HSA) enrollment	Not available	Not available	You can contribute to an HSA through a bi-weekly payroll deduction with Optum Bank or directly through a financial institution of your choice.
Prescription Drug (OptumRx)	Home delivery is available; however, not required	Home delivery is required after two fills at a retail pharmacy for maintenance prescriptions	Home delivery is required after two fills at a retail pharmacy for maintenance prescriptions
Rally Rewards redemption	Gift Card only	Gift Card only	Gift Card or deposit to HSA

***Spendedown HRA for Surest Health Plans**

If you elect one of the Surest Health Plans and have a remaining balance in your 2024 CDHP HRA, these funds will follow you. Your prior HRA funding will become available on Feb. 1 after a run-out period (for claims from your prior coverage to clear). Once the funds are available you will receive a new Health Care Spending Card (on or around Feb. 15). Your current Health Care Spending Card will be turned off on Dec. 31, 2024 for any of the remaining HRA funds.

The Spendedown HRA funds will be used to reimburse medical and prescription drug expenses. Claims will automatically roll over to your Spendedown HRA.

If you received eligible health care services during the run-out period, you could use the money once available to pay yourself back by manually submitting a claim. If you have questions, please contact UnitedHealthcare.

****Post Deductible HRA**

If you elect the HDHP with Optional HSA and have a remaining balance in your 2024 CDHP HRA, these funds will follow you. Your current Health Care Spending Card will be turned off on Dec. 31, 2024 for any of the remaining HRA funds and you will not receive a new card. Your prior HRA funding will become available after a 90 day run-out period.

The Post Deductible HRA funds can be used to reimburse medical and prescription drug expenses after your annual in-network deductible has been satisfied. You will be required to manually submit the **Request for Reimbursement** form available on InsideLumen or on the UHC website.

Note: If you would like to change to a different available plan, you can make the change during Annual Enrollment, refer to your available options on the Health and Life website.

Summary of updates (in addition to the below chart, review the Medical Plan Overviews section in this guide for more information)

Plan Name	Maintained in 2025: Surest Health PPO (same plan offered in 2024)	New in 2025: Surest Select Health PPO	Maintained in 2025: HDHP with Optional HSA
Medical	(If enrolled in the Doctors Plan in 2024, you default to this plan for 2025)	(If enrolled in the CDHP in 2024, you default to this plan for 2025)	
HSA	N/A	N/A	You can direct Rally Earnings to your HSA or select from the other available options.
Deductible (employee)	\$0	\$0	\$1,650

Plan Name	Maintained in 2025: Surest Health PPO (same plan offered in 2024)	New in 2025: Surest Select Health PPO	Maintained in 2025: HDHP with Optional HSA
Medical	(If enrolled in the Doctors Plan in 2024, you default to this plan for 2025)	(If enrolled in the CDHP in 2024, you default to this plan for 2025)	
Coinsurance (employee paid)	0%	0%	20%
Out-Of-Pocket Maximum (employee)	\$3,600	\$3,200	\$3,600
Office visit - PCP	Copay range: \$20 to \$90*	Copay range: \$10 to \$65*	20% coinsurance after deductible has been satisfied.
Office visit - Specialist			20% coinsurance after deductible has been satisfied.
Complex Imaging (MRI, CT Scan, etc.)	\$250 to \$775 copay*	\$75 to \$550 copay*	20% coinsurance after deductible has been satisfied.
Emergency Room	\$500 copay	\$375 copay	20% coinsurance after deductible has been satisfied.
Urgent Care	\$65 copay	\$35 copay	20% coinsurance after deductible has been satisfied.
Procedures (Ambulatory Surgical Center, in-patient hospital and out-patient hospital)	\$50 to \$3,000 copay*	\$15 to \$2,500 copay*	20% coinsurance after deductible has been satisfied.
Maternity	\$500 to \$2,000 copay* Bundled copay, see the Plan Overview section for more information.	\$400 to \$1,600 copay* Bundled copay, see the Plan Overview section for more information.	20% coinsurance after deductible has been satisfied.
Prescription Drug			
Retail			
Rx - Tier 1	\$10 copay	\$10 copay	15% coinsurance after deductible has been satisfied. (\$10 minimum)
Rx - Tier 2	\$45 copay	\$45 copay	20% coinsurance after deductible has been satisfied. (\$45 minimum)
Rx - Tier 3	\$150 copay	\$150 copay	30% coinsurance after deductible has been satisfied. (\$150 minimum)
Rx - Tier 4	\$300 copay	\$300 copay	40% coinsurance after deductible has been satisfied. (\$300 minimum)
Home Delivery	Home delivery available, but not required.	Home delivery required after two fills at a retail pharmacy for maintenance medications.	Home delivery required after two fills at a retail pharmacy for maintenance medications.
Rx - Tier 1	\$25 copay	\$25 copay	15% coinsurance after deductible has been satisfied. (\$25 minimum)
Rx - Tier 2	\$112.50 copay	\$112.50 copay	20% coinsurance after deductible has been satisfied. (\$112.50 minimum)

Plan Name	Maintained in 2025: Surest Health PPO (same plan offered in 2024)	New in 2025: Surest Select Health PPO	Maintained in 2025: HDHP with Optional HSA
Home Delivery	(If enrolled in the Doctors Plan in 2024, you default to this plan for 2025)	(If enrolled in the CDHP in 2024, you default to this plan for 2025)	
Rx - Tier 3	\$375 copay	\$375 copay	30% coinsurance after deductible has been satisfied. (\$375 minimum)
Rx - Tier 4	\$750 copay	\$750 copay	40% coinsurance after deductible has been satisfied. (\$750 minimum)
Specialty Drugs			
Rx - Tier 1	\$200 copay	\$200 copay	15% coinsurance after deductible has been satisfied. (\$200 minimum)
Rx - Tier 2	\$225 copay	\$225 copay	20% coinsurance after deductible has been satisfied. (\$225 minimum)
Rx - Tier 3	\$300 copay	\$300 copay	30% coinsurance after deductible has been satisfied. (\$300 minimum)
Rx - Tier 4	\$400 copay	\$400 copay	40% coinsurance after deductible has been satisfied. (\$400 minimum)

*Actual copay will fall within this range, depending on the individual provider and location of service.

The updates below apply to: Surest Health PPO, the new Surest Select Health PPO and the HDHP with Optional HSA Plans unless otherwise noted.

Chiropractor and Acupuncture - Visit limits that are medically necessary will increase from a maximum of 20 to 40 for the Plan year.

Prescription Drug (OptumRx)

When you select a Lumen medical plan, you will automatically receive prescription drug benefits through OptumRx. OptumRx is our Claims Administrator for Prescription Drug coverage regardless of which medical plan you elect. You can't opt-out of OptumRx.

Home Delivery Program - If you enroll in the **new** Surest Select Health PPO Plan or the HDHP with Optional HSA, you are required to participate in this program for maintenance medications after two fills at a retail pharmacy.

Price Edge Pharmacy Program - This program provides a discount price solution and helps you save on generic drugs and specific brand drugs covered or not covered by your medical plan. It can even help you save money on select over-the-counter (OTC) medications when you have a prescription. You will need to provide the pharmacy your ID card and, if available, the additional discount will automatically be applied to your medication. **Note:** Medications not covered by your medical plan, including OTC products, won't count towards your plan's out-of-pocket maximum or deductible.

Sempre Health Program - This program provides savings to you by offering discounts on specific medications when you refill on a timely basis. Anyone taking one of the medications included in the program will receive an invite through the mail. This invite will provide you with the necessary information to sign up for a discount on your medication via text, by

calling, or by going on-line. In doing so you will receive discounts when refilling the medication consistently.

HDHP with Optional HSA deductibles will increase

Plan	Coverage level	2025 deductible	2024 deductible
HDHP with Optional HSA	Employee	\$1,650	\$1,600
HDHP with Optional HSA	Employee + Spouse/ Domestic Partner, Employee + Child(ren) or Family	\$3,300	\$3,200

Health Savings Account (HSA) contribution limits will increase (must be enrolled in the HDHP with Optional HSA)

HSA limits are determined by the IRS and are subject to change. The contribution limit will increase to:

Coverage level	2025 limits	2024 limits
Employee	\$4,300	\$4,150
Employee + Spouse/ Domestic Partner, Employee + Child(ren) or Family	\$8,550	\$8,300

Limited Purpose Flexible Spending Account

Reminder: If you enroll in the HDHP with Optional HSA and also enroll in the Health Care Flexible Spending Account, (you will automatically be placed into the Limited Purpose FSA) regardless if you elect or not elect to contribute to the HSA. However, your FSA can be used for general medical expenses once your deductible has been satisfied.

Specialty Programs

Calm - try it out. You and your family members in the household (even if not enrolled in a Lumen medical plan) have access to this program as part of your Employee Assistance Program (EAP) through Optum Emotional Wellbeing Solutions. Calm is the number one rated app for sleep, meditation and relaxation. Whether you have 60 seconds or 60 minutes, Calm can help you build a habit of mindfulness. Immerse yourself in Calm's soothing music and sounds made for sleep, meditation, focus and relaxation. Mental Health is Health, made for **all** Levels.

Calm Health - has even more to offer. Calm Health is a new app that provides content from Calm and has new features including evidence based mental health programs and screenings, self-guided learning modules and tools focused on anxiety and depression.

Genetic Risk Program - This genetic screening program is available to identify three inherited conditions, where early detection can be an important step in the treatment process, according to the Centers for Disease Control (CDC). It tests for: hereditary breast and ovarian cancer (increases the risk of breast, ovarian and other cancers), Lynch syndrome (increases the risk of colon, endometrial and other cancers), and Familial Hypercholesterolemia (impacts unhealthy cholesterol levels and may increase the risk of heart disease).

You and your eligible dependents ages 18+ in the household enrolled in a Lumen medical plan will have access to myGeneticScreen at no added cost. Your privacy is maintained—neither Lumen or the medical plan you are enrolled in will receive your screening results.

This program is delivered by LetsGetChecked and includes access to genetic counselors before and after testing to explain the test and results. Learn more about myGeneticScreen test, inherited risk and more at [myGeneticScreen Knowledge Hub](#).

Pelago – expanded support is available. You and your eligible dependent(s) ages 15 or older and who are enrolled in a Lumen medical plan will have access to this program. Pelago is a Wellness Coaching Program that supports reaching health goals by cutting back, quitting, or managing any tobacco, alcohol, cannabis, opioid or tobacco use. Some of the key features are:

- Virtual one-on-one support from a licensed care team (health coaches, counselors, and physicians)
- 24/7 online access with appointments available within 24 hours
- A personalized care plan with life-changing outcomes
- On-demand resources and goal tracking in the digital app

You can learn more and get started in the program at lumen.com/pelago or by calling 877-349-7755.

RethinkCare expansion – You and your family members in the household have access to this program. The RethinkCare Parental Success program gives you and your family members in the household 24/7 access to e-learning tools and resources to help you understand, teach and better communicate with your child(ren), including those with developmental and learning challenges. This program will be expanded to include RethinkCare’s Professional Resilience solution that provides adult neurodiversity support in the workplace through tools, resources, and consultations to help you navigate daily work activities and relationships more effectively.

Sempre Health Program – This program provides savings to you by offering discounts on specific medications when you refill on a timely basis. Anyone taking one of the medications included in the program will receive an invite through the mail. This invite will provide you with the necessary information to sign up for a discount on your medication via text, by calling, or by going on-line. In doing so you will receive discounts when refilling the medication consistently.

Virta (Prediabetes, Diabetes, Weight Management) – New for those enrolled in the HDHP with Optional HSA and have a qualifying condition*. You will have access to a guided nutrition program that can help you lose weight, lower blood sugar, and reduce unwanted medications. Results have demonstrated improved overall health, including sustainable weight loss, healthier blood sugar, and increased energy. Many have also reversed their diagnosis of prediabetes, type 2 diabetes.

* Virta’s nutrition therapy care plans may be suitable for ages 18-79, with metabolic health conditions including prediabetes, type 2 diabetes, and/or a body mass index (BMI) of 25 or greater. There are some medical conditions that would exclude patients from the Virta program. Contact UnitedHealthcare or Surest for more information.

Short-Term Disability (STD), Supplemental Life Insurance, Well-Being, and Well-Connected Rewards updates

STD – If you apply for short-term disability benefits through Sedgwick, STD benefits will be paid once medical documentation from your health care provider is received and Sedgwick approves your claim. STD benefits will no longer be paid in advance.

Supplemental Life Insurance – You can take the next step and elect or increase supplemental life insurance coverage for you and/or your spouse/domestic partner by completing the Supplemental Enrollment “short form” and answering just five health questions. It takes only 10 minutes to complete and you don’t need to enter your or your dependent’s height or weight. We want to simplify the process for you, so take advantage and complete the “short form”!

Well-Being at Work – As communicated earlier this year, Well-being at Work provides events, information, tools and connection to Lumen benefits so you can nurture your individual well-being and support others’ well-being, enabling you to function at your best. Discover the wealth of information available on InsideLumen.

Well Connected Rewards through Rally - Exciting changes are coming to Rally, the platform that helps you reach your health goals and earn Well Connected rewards. While you and your covered spouse/domestic partner will continue to earn up to \$600 in rewards for completing healthy actions, many of the features within Rally are receiving an update and a fresh, new look.

- The improved Rally app and website will allow you to log on faster with HealthSafe ID® for easy access to program benefits with a single username and password.
- Rally will recommend activities for reward and benefit programs based on your preferences and goals, helping you earn rewards easier and keep you moving towards good health.
- Activities that you participate in will be easier to find, track and complete.
- Rally Coins will be changed to points, allowing you to spend those points on offers, auctions, sweepstakes, or make a donation to a cause of your choice.



Reminders

If you are a new hire, rehire or experience a Qualified Life Event, (e.g. marriage, divorce, birth) as of Nov. 6, you will need to complete two enrollments as not all of your benefit plans, programs and options will roll over to 2025.

Benefit details	Plan/Option information	Next steps
Amazing Benefits	Beyond the comprehensive benefits package, employees are eligible for additional benefits and perks (such as 401(k), Advocacy Services, Employee Concessions, and more).	Visit the U.S. Benefits Home Page on InsideLumen.
Commuter Spending Account	This is a pre-tax qualified transportation benefit account that can be used to pay for mass transit and/or parking expenses. Note: The Commuter Spending Account limits are determined by the IRS and are subject to change.	You can enroll at any time. If you enroll outside of Annual Enrollment, your effective date is based on when you enroll and the Commuter Spending Account processing schedule. Because you can enroll at any time, any current contribution elections will roll over into the new year.
Company couples or parent/child relationships and employed/retired from Lumen (dual coverage)	Refer to the Lumen Welfare Benefits Plan (Health and Welfare Benefits) General SPD for more information.	If you are a Company Couple or have a parent/child relationship, and are employed with Lumen, and the Service Center is not aware of your status, please contact them at 833-925-0487 so that your record can be updated and you receive the correct benefit information for Annual Enrollment.
Dependent Day Care Flexible Spending Account (DCFSA)	You have the option each Annual Enrollment to elect to contribute to the DCFSA. Each year Lumen adheres to the mandatory IRS Nondiscrimination Testing. Your Lumen DCFSA contribution may change mid-year based on the results. If you are impacted, you will be sent a notification to your personal email address on file at the Health and Life website.	Contribution elections do not roll over into the new year, you must enroll.

Benefit details	Plan/Option information	Next steps
Dependent eligibility	<p>Your dependent(s) will not be eligible for coverage until you have accurately and timely provided supporting documentation that confirms their eligibility under the Plan or Program. If your documentation is not received and/or not approved, your dependent(s) will not be enrolled.</p> <p>Note: If you had a dependent covered under Lumen benefits at any time, the Health and Life Service Center is not able to “remove them completely” from the system as that would impact any prior benefits. To ensure your dependent is not covered going forward, when you make your elections do not select the radio button next to their name; if you do, that is adding them to coverage. Please review the Benefit Summary page to confirm they are not listed. If they are listed, you can select edit and go back to that specific plan to make the appropriate changes by unselecting the radio button next to their name.</p>	<p>You can upload your supporting documentation to the Health and Life website immediately after you complete your enrollment. We highly encourage you to use the upload functionality. However, you can also choose to email, fax or mail. Keep in mind, uploading allows for a faster decision and processing timeframe to add your dependent(s) to coverage.</p> <p>During Annual Enrollment, you will be given 15 calendar days from the date you add your new dependent(s) on the Health and Life website. You may be sent a reminder to your personal email address on file indicating the Service Center has not yet received your documentation. You will be given an additional 15 calendar days as a grace period. If you have not provided supporting documentation that meets the eligibility requirements after the grace period date, your dependent(s) will not be covered for 2025 Lumen Health and Life benefits.</p> <p>Important: You may be asked to provide more than one supporting document to validate relationship status such as when adding a spouse/domestic partner or common-law spouse. If you only provide one supporting document but two are required, your dependent will not be enrolled. Refer to the Dependent Verification page on InsideLumen.</p>
Dependent reverification	<p>Lumen has a fiduciary responsibility under the Plan, and will periodically conduct audits of covered dependents to confirm their continued eligibility for benefits under the Plan.</p>	<p>You will be required to provide supporting documentation (future notifications will advise you what documents to provide) that your Spouse, Domestic Partner or Common-Law Spouse, continues to qualify as your dependent under the Plan. Refer to the What’s new for 2025 section in this guide for more information.</p>
Health Care Flexible Spending Account (HCFSA - General Purpose and Limited Purpose)	<p>You have the option each Annual Enrollment to elect to contribute to the HCFSA.</p> <p>Note: If you enroll in the HDHP with Optional HSA and elect a HCFSA, you will be automatically enrolled in the Limited Purpose FSA which covers eligible out-of-pocket dental and vision care expenses. Medical and prescription drug expenses are not eligible for reimbursement until you have satisfied your annual deductible.</p>	<p>Contribution elections do not roll over into the new year, you must enroll.</p> <p>Important: If you elect the HCFSA but do not elect to contribute to an HSA, you will still be automatically enrolled in the Limited Purpose FSA.</p>

Benefit details	Plan/Option information	Next steps
<p>Health Savings Account (HSA)</p>	<p>You have the option each Annual Enrollment to elect to contribute to an HSA as well as anytime throughout the year, if you are enrolled in the HDHP with Optional HSA.</p> <p>Note: If you enroll in the HDHP with Optional HSA and elect an HCFSA, you will be automatically enrolled in the Limited Purpose FSA which covers eligible out-of-pocket dental and vision care expenses. Medical and prescription drug expenses are not eligible for reimbursement until you have satisfied your annual deductible.</p> <p>You can also elect to contribute to an HSA for eligible medical expense reimbursement.</p>	<p>Contribution elections do not roll over into the new year, you must enroll.</p> <p>If you contribute to an HSA through Optum Bank, payroll contributions will occur bi-weekly.</p> <p>Optum Bank must first approve (vet) your record before your account can be set up and contributions deposited. A welcome kit and debit card will be mailed by Optum Bank after you are approved.</p> <p>Important: If you elect not to contribute to an HSA, but you elect to contribute to a HCFSA and are enrolled in the HDHP with Optional HSA, you will be automatically enrolled in the Limited Purpose FSA.</p>
<p>Imputed Income</p>	<p>Imputed income is income that the IRS requires you to be taxed on the following plans, e.g. Employee Basic Life Insurance coverage over \$50,000, Short-Term Disability Post-Tax, Domestic Partner and or Domestic Partner child/ren covered under the Medical, Dental and/or Vision plan.</p> <p>Important: Even if you have registered your domestic partner through the Secretary of State's office, you will still have imputed income calculated when enrolling your domestic partner on a Lumen healthcare plan. We recommend you work directly with your financial or tax advisor for assistance.</p>	<p>Be sure to review your bi-weekly paycheck. Calculations of imputed income are based on the effective date and will adjust your taxable amount as a lump sum if the effective date is retroactive.</p> <p>Note: Imputed Income is not a benefit premium deduction. You can find your imputed income calculations on the left-hand side of your paycheck listed under the title, Imputed Income.</p>
<p>Other coverage options</p>	<p>There may be other, more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options.</p>	<p>Review the Lumen Welfare Benefits Plan (Health and Welfare Benefits) General Information Summary Plan Description (SPD) on InsideLumen or the Health and Life website at lumen.com/healthandlife in the Reference Center located on the top right-hand side of the home page.</p>
<p>Payroll deductions</p>	<p>If you work one or more days in a pay period and are enrolled in a Lumen healthcare plan (e.g., Medical, Dental and/or Vision), you are responsible for paying the full cost of your benefit premiums during that pay period. Premiums are not prorated and are based on the payroll schedule, not the calendar year. Therefore, premiums could cross over from one month to the next as well as from one calendar year to the next calendar year.</p>	<p>Review your paychecks on SuccessFactors and the Payroll schedule on InsideLumen.</p>
<p>Prescription Drug</p>	<p>The Prescription Drug List (PDL) is updated periodically throughout the year.</p>	<p>You can use the pricing tool on the following medical plan websites you are enrolling in for 2025:</p> <ul style="list-style-type: none"> • HDHP with Optional HSA - myuhc.com • Surest Health PPO and Surest Select Health PPO - lumen.com/joinsurest

Benefit details	Plan/Option information	Next steps
<p>Tobacco Surcharge</p> <p>Note: If you are enrolled in the Hawaii Medical Services Association (HMSA) Plan, you will not be subject to the surcharge.</p>	<p>If you and your eligible dependent(s), if applicable, enroll in a Lumen medical plan and are non-tobacco users or are enrolled in a Company-recognized tobacco cessation program, you are not subject to the tobacco surcharge. If you and your eligible dependent(s), if applicable, enroll in a Lumen medical plan and are tobacco users (just one individual that uses would mean you are tobacco users) and are not enrolled in a Company-recognized tobacco cessation program, you are subject to the \$80 tobacco surcharge, which will be added to your bi-weekly medical cost on your paycheck. The Benefit Summary on the Health and Life website will display the medical cost and tobacco surcharge separately.</p> <p>What is a Tobacco Product?</p> <p>Tobacco products include but are not limited to the following: chewing tobacco, cigarettes, cigars, e-cigarettes, hookahs, nicotine gels/dissolvables, pipe tobacco, tobacco snuff, vapors and other products associated with tobacco.</p>	<p>Answer the Tobacco Surcharge questions during your enrollment. Be sure to read and answer the Tobacco Surcharge question as rules differ based on the benefit program.</p> <p>What is a Company-recognized Tobacco Cessation Program?</p> <p>Quit For Life is a Wellness Coaching Program available to you and your covered dependent(s) over the age of 18 at no cost. You can find more information related to the Program at Quitnow.net or call 866-QUIT-4-Life, TTY 711, or enroll through Rally at lumen.com/wellconnected.</p> <p>Pelago is a Wellness Coaching Program available to your and your covered dependent(s) ages 15 or older at no cost. You can find more information related to the Program at lumen.com/pelago or by calling 877-349-7755.</p> <p>You can alternatively enroll in a tobacco cessation program of your choice, such as one sponsored by a local hospital, the American Lung Association or one recommended by your doctor. The Plan will accommodate the recommendation of an individual's personal doctor, if needed.</p> <p>Take the next step and enroll in a tobacco cessation program today!</p>
<p>Well Connected rewards</p>	<p>All Lumen employees and their spouse/domestic partner enrolled in a Lumen medical plan can each earn up to \$600 each (max. \$1,200 for employee and enrolled spouse/domestic partner combined) in Well Connected rewards through Rally.</p> <p>Employees do not need to be enrolled in a Lumen medical plan to participate; however, if they are not enrolled, their spouse/domestic partner is not eligible for the rewards.</p>	<p>Registering with Rally for the first time?</p> <ul style="list-style-type: none"> • Visit Rally or go to lumen.com/wellconnected Select Sign up • It's recommended to use a personal email address when registering. • Complete all fields and follow prompts. UnitedHealthcare (UHC) members will need your Member ID # and Surest members and those without a Lumen medical plan, use your SSN. Eligible spouses/domestic partners, use employee's SSN. • Use code LUMEN20 if a registration key is needed (Note: the registration key is case sensitive) • Confirm address and additional information. • Download the Rally Health app—Use the code LUMEN20 when downloading the app for the first time. The app is available from your app store at no additional cost.
<p>Working Spouse/Domestic Partner Surcharge</p>	<p>If you are subject to the Working Spouse/Domestic Partner Surcharge, \$100 will be added as a separate cost listed on your paycheck in addition to your bi-weekly medical cost.</p>	<p>Answer the Working Spouse/Domestic Partner question during your enrollment.</p>

Eligibility

The Service Center administers eligibility for the Lumen Health Care Plan, Lumen Surest Health Plans, Lumen Disability Plan, Lumen Business Travel Accident Insurance Plan, Lumen Life Insurance Plan, Lumen Survivor Benefit Plan and Lumen Qualified Transportation Plan.

Employee Classification	Eligibility	Premiums
<p>Full-time or Term Full-time employees</p>	<p>As a Full-time or Term Full-time employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> • Medical • Dental • Vision • Employee Assistance Program (Emotional Wellbeing Solutions) automatically enrolled even if not enrolled in a Lumen medical plan; all family members in your household are eligible to participate • Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care). Employees who elect an FSA will default to the Limited Purpose Health Care FSA if enrolling in the HDHP with Optional HSA even if not electing an HSA amount. You do not need to be enrolled in a Lumen medical plan to enroll in a FSA. • HSA when enrolled in the HDHP with Optional HSA • Well Connected Wellness Program (employees do not need to be enrolled in the medical plan to participate in the Wellness Program) • Lifestyle Reimbursement • Disability (STD and LTD) • Life Insurance including Accidental Death & Dismemberment and Business Travel Accident (BTA) • Commuter Spending Account (Parking and Mass Transit) • Voluntary Lifestyle Benefits 	<p>Depending on how you answer the Tobacco Surcharge (\$80 bi-weekly) and Working Spouse/Domestic Partner Surcharge (\$100 bi-weekly) questions will determine whether you will have any additional deduction(s).</p> <p>If your base pay is less than \$30,000 regardless of how your answer the Working Spouse/Domestic Partner Surcharge question, you will not be subject to the surcharge. If your base pay changes mid-year and is \$30,000 or over, your benefits will be reviewed and a surcharge applied, if applicable.</p> <p>Medical premium - The amount you pay for your medical coverage is determined by your base pay, the medical plan selected, and the coverage level (e.g., Employee only, Employee + Spouse/Domestic Partner, etc.) elected. If your base pay increases or decreases during the year, you may see a change to your premiums.</p>

Employee Classification	Eligibility	Premiums
<p>Part-time, Term Part-time or Qwest Union Represented Seasonal employees</p>	<p>As a Part-time, Term Part-time or Qwest Union Represented Seasonal employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> • Medical • Employee Assistance Program (Emotional Wellbeing Solutions) automatically enrolled even if not enrolled in a Lumen medical plan; all family members in your household are eligible to participate • Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care). Employees who elect an FSA will default to the Limited Purpose Health Care FSA if enrolling in the HDHP with Optional HSA even if not electing an HSA amount. You do not need to be enrolled in a Lumen medical plan to enroll in a FSA. • Health Savings Account (HSA) when enrolled in the HDHP with Optional HSA • Well Connected Wellness Program (employees do not need to be enrolled in the medical plan to participate in the Wellness Program) • Disability (only available to Part-time Seasonal Qwest Union Represented employees if hired before Jan. 1, 2018 and Part-time Non-Union Employees) 	<p>Premiums are 150% of the Full-time rates.</p> <p>Depending on how you answer the Tobacco Surcharge (\$80 bi-weekly) and Working Spouse/Domestic Partner Surcharge (\$100 bi-weekly) questions will determine whether you will have any additional deduction(s).</p> <p>If your base pay is less than \$30,000 regardless of how you answer the Working Spouse/Domestic Partner Surcharge question, you will not be subject to the surcharge. If your base pay changes mid-year and is \$30,000 or over, your benefits will be reviewed and a surcharge applied, if applicable.</p> <p>Medical premium - The amount you pay for your medical coverage is determined by your base pay, the medical plan selected, and the coverage level (e.g., Employee only, Employee + Spouse/Domestic Partner, etc.) elected. If your base pay increases or decreases during the year, you may see a change to your premiums.</p>
<p>Temporary Full-time, Temporary Part-time and Qwest Union Represented Incidental employees</p> <p>Note: > or = 20 hours but <30 hours per week</p>	<p>As a Temporary Full-time, Temporary Part-time or a Qwest Union Represented Incidental employee, you and your eligible dependent(s) may enroll in:</p> <ul style="list-style-type: none"> • Medical • Employee Assistance Program through Optum Emotional Wellbeing Solutions automatically enrolled even if not enrolled in a Lumen medical plan; all family members in your household are eligible to participate • Health Savings Account (HSA) when enrolled in the HDHP with Optional HSA 	<p>Premiums are 100% of the total cost</p> <p>Note: The Tobacco Surcharge and Working Spouse/Domestic Partner Surcharge does not apply.</p>

Enroll

When can I enroll?

Annual Enrollment is Nov. 6 through Nov. 20. If you enroll online, enrollment ends at 11:59 p.m. (CST). If you enroll through member services, enrollment ends at 7 p.m. (CST).

Take the next steps to enroll - as easy as A, B, C

A - Mobile device enrollment - (easily accessible)

1. Download the free MyChoice Mobile App for iOS or Android from the App Store or Google Play.
2. Enter or set up a username and password (you can register using your Health and Life website Username and Password) and open the MyChoice Mobile App.
3. Select **Enroll in Coverage** at the top of the screen to begin your enrollment. You can also select **Benefits** to review your **Benefit Summary**.

B - Health and Life website - (quick and simple)

1. Navigate to the [Health and Life website](#) and log in. If you have not accessed the Health and Life website, continue to step 2. If you have, go to step 4.
2. Review the **Getting Started Details** to agree to the electronic disclosure agreement and select **Continue**.
3. Enter your **Contact Preference** on how you wish to receive benefit communications. Make sure to enter your personal email address by selecting **Electronic Mail** and select the radio button indicating **Primary**. Click **Continue**.
4. Select **Start Here** at the top of the screen to begin your 2025 Annual Enrollment.
5. Read the opening message and select **Start Enrollment**.
6. Read information introducing Sofia, your personal benefits assistant. Select **Start Enrollment**.
7. Review your personal information and update an alternate address, if applicable, click **Next**.
8. Read the Voluntary Lifestyle Benefit information and confirm your response, click **Next**.
9. Confirm all applicable dependents are on file. Add any new dependents. Review dependent demographic information.
10. You have two options when enrolling. Option 1 will provide step-by-step instructions. If you select this option, continue to step 11. Option 2 will allow you to keep the same plans/programs, if available with the exception of the FSAs and HSA plans. This option will take you to the Benefit Summary page for your review. If you select this option, continue to step 15. **Note:** You must positively elect to contribute to the Flexible Spending Accounts and Health Savings Accounts each Plan year as those contributions do not roll over.
11. Elect all health care (medical, dental, vision) plans, spending account plans (Health Care Flexible Spending Account (HCFSA), Dependent Day Care FSA (DCFSA) and/or Health Savings Account (HSA)). You can select to compare multiple plans for 2025 and view how they compare to your current election.
Note: If you enroll a spouse/domestic partner in medical coverage, you may be subject to a bi-weekly working spouse/domestic partner surcharge. You may be also subject to the bi-weekly medical tobacco surcharge based on how you answer the surcharge question.
12. Review the Life insurance plans. Make sure to review and update your beneficiary information. Complete all of the beneficiary information fields, not only those that indicate it is a required field. This will ensure that if a claim is filed, it's processed accurately and timely. Be sure to also review the Disability plans.
13. Elect Voluntary Lifestyle Benefits.
14. Elect Commuter Spending Account (Mass Transit and/or Parking).
15. Review Your Elections, including plans, coverage levels and contributions/premiums in their entirety and select **Approve** to authorize your transaction.
16. Read the Confirmation pop up and select **I Agree**.
17. On the Transaction Complete page, print your Benefit Summary as this is your confirmation statement. Take note of

the Confirmation Number for your records.

18. If an election has been made that requires Statement of Health/Evidence of Insurability (EOI), you will be provided information on how to complete the application immediately following your enrollment.
19. If you added new dependent(s) to coverage, you will see information regarding the dependent verification process. Read the requirements carefully. After you complete your enrollment, instructions and next steps will be provided to validate your dependent(s). This is time sensitive.

C - Member services

- 833-925-0487; we suggest you call in the mornings, Tues-Fri, 8 a.m. - 7 p.m. (CST).

Note: Virtual Hold may be an option if you call during peak hours. You will not lose your place in line if you select this option. An advocate will call you back; however, it may not occur until the next business day.

Important: There is usually longer than normal wait time on the first and last day of Annual Enrollment. Please plan accordingly if you wish to speak to an advocate.

You will receive periodic reminders during Annual Enrollment encouraging you to enroll if you have entered your email address as your preferred method to receive benefit communications. These are just friendly reminders. You do not need to contact the Service Center, unless you haven't enrolled and would like to enroll and work directly with the Service Center. They can take your elections over the phone or help guide you through the Health and Life website.

Medical Plan overviews

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

You can choose the medical plan options listed, or you can waive this coverage. When you waive medical coverage, you also waive prescription drug coverage. This chart is only a snapshot summary of medical benefits.

Note: Dependent(s) can enroll in medical coverage if the employee is enrolled. If the employee waives medical coverage, the dependent(s) can't enroll. For example, if employee elects medical but waives dental and vision, his/her dependent(s) can enroll in medical only.

	Surest Health PPO		New - Surest Select Health PPO		HDHP with Optional HSA	
HSA Contributions	Not Applicable - Refer to the Flexible Spending Account (FSAs) section of this guide for more information		Not Applicable - Refer to the Flexible Spending Account (FSAs) section of this guide for more information		With Employee-Funded HSA (maximum contribution): <ul style="list-style-type: none"> \$4,300 Employee \$8,550 Employee + one or more dependent(s) enrolled Note: If you are 55 or older, you can contribute an extra \$1,000 "catch-up" contribution.	
You Pay	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)					
	Employee		Employee		Employee	
	\$0	\$0	\$0	\$0	\$1,650	\$3,300
	Employee + Child/ren		Family		Family (Employee + one or more dependents)	
	\$0	\$0	\$0	\$0	\$3,300	\$6,600 (deductible must be satisfied before coinsurance applies; no individual limits)
	Annual Out-of-Pocket Maximum					
	The In-Network copays apply towards the In-Network and Out-of-Network Out-of-Pocket Maximum.				The In-Network and Out-of-Network Out-of-Pocket Maximums are separate and are not combined.	
	Employee		Employee		Employee	
	\$3,600	\$7,200	\$3,200	\$6,400	\$3,600	\$7,200
	Employee + Spouse/Domestic Partner		Employee + Spouse/Domestic Partner			
	\$5,400	\$10,800	\$4,800	\$9,600		
	Employee + Child/ren		Employee + Child/ren		\$3,600	\$7,200
\$5,400	\$10,800	\$4,800	\$9,600			
Family		Family		Family (Employee + one or more dependents)		
\$6,850	\$14,400 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	\$6,400	\$12,800 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	\$6,850	\$14,400 (Entire family out of pocket must be satisfied before eligible expenses are 100% covered)	

	Surest Health PPO		New - Surest Select Health PPO		HDHP with Optional HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	100% covered		100% covered		<ul style="list-style-type: none"> 85% covered (Tier 1 Premium Provider) 80% covered (Network Provider) 	50% covered (you may be responsible for any amount over the eligible expense)
Primary care visit to treat an injury or illness	\$20 - \$90	\$180	\$10 - \$65	\$180	<ul style="list-style-type: none"> 85% covered (Tier 1 Premium Provider) 80% covered (Network Provider) 	50% covered (you may be responsible for any amount over the eligible expense)
Specialist Visit	\$20 - \$90	\$180	\$10 - \$65	\$180	<ul style="list-style-type: none"> 85% covered (Tier 1 Premium Provider) 80% covered (Network Provider) 	50% covered (you may be responsible for any amount over the eligible expense)
Preventive Care: (No Deductible)						
Preventive care/ screening/ immunization	100% covered	100% covered	100% covered	100% covered	100% covered	Not covered
Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care						
Outpatient Lab and Pathology	\$0	\$0	\$0	\$0	85% covered	50% covered (you may be subject to balances over the eligible expense)
Outpatient Surgery	\$150 - \$3,000	\$2,500 - \$7,200	\$75 - \$2,500	\$1,500 - \$5,400	<ul style="list-style-type: none"> 85% covered (when performed at an Ambulatory Surgery Center) 80% covered (if performed as outpatient in a hospital) 	Not covered

Surest Health PPO		New - Surest Select Health PPO		HDHP with Optional HSA		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room Services	\$500	\$500	\$375	\$375	80% covered after deductible is met	
Inpatient Hospital Care	<ul style="list-style-type: none"> Up to \$3,000 \$1,400 for Inpatient Emergency Admit 	<ul style="list-style-type: none"> Up to \$7,200 \$2,800 for Inpatient Emergency Admit 	<ul style="list-style-type: none"> Up to \$2,500 \$1,400 for Inpatient Emergency Admit 	<ul style="list-style-type: none"> Up to \$5,400 \$2,600 for Inpatient Emergency Admit 	80% covered after deductible is met	50% covered after deductible is met
Prescription Drugs	Tier 1 Drugs					
	<ul style="list-style-type: none"> \$10 for up to a 30 day retail supply \$25 for up to a 90 day retail/home delivery supply \$200 (In-Network) for Specialty Retail Pharmacy Specialty medications are limited to a 30 day supply <p>Note: Home delivery available, but not required.</p>	<ul style="list-style-type: none"> \$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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>	<ul style="list-style-type: none"> \$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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>	<ul style="list-style-type: none"> 85% covered; minimum copay of \$10 for retail, \$25 for home delivery, \$200 for Specialty; after deductible is met. Up to 31 day retail supply/90 day for home delivery (In-Network) For certain preventive medications the deductible is waived Specialty medications are limited to a 30 day supply <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>		
Prescription Drugs	Tier 2 Drugs					
	<ul style="list-style-type: none"> \$45 for up to a 30 day retail supply \$112.50 for up to a 90 day retail/home delivery supply \$225 (In-Network) for Specialty Retail Pharmacy Specialty medications are limited to a 30 day supply <p>Note: Home delivery available, but not required.</p>	<ul style="list-style-type: none"> \$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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>	<ul style="list-style-type: none"> \$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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>	<ul style="list-style-type: none"> 80% covered; minimum copay of \$45 for retail, \$112.50 for home delivery, \$225 for Specialty; after deductible is met. Up to 31 day retail supply/90 day for home delivery order (In-Network) For certain preventive medications the deductible is waived Specialty medications are limited to a 31 day supply <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>		

	Surest Health PPO	New - Surest Select Health PPO	HDHP with Optional HSA
Prescription Drugs	Tier 3 Drugs		
	<ul style="list-style-type: none"> \$150 for up to a 30 day retail supply \$375 for up to a 90 day retail/home delivery supply \$300 (In-Network) for Specialty Retail Pharmacy Specialty medications are limited to a 30 day supply <p>Note: Home delivery available, but not required.</p>	<ul style="list-style-type: none"> \$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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>	<ul style="list-style-type: none"> 70% covered; minimum copay of \$150 for retail, \$375 for home delivery, \$300 for Specialty; after deductible is met. Up to 31 day retail 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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>
Prescription Drugs	Tier 4 Drugs		
	<ul style="list-style-type: none"> \$300 for up to a 30 day retail supply \$750 for up to a 90 day retail/home delivery supply \$400 (In-Network) for Specialty Retail Pharmacy Specialty medications are limited to a 30 day supply <p>Note: Home delivery available, but not required.</p>	<ul style="list-style-type: none"> \$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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>	<ul style="list-style-type: none"> 60% covered; minimum copay of \$300 for retail, \$750 for home delivery, \$400 for Specialty; after deductible is met. Up to 31 day retail 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 <p>Note: Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.</p>
	Tier 1, 2, 3 and 4 - Certain life saving/emergency medications on the Vital Medication list are covered at no cost to you.		
	Specialty Medications		
	No Out-of-Network coverage for Specialty Medications.		

Surest Health PPO and the new Surest Select Health PPO - You can review treatment options and costs before receiving treatment or choosing a provider. Here's how it works:

- Coverage starts at your first visit or prescription fill because this is a \$0 deductible plan.
- Clear, upfront prices for treatments and doctors. Know before you go what your healthcare choices will cost.
- Get the coverage you would expect from the UHC Choice Plus National Provider Network.
- Shop by quality - Copays are lower for providers and locations evaluated as high-quality, based on quality, efficiency, and overall effectiveness of care.

Refer to the below examples to see how one of the Surest plans can work for you.

Find doctors, treatments, or procedures in the Surest App, or on the website. Download the Surest App, available for free in the App Store and Google Play. To check on costs, see if your provider is in-network or to review additional information, visit lumen.com/joinsurest.

The information below assumes In Network (UHC Choice Plus) charges.

Surest plans offer ‘copay ranges’ for many services. To get started from your Surest App, use the Search bar, type in your condition, or symptoms like “my head hurts”. Results will show care options and you can select a doctor or location to see the copay. You can also search by provider name. You also have the option to turn on filters like specialty, gender, and distance. By evaluating providers, locations, and costs in advance, you can make more informed decisions for you and your eligible dependent(s).

Childbirth	Surest Health PPO	New - Surest Select Health PPO
Copay - labor and delivery	As low as \$500	As low as \$400
Copays include: hospital charges, OB, anesthesiologist, epidural, emergency C-section, baby’s stay (if discharged with mother)		

Emergency Room	Surest Health PPO	New - Surest Select Health PPO
Copay (copay is waived if admitted)	\$500	\$375
Copays include: hospital/facility charges, attending physician, radiologist, X-rays, splint		

Knee Arthroscopy	Surest Health PPO	New - Surest Select Health PPO
Copay range	\$1250 - \$2600	\$700 - \$1950
Copays include: facility charges, attending physician, radiologist, x-rays		

Pink Eye	Surest Health PPO	New - Surest Select Health PPO
Primary (PCP) or urgent care virtual visit	\$0	\$0
Office visit (and/or virtual visit)	\$20 - \$90	\$10 - \$65
Office visit copays include: blood work, x-rays and standard labs		

The \$20 copay for the Pink Eye example in the range above represents what you would pay if you chose the highest quality provider or facility. Conversely, the \$90 copay in the range represents a lower quality provider or facility.

HDHP with Optional HSA - If you enroll in this plan, you can choose your healthcare providers; however, the Plan pays a greater benefit when you use providers that are in the network. You can elect a Health Savings Account (HSA) to help you save for qualified medical expenses, including prescription drugs and eligible dental and vision expenses. An HSA allows you to set aside pre-tax dollars from your paycheck. This account rolls over from year to year and the money in the account is 100% yours even if you leave the company. You can enroll in an HSA any time throughout the year, but you do not need to contribute when you elect HDHP with Optional HSA.

The HSA is not a Company-sponsored plan or benefit and is not covered under ERISA. The Company has chosen to allow Optum Bank to offer its program available to Lumen employees, but this is a voluntary program and only you can decide whether the benefits provided by this program are appropriate for you and your eligible dependent(s). You are encouraged to research all suitable alternatives and consult with your personal advisors. The Company, including the Service Center, is not able to provide you with advice regarding this program.

If you elect a Health Care Flexible Spending Account (FSA), it will be automatically a Limited Purpose FSA and can only be used for eligible out-of-pocket dental and vision care expenses until your medical deductible has been satisfied. After your deductible has been satisfied, you can use the FSA for eligible medical and prescription drug expenses as well as dental and vision expenses. Refer to the FSA and HSA section in this guide for more information.

Dental Plan overviews

You can choose between two dental plan options; Option 1 or Option 2 or you can waive this coverage. These plan options differ in terms of the amount of the benefit maximum, deductibles, and orthodontia coverage. Both of the dental plan options are administered by MetLife.

This chart is only a snapshot summary of dental benefits.

Note: Dependent(s) can enroll in dental coverage if the employee is enrolled. If the employee waives dental coverage, the dependent(s) can't enroll. For example, if employee elects dental but waives medical and vision, his/her dependent(s) can enroll in dental only.

Dental Option 1	Dental Option 2 (with orthodontia)
Passive PPO In and Out-of-Network (Your Dental PPO plan is passive, meaning that you will pay the same coinsurance levels, have the same deductible requirements and be allotted the same Benefit Maximum value regardless of going In or Out-of-Network. In-Network services are subject to MetLife's negotiated Plus network rates. Out-of-Network services will be subject to the reasonable and customary charges. You may have additional out of pocket costs for services received from Out-of-Network providers.)	
Plan Year Benefit Maximum (per person)	
\$1,000 (does not include oral surgery)	\$2,000 (does not include oral surgery or orthodontia)
Orthodontia Lifetime Benefit Maximum	
N/A	\$1,500 (separate from annual individual benefit maximum)
Plan Year Deductible (per person)	
\$25 for general care and major and restorative; no deductible for diagnostic, preventive or oral surgery	\$50 for general care and major and restorative (does not include orthodontia); no deductible for diagnostic, preventive or oral surgery
Lifetime Orthodontia Deductible (per person)	
N/A	\$50
	Plan Pays (after deductible)
Diagnostic and Preventive (cleanings and exams) – No deductible	
100%* up to maximum allowable amount; two visits per year	100%* up to maximum allowable amount; two visits per year
X-rays	
Full mouth X-rays covered once every 60 months; bitewing X-rays covered once per year, except for dependent children under age 26 who are eligible for bitewing X-rays twice per year.	Full mouth X-rays covered once every 60 months; bitewing X-rays covered once per year, except for dependent children under age 26 who are eligible for bitewing X-rays twice per year.
General Care (fillings, root canals and periodontics)	
50%* up to maximum allowable amount	80%* up to maximum allowable amount
Major and Restorative (crowns, dentures and bridges)	
50%* up to maximum allowable amount	50%* up to maximum allowable amount
Oral Surgery – No deductible	
80%* no limit	80%* no limit
Orthodontia (adult and children)	
Not covered	50%* up to the maximum allowable amount after the \$50 lifetime orthodontia deductible, per person (separate from annual deductible)

*Up to the Plan maximum allowable amount. Subject to MetLife Preferred Dental Provider pre-negotiated fees or reasonable and customary charges if you see an Out-of-Network provider.

Vision Plan overview

The vision care benefit has one option offered by EyeMed (aka EyeMed Vision Care/First American Administrators).

NOTE: You also have the option to waive this coverage. Staying In-Network helps you save money on eye exams, contact lenses, and frames and lenses with a variety of options through the Insight (name of the in-network benefit) network to help save you even more. Since PLUS Providers are already through the Insight network, the additional perks are built right into your vision benefits. No promo codes, no coupons, no paperwork but you still have the same vision benefits, plus a little more savings.

Find plenty of In-Network optometrists, including PLUS Providers by going online to lumen.com/visionfair regardless if enrolled or not yet. You may also call EyeMed at 855-874-4744. EyeMed's retail stores include but not limited to: LensCrafters, Target Optical and most Pearle Vision locations. EyeMed offers In-Network online options at: ContactsDirect.com, Glasses.com, lenscrafters.com, ray-ban.com and targetoptical.com. You must not only enroll but also register on EyeMed's site to become eligible for additional and special offers as an "EyeMed member."

This chart is only a snapshot summary of the available vision benefits. For specific details on how services are covered or excluded, please refer to the Vision Summary Plan Description (SPD) on InsideLumen, in the Reference Center on the Health and Life website or contact EyeMed.

Note: Dependent(s) can enroll in vision coverage if the employee is enrolled. If the employee waives vision coverage, the dependent(s) can't enroll. For example, if employee elects vision but waives medical and dental, his/her dependent(s) can enroll in vision only.

Vision Care services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network cost	Out-of-Network reimbursement
Examination Services			
Exam (with Dilation as necessary)	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	\$0 copay	\$0 copay	Up to \$20
Low Vision Supplemental Exam/Testing	\$0 copay	\$0 copay	Up to \$125
Low Vision Aids	25% copay up to a maximum of \$1,000	25% copay up to a maximum of \$1,000	25% copay up to a maximum of \$1,000
Contact Lens (allowance includes materials only)			
Conventional	\$0 copay; 15% off balance; over \$150 allowance	\$0 copay; 15% off balance; over \$150 allowance	Up to \$105
Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$210
Contact Lens Fit And Two (2) Follow-Ups (in lieu of lenses)			
Fit and Follow-Up - Premium	Up to \$40	Up to \$40	Not covered
Fit and Follow-Up - Premium	10% off retail price	10% off retail price	Not covered

Vision Care services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.		In-Network cost	Out-of-Network reimbursement
Frame (any available frames at Provider locations)				
Frame	\$0 copay; 20% off balance over \$185 allowance	\$0 copay; 20% off balance over \$160 allowance	Up to \$112	
Standard Plastic Lenses (in lieu of contacts)				
Single Vision	\$25 copay	\$25 copay	Up to \$30	
Bifocal	\$25 copay	\$25 copay	Up to \$50	
Trifocal	\$25 copay	\$25 copay	Up to \$70	
Lenticular	\$25 copay	\$25 copay	Up to \$70	
Progressive - Standard	\$25 copay	\$25 copay	Up to \$50	
Progressive - Premium Tier 1	\$110 copay	\$110 copay	Up to \$50	
Progressive - Premium Tier 2	\$120 copay	\$120 copay	Up to \$50	
Progressive - Premium Tier 3	\$135 copay	\$135 copay	Up to \$50	
Progressive - Premium Tier 4	\$200 copay	\$200 copay	Up to \$50	
Lens Options				
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$5	
Anti Reflective Coating - Premium Tier 1	\$57 copay	\$57 copay	Up to \$5	
Anti Reflective Coating - Premium Tier 2	\$68 copay	\$68 copay	Up to \$5	
Anti Reflective Coating - Premium Tier 3	\$85 copay	\$85 copay	Up to \$5	
Photochromic - Non-Glass (Plastic)	\$0 copay	\$0 copay	Up to \$5	
Polycarbonate - Standard	\$40 copay	\$40 copay	Not covered	
Polycarbonate - Standard - under 19 years of age	\$0 copay	\$0 copay	Up to \$5	
Scratch Coating - Standard Plastic	\$15 copay	\$15 copay	Not covered	
Tint - Solid or Gradient	\$0 copay	\$0 copay	Up to \$5	
UV Treatment	\$15 copay	\$15 copay	Not covered	
All Other Lens Options	20% off retail price	20% off retail price	Not covered	
Low Vision				
Supplemental Exam/Testing	\$0 copay	\$0 copay	Up to \$125 allowance (no reimbursement)	
Aids	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000	
Member savings (enrollees who register on EyeMed's website receive additional savings)				
Additional Pairs of Glasses, Conventional Lenses	40% off glasses; 15% discount on lenses (once funded benefit is used)	40% off glasses; 15% discount on lenses (once funded benefit is used)	Not covered	

Vision Care services	In-Network Cost Using PLUS Providers. PLUS Providers are distinguished on EyeMed's website when looking for a provider in a specified area.	In-Network cost	Out-of-Network reimbursement
Non-Prescription Sunglasses and other items not covered by Plan* *Note: Safety Glasses and Provider's professional services or contact lenses are not eligible for coverage under the Plan	20% off	20% off	Not covered
Hearing Care from Amplifon Hearing Health Care Network (Call 877-203-0675)	40% off hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids at thousands of convenient locations nationwide.)	40% off hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids at thousands of convenient locations nationwide.)	Not covered
LASIK or PRK from U.S. Laser Network (Call 800-988-4221)	15% off retail or 5% off promotional price	15% off retail or 5% off promotional price	Not covered
Frequency (Adults and Children)			
Exam	Once every plan year		
Frame	Once every plan year		
Lenses (in lieu on Contact Lenses)	Once every plan year		
Contact Lenses (in lieu of Lenses)	Once every plan year		
Low Vision	Once every other plan year		

Definition of Contact Lens Fit

- **Standard Contact Lens Fit** - Clear, soft, spherical, daily wear contact lenses for single vision prescriptions. Standard Contact Lens does not include extended or overnight wear lenses, which are intended to be worn during periods of sleep.
- **Premium Contact Lens Fit** - Toric, multifocal, monovision, post-surgical, gas permeable contact lenses, and other non-Standard Contact Lenses. Premium Contact Lens includes extended and overnight wear lenses, which are intended to be worn during periods of sleep.

Offered by: EyeMed **Group number:** 1029819 **Phone number:** 855-874-4744

1. In certain states, Members may be required to pay the full retail rate and not the negotiated discount rate with certain participating Providers. Please refer to EyeMed's website and search Providers to determine which participating Providers have agreed to the discounted rate.
2. Discounts on vision materials may not be applicable to certain manufacturers' products.

You are responsible to pay the Out-of-Network provider in full at the time of service and then submit an Out-of-Network claim for reimbursement. You will be reimbursed up to the amount shown within the Summary of Benefits section of this Guide. For prescription contact lenses for only one eye, the Plan will pay one-half of the amount payable for contact lenses for both eyes. The benefit does not cover Safety eyewear, solutions, cleaning products or frame cases. For other Limitations and Exclusions, refer to the Vision SPD.

Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)

To contribute to FSAs or an HSA, you must enroll each year. Contribution elections do not roll over into the new year, you must enroll. HSA and FSA contributions are fully funded by you and your contributions are pre-tax, meaning, free from federal taxes.

Traditional (General Purpose) Health Care FSA	Limited Purpose Health Care FSA (enrolled in HDHP with Optional HSA)	Dependent Day Care FSA (for child/elder care services)	Health Savings Account (HSA) (enrolled in HDHP with Optional HSA)
How much can you contribute?			
Between \$150-\$3,200 per plan year	Between \$150-\$3,200 per plan year	Between \$150-\$5,000 per plan year Note: The IRS requires companies to perform a Nondiscrimination test for the DCFSA plan. If you are determined to be a highly compensated employee, based on the Lumen population, the Plan Administrator may need to adjust your contribution election, and you will be notified.	Up to \$4,300 Employee-only Up to \$8,500 Employee + one or more enrolled Note: If you are age 55 or older, you can contribute an extra \$1,000 “catch-up” contribution per plan year.
What types of expenses can you use it for?			
A range of eligible out-of-pocket health care expenses not covered by a medical, prescription drug, dental or vision care plans. Note: You and your dependent(s) do not need to be enrolled in a Lumen medical plan to contribute to a FSA.	Only eligible out-of-pocket dental and vision care expenses, including deductibles, copayments and coinsurance not covered by other plans. Medical and prescription drug expenses are not eligible for reimbursement until you have satisfied your annual deductible.	Eligible out-of-pocket child care/elder care expenses for eligible dependents so you (and your spouse, if married) can work or attend school Full-time.	Eligible medical, prescription, over-the-counter drugs, dental and vision care expenses.
How does it work?			
The Plan year amount you elect to contribute is available to you on your benefit effective date. Note: If you enroll in the HDHP with Optional HSA and elect an FSA, you will automatically be enrolled in the Limited Purpose FSA whether or not you contribute in an HSA.	FSA money is available as contributions are deducted from your bi-weekly paycheck and loaded to UnitedHealthcare’s system.	<ul style="list-style-type: none"> You can open an HSA with Optum Bank (through bi-weekly payroll deductions), a bank of your choice, or an insurance company or other IRS-approved trustee. HSA money is available as contributions are deducted from your paycheck and loaded to Optum Bank’s system. Important: Optum Bank must first approve (vet) your account before an account can be set up and contributions deposited. 	

Traditional (General Purpose) Health Care FSA	Limited Purpose Health Care FSA (enrolled in HDHP with Optional HSA)	Dependent Day Care FSA (for child/elder care services)	Health Savings Account (HSA) (enrolled in HDHP with Optional HSA)
How does it work?			
		<ul style="list-style-type: none"> There are no federal taxes on contributions, interest earned or expenses paid from the HSA (except for Alabama, California and New Jersey). <p>Note: If you open up an HSA with Optum Bank (through payroll deductions), the minimum HSA contribution is \$260 per Plan year or \$10 bi-weekly.</p>	

FSA enrollment rules

FSA limits are determined by the Internal Revenue Service (IRS) and are subject to change. FSA premiums are deducted over 26 pay periods (bi-weekly) or the remaining pay periods of the Plan year based on the effective date. To ensure employees do not contribute over the IRS maximum allowed amount, the calculation per pay period will always round-down which may result in under contributing between \$.01 to \$.26 at the end of the Plan year. Refer to the example below:

Contribution election amount: \$5,000

Per pay period (bi-weekly) deduction: $\$5,000/26 = \192.30 (rounded down). Your total deduction for the Plan year is $\$192.30 \times 26 = \$4,999.80$ which is \$.20 under your \$5,000 contribution election amount.

- If an FSA deduction is missed or the full amount is not deducted, an adjustment is made on your paycheck. The adjustment is taken in subsequent pay periods, in addition to the regular bi-weekly deduction amount.
- 2025 FSA contributions can be used for eligible expenses incurred from your benefit effective date to March 15, 2025 (if still employed & eligible). You have until March 31, 2026, to file 2025 claims, or remaining funds are forfeited. The IRS does not allow expenses incurred by Domestic Partners or their Domestic Partners' dependents to be reimbursed through an FSA unless you claim your Domestic Partner or their dependents on your income tax return. Please contact with your financial or tax advisor for assistance or guidance.
- If you have remaining FSA contributions, you can check out the OptumStore (store.optum.com) that offers all FSA eligible items for purchase.

HSA enrollment rules

- Changes in contribution election amounts (including stopping contributions) will be effective based on the payroll cutoff date. If an HSA deduction is missed or the full amount is not deducted, the system may adjust the amount taken on subsequent pay periods depending on your election of either a Total For Plan Year amount or a per pay period amount.

Life and Accidental Death & Dismemberment (AD&D)

You must be a Full-Time or Qwest Term Full-Time employee to be eligible for Life and Accidental Death & Dismemberment Insurance benefits. Spouse/DP means Spouse/Domestic Partner coverage.

Life Insurance is a cost effective way to help ensure your short-term as well as long-term financial obligations are met if something unforeseen happens.

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

To help take the pressure off of having beneficiaries make immediate financial decisions after your loss, MetLife will set up a Total Control Account (TCA), a flexible settlement option that allows beneficiaries full access to the life insurance proceeds to use now or in the future. These payments can help cover mortgage or rent to childcare costs and college tuition, credit card bills or even utilities. TCA may also provide competitive interest rates.

A beneficiary can instead receive a one-time, lump sum check if required by state law, regulation, or at the beneficiary's request. However, the TCA is the automatic default. **Important:** Your beneficiaries likely won't have to pay income tax on the payment(s) they receive. The Service Center and MetLife are not financial advisors and decisions on the tax rules should be discussed between you, your beneficiaries and your financial or tax advisors.

If your spouse or child(ren) pass away and you elected to enroll in the Spouse/DP Supplemental Life and/or Child(ren) Supplemental Life, you are automatically the beneficiary to the Spouse/DP Supplemental Life and Child(ren) Supplemental Life plans.

Life can be unpredictable, so take the next step and determine what coverage amount you need to provide protection for your loved ones. What's a minimum amount of life insurance that may be right for you? To help you get an idea of how much to consider, try the calculator at [metlife.com/lifeneeds](https://www.metlife.com/lifeneeds).

Automatic and Company-Paid Plan Benefits	
<p>Basic Term Life (Employee Basic Life - 1x Eligible pay and if eligible, Employee Basic Life - \$50k)</p>	<p>Eligible employees have a benefit of 1x eligible pay (Base Pay + anticipated Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit of 1x Eligible pay.</p> <p>If your Employee Basic Life coverage amount is more than \$50,000, the IRS requires you pay taxes on imputed income. To avoid paying taxes on imputed income, you have the option to choose Employee Basic Life - \$50k. If you are eligible, you will see two options: Employee Basic Life - \$50k and Employee Basic Life - 1x Eligible pay. If you change to Employee Basic Life - \$50k you would not be subject to imputed income.</p> <p>Important: If you elect the Employee Basic Life - \$50k and at a later date (including a future Annual Enrollment) you decide you want to go back to the Employee Basic Life - 1x Eligible pay, you will be required to complete a Supplemental Enrollment form and the Claims Administrator will determine if you are approved.</p>
<p>Basic Accidental Death & Dismemberment Insurance (AD&D)</p>	<p>Eligible employees have a benefit of 1x eligible pay (Base Pay + anticipated Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit.</p>

Automatic and Company-Paid Plan Benefits	
Business Travel Accident (BTA)	Eligible employees have a benefit of 3x eligible pay (Base Pay + anticipated Short-Term Incentive) rounded up to the next higher \$1,000 up to \$500,000 maximum benefit.
Employee-Paid Plan Benefits	
Employee Supplemental Term Life (completion & approval of a Supplemental Enrollment form may be required)	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x Base Pay rounded up to the next higher \$1,000 up to \$2,000,000 maximum benefit.
Employee Supplemental AD&D	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x eligible pay (Base Pay + anticipated Short-Term Incentive) rounded up to the next higher \$1,000 up to \$2,000,000 maximum.
Spouse/DP Supplemental Term Life (completion & approval of a Supplemental Enrollment form may be required.)	\$5,000, \$10,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$200,000 (cannot elect more than 100% of Basic Life + Employee Supplemental Life coverage).
Child(ren) Supplemental Term Life (can be for more than one child)	Each child: \$3,000, \$5,000, \$10,000 or \$20,000 (cannot elect more than 100% of Basic Life + Employee Supplemental Life coverage). Note: You cannot select a different coverage amount per child. The elected amount will be for each child you select to enroll and there will be one premium deduction amount regardless of the number of children you enroll.
Spouse/Domestic Partner Supplemental Accidental Death & Dismemberment Insurance (AD&D)	50% of Employee Supplemental AD&D Coverage up to \$750,000 maximum benefit. Note: The plan name will be displayed online as Employee & Dependent(s) Supplemental AD&D .
Child Supplemental Accidental Death & Dismemberment Insurance (AD&D)	25% of Employee Supplemental AD&D Coverage up to \$100,000 maximum benefit. Note: The plan name will be displayed online as Employee & Dependent(s) Supplemental AD&D .

Take the next step to review services **MetLife Advantages** provides at no cost to you when you are enrolled in a Basic Life (regardless if enrolled in the Employee Basic Life - 1x Eligible pay or the Employee Basic Life - \$50k) and Basic Accidental Death & Dismemberment plan.

- **Grief Counseling:** provides you, your dependent(s) and your beneficiary or beneficiaries up to five (5) private counseling sessions with a licensed grief counselor to help cope with a loss or major event. For more information contact TELUS Health One at 888-319-7819, (anytime 24/7), or log in to one.telushealth.com. Username is **metlifeassist** and password is **support**.
- **Funeral Assistance Services** are provided through Dignity Memorial. For more information, contact 866-853-0954.

If you take the next step to enroll in a Supplemental Life plan, the plan(s) offers additional services through **MetLife Advantages**. These are:

- **Will Preparation:** offers you and your spouse/DP face-to-face meetings or phone calls with a MetLife Legal Plans attorney to prepare or update a will, living will or power of attorney. Contact MetLife Legal Plans, Inc. at 800-821-6400.
- **Probate Services:** provides you and your beneficiary or beneficiaries of your estate with face-to-face meetings or phone consultations with a participating MetLife Legal Plans attorney to help settle your or your spouse/DP's estate. Contact MetLife Legal Plans, Inc. at 800-821-6400.

Opportunities and reminders:

Please confirm that you have current and up-to-date beneficiaries for all of your Life plans (both company-paid and employee-paid) by going to lumen.com/healthandlife.

- Select the **Change My Benefits** tile from the home page. Click on **Basic Info, Change of Beneficiary**
- Today's date will appear, select **Continue**
- Select **Start Change**
- Sofia will appear, select **Start Enrollment**
- If you have dependents, they will appear first which may differ from your Beneficiaries, select **Looks Good**, if you don't have dependents, select **No** and **Next**
- View your current beneficiary information, select **Edit** by each name
- To add a new beneficiary scroll to the bottom, select **Add New Beneficiary** (enter the information in all fields)

Note: Enter the information not only in the required fields but all fields to ensure a claim is processed accurately and timely. Claims may be delayed or not paid if there is incomplete beneficiary information on file. The Service Center is the record keeper of beneficiary information. Refer to the Life and AD&D Insurance Plan Summary Plan Description (SPD) on InsideLumen or in the **Reference Center** on the Health and Life website to find out what happens when no beneficiary information is on file or the information is incomplete or outdated.

Important Plan rules

- If both you and your Spouse/DP are employed by the Company, or on Long-Term Disability, or in a parent/child relationship and are employed by the Company, you cannot be covered on each other's benefits. If both you and your Spouse/DP are employed by the Company and one of you is not enrolled in the Employee Supplemental Life plan, you may enroll under the Spouse/DP Supplemental Life plan. You cannot be covered under Employee Supplemental Life and Spouse/DP Supplemental Life. Also, you cannot both enroll in the Child(ren) Supplemental Life and AD&D coverage for the same dependent children. You must decide which parent will cover the child/ren.
- If you are in a parent/child relationship and both are employed by the Company, as the child you cannot be enrolled in both Employee Supplemental Life under your benefits and Child(ren) Supplemental Life under your parent's benefits. You must decide who will cover the supplemental life coverage. This is the same rule for the Employee and the Employee & Dependent(s) Supplemental AD&D plans.

Bi-weekly premiums for Life Insurance:

- Coverage amount and benefit premium deductions may increase or decrease throughout the Plan year in certain situations (for example, if you have a change in pay or change age brackets; age brackets are every five years, i.e., 30, 35, 40, 45, etc.). If your benefit premiums increase or decrease, you will receive an email notification sent to your personal email address on file from the Service Center indicating an updated Benefit Summary is available on the Health and Life website. You can view and print your updated Benefit Summary for your records.

Notifications of a death:

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

WTW will need first and last name, SSN, date of birth, date of passing, mailing address, phone number with area code as well as if the deceased is an employee, the following: Legacy Company (CenturyTel, Embarq, Qwest, etc.) and status (active employee, on a leave, LTD, etc.). Information will also be requested of the caller such as first and last

name, phone number with area code and the relationship to the deceased. Please do not delay calling if you don't have all the information requested but the more information you have, the better for all the administrators to process accurately and timely.



Short-Term Disability (STD) - Qwest Union Represented Employees

A brief overview of your STD benefits.

You must be a Regular Full-time or Term Full-time employee to be eligible for Short-Term Disability benefits. Qwest Union Represented Seasonal employees are eligible if hired, rehired or transferred prior to Jan. 1, 2018.

Qwest Union Represented hired before Jan. 1, 2009	Qwest Union Represented hired, rehired or transferred on or after Jan. 1, 2009	Qwest Union Represented Hired, rehired or transferred on or after Jan. 1, 2018
<p>Note: Qwest Union Represented Employees who are in a part-time classification as of Dec. 31, 2017 and have an Equivalent Work Week (EWW) of 21 or more hours and have satisfied a one year eligibility period, will be eligible for coverage under the Disability Plan.</p>	<p>You must have one year of service to be eligible for this benefit and have an Equivalent Work Week (EWW) of at least 20 hours.</p>	<p>You must have one year of service to be eligible for this benefit, classified as being in a full-time position.</p>
Maximum Benefit Period (Duration of Benefits)		
39 weeks	39 weeks	26 weeks
Benefit Election Options		
You are automatically enrolled.	<p>You may elect to have STD benefits paid on a pre-tax basis, which means STD benefits would be subject to tax. If an election is not made, you will default to the post-tax option, which means STD benefit payments are not subject to tax. Changing from pre-tax to post-tax or vice versa can only be done during Annual Enrollment.</p>	
Benefit Amount		
<p>After completing your Eligibility Period, you will receive an allowance of 100% to 60% of your Normal Take Home Pay, based on your years of service.</p>	<p>70% Base Pay post- or pre-tax option</p> <p>If you choose the post-tax option, your STD benefit amount is not taxed if/when the benefit is paid. Imputed income* is added to your taxable pay so that you will not have to pay taxes on benefits you may receive from the Plan.</p> <ul style="list-style-type: none"> The post-tax option will appear as imputed income on your paycheck. <p>If you choose the pre-tax option, your STD benefit amount is taxed if/when the benefit is paid. When selecting the STD pre-tax option, there will not be a line item on your paycheck as the cost and credit amounts offset.</p> <p>Note for Qwest Union Represented Hired Before Jan. 1, 2009 and Qwest Union Represented Hired, Rehired Or Transferred On Or After Jan. 1, 2009: If you are eligible and on STD for longer than 6 months, and enrolled in the pre-tax option, your STD benefit becomes FICA free due to IRS regulations.</p>	

* Imputed income is the term the IRS applies to the value of any benefit or service that should be considered income for the purposes of calculating your federal, state and local taxes. On your paycheck, the post-tax in the “Imputed Income” section is the taxable amount that reflects the value of the STD benefit. This line item on your check does not mean you are on STD but that you elected the post-tax option.

This chart is only a snapshot summary of STD benefits. For specific details refer to the STD Summary Plan Description (SPD) and the collective bargaining agreement (CBA), on InsideLumen.

Short-Term Disability (STD) - Non-Union and Union Represented* Employees

This chart is only a snapshot summary of STD benefits. For specific details refer to the STD Summary Plan Description (SPD) and the collective bargaining agreement (CBA), on InsideLumen.

Union Represented	Non-Union and Qwest Union Represented Outside Sales Representatives
Eligibility	
You must have one year of service to be eligible for this benefit.	You must have one year of service to be eligible for this benefit.
Benefit Election Option	
For employees in CenturyLink unions, refer to your collective bargaining agreement (CBA) for more information.	You may elect to have STD benefits paid on a pre-tax basis, which means STD benefits would be subject to tax. If an election is not made, you will default to the post-tax option, which means STD benefit payments are not subject to tax. Changing from pre-tax to post-tax or vice versa can only be done during Annual Enrollment.
Maximum Benefit Period (Duration of Benefits)	
26 weeks	26 weeks
Maximum Benefit Period (Duration of Benefits)	
<p>Tier level ranges from 100% to 60% based on years of service.</p> <p>Note: You are not eligible to supplement your STD with accrued Paid Time Off (PTO) or vacation time.</p>	<p>70% of your base pay</p> <p>If you choose the post-tax option, your STD benefit amount is not taxed if/when the benefit is paid. You are not eligible to supplement your STD with accrued Paid Time Off (PTO) or Flexible Time Off (FTO). Imputed income** is added to your taxable pay so that you will not have to pay taxes on benefits you may receive from the Plan.</p> <ul style="list-style-type: none"> The post-tax option will appear as imputed income on your paycheck. <p>If you choose to elect the pre-tax option, your STD benefit amount is taxed if/when the benefit is paid. You are eligible to supplement your STD with accrued PTO or FTO only if you elect the pre-tax option. When selecting the pre-tax option, there will not be a line item on your paycheck as the cost and credit amounts offset.</p>

*If you are a Qwest Union Represented employee, please refer to the previous page for more information.

** Imputed income is the term the IRS applies to the value of any benefit or service that should be considered income for the purposes of calculating your federal, state and local taxes. On your paycheck, the STD post-tax option in the "Imputed Income" section is the taxable amount that reflects the value of the STD benefit. This line item on your check does not mean you are on STD but that you elected the post-tax option.

Long-Term Disability (LTD)

This chart is only a snapshot summary of LTD benefits. For specific details refer to the LTD SPD and the collective bargaining agreement (CBA), if applicable, on InsideLumen.

Basic LTD (Company-paid, basic level of LTD coverage)	Supplemental LTD (Employee-paid, higher level of LTD coverage)
Eligibility	
<p>You are eligible for Basic LTD after you have completed one year of service.</p>	<p>You are eligible to enroll in the Supplemental LTD Plan the first Annual Enrollment after completing one year of service.</p> <p>For example, if you were hired in 2024, you are not eligible to enroll in Supplemental LTD until 2026 Annual Enrollment.</p> <p>If you are eligible for Supplemental LTD for the first time and do not enroll during your first Annual Enrollment opportunity, but want to enroll later, you will be required to complete the Statement of Health/Evidence of Insurability (EOI).</p>
Benefit Amount	
<p>Maximum of 50% of Pre-disability earnings up to \$12,000 maximum per month.</p>	<p>Maximum of 65% of Pre-disability earnings up to \$25,000 maximum per month.</p>
Rates	
<p>If you elect Supplemental LTD, calculate your bi-weekly premium by using the table below. If you do not enroll in Supplemental LTD, subject to eligibility requirements, you will be automatically enrolled in Basic LTD.</p> <p>If you have questions regarding how to determine your earnings, please review the Basic & Supplemental LTD Highlights found on InsideLumen.</p>	
<p>1. Enter your bi-weekly pre-disability Earnings, not to exceed \$17,752.</p> <p>2. Your bi-weekly premium rate:</p> <ul style="list-style-type: none"> - .00233 for Qwest Union Represented employees hired, rehired, or transferred prior to Jan. 1, 2018 - .00291 for Qwest Union Represented employees hired, rehired, or transferred on or after Jan. 1, 2018; Non-Union; Union Represented; Qwest Represented Outside Sales Representatives. <p>3. Multiply the amount on Line 1 by the amount on Line 2, and enter the total here.</p> <p>The amount on Line 3 is your estimated bi-weekly premium for coverage under Supplemental LTD.</p>	<p>Line 1: \$_____</p> <p>Line 2: \$_____</p> <p>Line 3: \$_____</p>

Note: If you are on STD as of Jan. 1, 2025, and enroll in Supplemental LTD, your Supplemental LTD will not become effective until the day you return and complete one full day of Active work or until your Supplemental LTD is approved. Refer to the actively at work provisions in the LTD Summary Plan Description (SPD) on InsideLumen.

Voluntary Lifestyle Benefits

You must be a Full-time employee to enroll in Voluntary Lifestyle Benefits. Information on these programs can be found on InsideLumen.

Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance are the only Voluntary Lifestyle Benefits that are company-sponsored and are covered under the federal law known as “ERISA.” All other Voluntary Lifestyle Benefits are not Company-Sponsored.

Note: The Company allows these vendors to make these benefits available to employees as a mere convenience. The Company is not sponsoring or otherwise endorsing the benefits and is not responsible for any of the program products, services or practices. Your rights and remedies under the program(s) are addressed solely and exclusively with the benefits vendor and not with the Company. These are voluntary benefits and you enroll at your own expense. Only you can decide whether the benefits provided by the program are appropriate for you and your dependent(s). The Company is not able to provide you with advice regarding the program.

Access to the Voluntary Lifestyle Benefits Program is provided through the Health and Life website at lumen.com/healthandlife. You can review the Voluntary Lifestyle Guide by going to the **Reference Center** on the top right-hand side of the home page and then select the Voluntary Lifestyle Benefits folder. The Company does not benefit from your participation in these plans and no commissions or incentives are paid to the Company as a result of the products or services you may choose to purchase.

Enroll during Annual Enrollment*	Enroll or cancel at any time
<p>Subject to the policy terms:</p> <p>Accident Insurance</p> <p>Accidents can happen when you least expect them. And while you can't always prevent them, you can help lessen the financial impact and try to make your recovery less stressful. Even the best medical plans may leave you with unexpected expenses like deductibles, copays, extra costs for out-of-network care, and noncovered services.</p>	<p>Disaster Insurance through Recoop</p> <p>Recoop is the first and only multi-peril disaster coverage that quickly pays you a lump sum benefit (up to \$25,000) after a disaster: hurricane (with storm surge), wildfire, tornado, earthquake, gas explosion, winter storm, or dust storm.</p> <p>Note: This program is based on your mailing address on file, you may or may not see this as an available option when you go through enrollment.</p>
<p>Airvet</p> <p>Airvet is a 24/7 veterinary telehealth company that can help with anything from urgent health questions to routine pet care. Airvet offers visits with licensed veterinary professionals and has no deductibles, co-pays, or pet restrictions (number of pets, age, breed, etc.)</p>	<p>Employee Perks</p> <p>Can't find that perfect present? Having trouble finding a great price for a new car? Looking for discounted hotel rates? You have access to Employee Perks through PerkSpot as part of your benefits program. PerkSpot is a members-only discount site that provides you with access to hundreds of exclusive deals from brand-name retailers and local merchants.</p> <p>PerkSpot offers travel deals, great gifts, and practical everyday necessities — all at specially negotiated prices. From discounted theater tickets to incredible deals at Target and Costco, this program is a great way to stretch your paycheck. Your dependent(s) can save, too.</p>

Enroll during Annual Enrollment*	Enroll or cancel at any time
<p>Critical Illness Insurance</p> <p>Medical insurance may only cover a portion of the expenses associated with treating a serious illness. Plus, additional costs that often come with recovering, like childcare, transportation, and grocery delivery, may be left up to you. Critical Illness Insurance can provide you with a benefit that can help you pay for unexpected costs, such as those that your existing medical insurance may not cover.</p>	<p>Home and Auto Insurance Program</p> <p>Like medical insurance, premiums and out-of-pocket expenses for home and auto insurance are going up. From auto accidents to natural disasters, there has been an increase in both severity and frequency of incidents. And without the right coverage, an accident or storm can be devastating to your family's financial security. Now, with Farmers Insurance and Liberty Mutual, you can save money on the right coverage for you and your dependent(s), without sifting through dozens of quotes.</p> <p>Note: This program may not be offered in Florida and Massachusetts.</p>
<p>Hospital Indemnity Insurance</p> <p>Hospital stays can be pricey and are often unexpected. Since most medical plans don't cover all expenses, taking steps to help protect yourself can make a big difference. Hospital stay services can add up and result in out-of-pocket costs beyond what your medical plan may cover in addition to deductibles, copays, and expenses that come with out-of-network care.</p>	<p>Identity & Fraud Protection Program</p> <p>MetLife's Identity & Fraud Protection, powered by Aura, protects you and your dependent(s) from fraud by helping to ensure your private information is not anywhere it shouldn't be.</p> <p>Keep your identity secure with extensive monitoring of your personal information, like your accounts, credit, SSNs, IDs, and more. You'll also get near real-time alerts on suspicious credit inquiries, like if someone was opening a loan or credit card in your name.</p>
<p>Legal Services</p> <p>Like medical insurance, legal assistance is there to help you when the unexpected happens. This can include helping you with matters such as divorce, identity theft, traffic citations, and more. Other times, legal assistance can help you avoid issues ahead of time, such as credit monitoring or preparing a will or trust.</p>	<p>Pet Insurance</p> <p>Your pets are an extension of your family. That's why it can be scary if one of them suddenly gets sick or injured. Luckily, pet insurance is there to help with the cost of seeing a vet for those moments when your furry friends are feeling less than well. For a small premium per pet each month, this coverage will pay out a certain amount when you need to make an urgent or emergency vet visit.</p>
<p>Universal Life through TransAmerica</p> <p>Life is unpredictable. TransElite® is universal life insurance that helps provide financial protection at a competitive cost, going beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better. If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier. If you're laid off, monthly deductions are waived for up to six months, so you maintain your policy.</p>	<p>Purchasing Power Program</p> <p>Fixed payments and no credit check! When your computer crashes or your washing machine breaks down, cash and credit may not always be an option. If you can't spare the upfront funds for these kinds of surprises, Purchasing Power can help.</p> <p>Purchasing Power provides you with an affordable way to buy today and pay over time, right from your paycheck.</p> <p>Sign up for free and shop thousands of name-brand products, such as computers, electronics, furniture, appliances, vacation packages, and online education services. You'll receive your item upfront and pay over 6 or 12 months through automatic payroll deductions with fixed payments, no credit check, and no hidden fees.</p>

You may have the option for payroll deductions from the programs listed above.

* You can cancel coverage during Annual Enrollment or if you experience a Qualified Life Event.

Commuter Spending Account - Mass Transit and Parking

Mass Transit Expenses*		Parking Reimbursements
How does it work?		
You make pre-tax contributions to reimburse yourself for expenses incurred throughout the Plan year.		
What types of expenses can I use it for?		
Mass transit expenses, including fare cards, passes, tokens or vouchers for the bus, ferry, rail, subway or vanpool.	Parking expenses include parking passes or vouchers, direct pay for qualified parking at or near your Company's property/facility or near a facility from which you commute to work (ex: light rail or train station)	
What is the minimum and maximum I can contribute?		
\$10 - \$315 per month	\$10 - \$315 per month	
Maximum contributions are defined by the IRS, and are subject to change.		

Commuter Spending Account tips




- You can enroll, change or waive your Commuter Spending Account at anytime. You must enroll or make changes by the 10th of the month prior to the month you want to have coverage or process your change (example: enroll Feb. 8 for March 1 effective date, enroll Feb. 20 for April 1 effective date) **Note:** If you enroll during Annual Enrollment, the effective date will be Jan 1.
- Commuter Spending Account contributions are processed through payroll the first two pay periods of each month, for a total of 24 pay periods. **Important:** This is different than the Health and Life benefit premium deductions, which are bi-weekly, for a total of 26 pay periods.
- If you elect a contribution that is over the contribution maximum, the IRS allowed maximum will be pre-tax and the remaining will be post-tax. (example: elect \$400 per month for Mass Transit, \$315 will be pre-tax Mass Transit and \$85 will be post-tax Mass Transit).
- You can elect both the Mass Transit and the Parking Expense accounts, or you can elect one or the other. You cannot mix and match. What you are enrolled in is what you can submit for reimbursement. (Example: If you enroll in Mass Transit but provide parking vouchers for qualified parking location, your reimbursement will be denied).
- In order to continue using the MyChoice Visa Debit card (sent to you after you enroll), you must be actively enrolled in the Plan and contribute a minimum of \$10 per month/\$5 per pay period.
- If you elect to drop/stop participating and have a remaining balance, you cannot use future services/expenses after you ended your participation. In order to "use" any remaining balance, the service/expense must be for the period of time you were enrolled in the Plan.
- As an active employee enrolled in the account, you must submit for reimbursement within 180 days from the date of the service/expense. This is an IRS rule and Lumen cannot extend the deadline or make exceptions.
- If you terminate from the Company, whether voluntarily or involuntarily, your coverage in the Plan will end on your termination date and any remaining balance(s) will not be refunded. You can submit for reimbursement for the period of time you were enrolled in the Plan. This is an IRS rule and Lumen cannot make an exception.









Who do I contact? - Helpful resources



When you need more detailed information about Plan specifics, review your SPDs and SMMs located on InsideLumen or in the Reference Center located on the top right-hand side of the home page on the [Health and Life website](#). If you would like a paper copy of these materials, contact the Service Center. Please be advised that mail time is based on the USPS schedule. Lumen and the Service Center is unable to overnight forms, documents, letters, etc.


Summary of benefits and coverage availability

We offer an array of resources to help you understand and choose your medical benefits options. This section notifies you of an additional resource required by Health Care Reform—a Summary of Benefits and Coverage Availability (SBC) that summarizes important information about any medical coverage options in a standard format and to help you compare features across Plan options. SBC's are available in the Reference Center on the Health and Life website.

Administrator/Plan/Program	Website/Group number	Phone number
To Report a passing of an employee or a dependent, please contact the Pension Administrator, WTW who will notify all Lumen Claims and Plans Administrators.	N/A	888-324-0689 Mon-Fri, 8 a.m. - 7 p.m. (CST)
Lumen Health and Life Service Center	lumen.com/healthandlife Download the free MyChoice Mobile App for Android or iOS  Search: MyChoice™ Mobile App, available for free in the App Store and Google Play	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
Health Care Advocacy Services For issues with your Health Care claims that you are unable to resolve with the Claims Administrator or your Health Care provider.	Advocacy Services on InsideLumen	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST) Note: Request to speak to the Advocacy Services team, you will be asked a few questions before being transferred. You will need to contact the Service Center in order to reach Advocacy Services.
Medical and Prescription Drug		
Blue Cross/Blue Shield Hawaii Medical Services Association (HMSA)	HMSA: hmsa.com/contact Group Number: 030541001	800-776-4672 Mon-Fri, 5 a.m. - 2 p.m. (CST)
HDHP with Optional HSA including prescription drug through OptumRx	UnitedHealthcare: myuhc.com Group Number: 192086  Search: UHC App, available for free in the App Store and Google Play	800-842-1219 Mon-Fri, 8 a.m. - 10 p.m. (CST)
Surest Health PPO and Surest Select Health PPO including prescription drug through OptumRx	If you want more information, visit lumen.com/joinsurest  Search: Surest App, available for free in the App Store and Google Play Group Number: 78800186	800-531-6329 Mon-Fri, 6 a.m. - 9 p.m. (CST)

Administrator/Plan/Program	Website/Group number	Phone number
<p>Virtual Care</p> <p>Surest Health PPO and Surest Select Health PPO</p> <p>HDHP with Optional HSA</p> <p>MDLIVE is available for all plans</p>	<p>lumen.com/joinsurest</p> <p> Search: Surest App, available for free in the App Store and Google Play</p> <p>myuhc.com</p> <p> Search: UHC App, available for free in the App Store and Google Play</p> <p>lumen.com/mdlive</p>	<p>800 531-6329</p> <p>Mon-Fri, 6 a.m. – 9 p.m. (CST)</p> <p>800-842-1219</p> <p>Mon-Fri, 8 a.m. - 10 p.m. (CST)</p> <p>888-632-2738</p>
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)		
<p>Flexible Spending Accounts</p> <p>(Dependent Day Care and Health Care, General Purpose and Limited Purpose)</p>	<p>UnitedHealthcare: myuhc.com</p> <p>Policy Number: 199383</p> <p> Search: UHC App, available for free in the App Store and Google Play</p>	<p>800-842-1219</p> <p>Mon-Fri, 7:30 a.m. - 8 p.m. (CST)</p> <p>Note: For help with card reissues or lost/stolen cards, call FSA Support/Card Services at 866-755-2648.</p>
<p>Health Savings Account (HSA)</p>	<p>OptumBank.com</p> <p> Search: Optum Bank App, available for free in the App Store</p>	<p>866-234-8913</p> <p>Available 24/7</p>
<p>Bright Horizons Family Solutions</p> <p>Provides high-quality care for your entire family including infants, toddlers, preschoolers, school-age children, teens, adults and elderly family members.</p>	<p>lumen.com/brighthorizons</p>	<p>888-874-0420</p> <p>Available 24/7</p>
<p>2nd.MD</p> <p>Access to 2nd.MD services free for eligible employees and dependent(s) enrolled in a Lumen medical plan.</p>	<p>lumen.com/2ndmd</p> <p> Search: 2nd.MD, available for free in the App Store</p>	<p>866-842-1151</p> <p>Mon-Fri, 7 a.m. - 7 p.m. (CST)</p>
<p>Maternity Support Program</p>	<p>lumen.com/joinsurest</p> <p> Search: Surest App, available for free in the App Store and Google Play</p> <p>myuhc.com</p> <p> Search: UHC App, available for free in the App Store and Google Play</p>	<p>800 531-6329</p> <p>Mon-Fri, 6 a.m. - 9 p.m. (CST)</p> <p>800-842-1219</p> <p>Mon-Fri, 8 a.m. - 10 p.m. (CST)</p>
Dental		
<p>Dental</p> <p>(Option 1 and Option 2)</p>	<p>metlife.com/mybenefits</p> <p> Search: Metlife App, available for free in the App Store and Google Play</p> <p>Group Number: 148069</p>	<p>866-832-5756</p> <p>Mon-Fri, 6 a.m. - 10 p.m. (CST)</p>

Administrator/Plan/Program	Website/Group number	Phone number
Vision		
Vision	lumen.com/eyemed  Search: EyeMed App, available for free in the App Store and Google Play Group Number: 1029819	855-874-4744 Mon-Fri, 8 a.m. - 11 p.m. (CST)
Disability and Life Insurance		
Short-Term Disability - Sedgwick	lumen.com/disability	844-223-7153 Mon-Fri, 7 a.m. - 4 p.m. (CST)
Long-Term Disability - MetLife	metlife.com/mybenefits	833-622-0135 Mon-Fri, 8 a.m. - 11 p.m. (CST)
Business Travel Accident (BTA)	aig.com/us/travelguardassistance AIG/Travel Guard Policy Number: MTA 0009157182	Toll- Free Phone (within the US): 800-533-0699 Collect/Reverse Charge (outside of the US): 817-826-7051
Life Insurance (Life and Accidental Death and Dismemberment (AD&D))	lumen.com/healthandlife  Search: MyChoice™ Mobile App, available for free in the App Store and Google Play Policy Numbers: Basic Life and Supplemental AD&D - 148069	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST) If you have questions about an open or closed claim, please contact Metropolitan Life Insurance Company directly at 800-638-6420, Mon-Fri, 7 a.m. - 4 p.m. (CST)
MetLife Legal Plan, Inc.	Will Preparation and Probate Services when enrolled in a Supplemental Life plan	800-821-6400 Mon-Fri, 7 a.m. - 7 p.m. (CST)
Dignity Memorial	finalwishesplanning.com Username: metlifeassist Password: support Funeral Assistance Services when enrolled in a Basic Life and Basic AD&D plan	866-853-0954 Available 24 hours a day/7 days a week
Grief counseling - TELLUS Health One	one.telushealth.com Username: metlifeassist Password: support	888-319-7819 (anytime 24/7)
Retirement		
401(k) Savings Plan - Principal	lumen.com/401k	800-547-7754 Mon-Fri, 7 a.m. - 9 p.m. (CST)
Combined Pension Plan	lumen.com/pension	888-324-0689 Mon-Fri, 8 a.m. - 7 p.m. (CST)
Wellness		
Employee Assistance Program (Emotional Wellbeing Solutions)	lumen.com/eap	866-270-0033 Available 24/7
Well Connected Coaching Programs (available to those enrolled in a Surest Plan or the HDHP with Optional HSA)	lumen.com/wellconnected	800-478-1057

Administrator/Plan/Program	Website/Group number	Phone number
Well Connected through Rally	lumen.com/wellconnected  Search: Rally Coach™ Mobile App, available for free in the App Store and Google Play	877-818-5826 Mon-Fri, 8 a.m. - 8 p.m. (CST)
Lifestyle Reimbursement	Active Living on InsideLumen	N/A
Voluntary Lifestyle Benefits		
Voluntary Lifestyle Benefits - Health and Life Service Center	lumen.com/healthandlife	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)

Claims and appeals for enrollment issues

If you wish to file a claim or appeal regarding eligibility or enrollment for you and/or your eligible dependent(s) in a benefit Plan option or change in benefit Plan options, you must submit a Claim Initiation Form, which you can find on the Health and Life website in the **Reference Center**.

Decisions concerning the Plan

Claims and appeals are reviewed, and decisions are made based on benefit Plan provisions. The Benefits Appeals Committee, the Claims Administrators and the Plan Administrator have each been delegated the sole and absolute discretion to make decisions with respect to questions and requests related to the benefits under the Plan. This includes but is not limited to interpreting the Plan Document and determining eligibility for benefits.

The time frame for making an initial claim for a premium payroll adjustment is the earlier of: (1) within 180 days of an adverse decision by the Plan Administrator, or (2) the earlier (a) within 180 days of the effective date of an election claimed to be erroneous, or (b) by the last day of the Plan year of when the election error is claimed to have occurred. If the initial claim is not filed by this deadline, it shall be deemed untimely and denied on that basis.

Important: In selecting your coverage and advising of your and your dependent(s) eligibility, if applicable, you are held to the standard of honesty and truthfulness. Falsifying or omitting information in enrolling for coverage under the Plan will subject you to disciplinary action, up to and including termination. If you have questions about whether your responses in the enrollment process are accurate, please call the Service Center.

Note: Each Plan has its own claims and appeal process for benefit claims. Refer to the applicable SPD for additional information regarding these procedures.

In most cases, claims and appeals are reviewed within 30 days of receipt, but additional time may be required. Health care claims are reviewed sooner if they are related to pre-service or urgent claims. Call the Service Center for further assistance or to ask additional questions regarding the claims and appeals process after reviewing the SPDs.

If an appeal is approved on a retroactive basis, you may experience retroactive premium deductions on your paychecks. Refer to the Payroll & Benefits schedule available in the **Reference Center** on the [Health and Life website](#) and on [InsideLumen](#). For example, if your appeal is approved and your medical coverage level changes from Employee Only to Employee + Family, you will be responsible for paying the retroactive benefit premium difference between the Employee Only and Employee + Family coverage amount. Review any and all deductions on your pay check for accuracy.

Legal and important required notices

A note about privacy

Keeping your personal information secure is of primary importance. That's why we, along with the benefits administrators, have implemented various security measures and policies to help reduce the risk of unauthorized processing or disclosure of your personal information. You can also help by keeping your User ID and password confidential for accessing the Health and Life website. Please keep this information safe and don't share it with anyone. Never use your Social Security number as your password. Together, we can make sure your personal information stays safe and secure. We encourage you add your personal email address as your contact preference information on the [Health and Life Website](#). Please be advised that using an email that is not secured, such as your work email address, may increase your risk of unauthorized disclosure. The Service Center will not send benefit communications to a work email address. For assistance on how to add or change to a personal email address, contact the Service Center.

California Department of Managed Health Care Notification

Grievance Process and Independent Medical Review

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your behavioral health care service plan, you should first telephone your plan at 800-999-9585 or 711 for TTY (at operator request say "1-800-999-9585") and use the plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your Plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

- The department also has a toll-free telephone number (888-466-2219) and a TDD line (877-688-9891) for the hearing and speech impaired.
- The department's internet website: dmhc.ca.gov has compliant forms IMR application forms and instructions online.

Company's reserved rights

The Company reserves the right to amend or terminate any of the Benefits provided in the Plan. For more information, review the Lumen Health Care Plan General Information for Active Employees Summary Plan Description on InsideLumen or the Health and Life website at lumen.com/healthandlife in the Reference Center located on the top right hand side of the home page.

Continuation of coverage

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying life events (QLEs) due to employment termination or reduction of hours of employment. Certain QLEs, or a second QLE during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. Upon termination, or other COBRA qualifying event, the former employee and any other Qualified Beneficiaries (QBs) will receive COBRA enrollment information. QLEs for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. QLEs for Spouses/Domestic Partners or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare, divorce of the covered employee, death of the covered employee, and the loss of dependent status under the Plan rules. If a QB chooses to continue group benefits

under COBRA, they must timely enroll and make their premium payment by the due date before eligibility is sent to the Claims Administrators. Eligibility files are sent weekly to the Claims Administrators. Upon receipt of premium payment, the coverage will be reinstated. Thereafter, premiums are due on the first of the month. If premium payments are not received in a timely manner, federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Service Center at 833-925-0487.

Coverage is not advice

Health Plan coverage is not health care advice. Please keep in mind that the sole purpose of the Plan is to provide payment for certain eligible health care expenses – not to guide or direct the course of treatment for any employee, inactive retiree or eligible dependent. If your health care provider recommends a course of treatment, be sure to check with the Plan to determine whether or not that course of treatment is covered under the Plan. However, only you and your health care provider can decide what the right health care decision is for you. Decisions by a Claims Administrator or the Plan Administrator are solely decisions with respect to Plan coverage and do not constitute health care recommendations or advice.

Health Care Reform Requirements

Medical Plan benefit options under the Health Care Plan comply with the Health Care Reform benefit coverage and affordability requirements. As long as you are enrolled in a Medical Plan benefit option in 2025, your coverage will meet (or exceed) the mandated affordability and coverage requirements. Since the Company's Medical Plan benefit options meet Health Care Reform requirements, it is unlikely you will receive any kind of financial help (subsidy) from the government to pay for any coverage you may purchase from a public exchange.

Health Insurance Portability and Accountability Act (HIPAA)

Under the Special Enrollment rules under HIPAA, you may enroll yourself and eligible dependents in the Health Plan upon the loss of other coverage, referred to as the "other plan," to include the following:

- Termination of employer contribution toward other coverage;
- Moving out of a service area if the other plan does not offer other coverage;
- Ceasing to be a dependent, as defined in the other plan; and
- Loss of coverage to a class of similarly situated individuals under the other plan (for example, when the other plan does not cover temporary/contractors).

If your dependents have special enrollment rights, you may enroll and make changes to your enrollment in any health plan benefit option available to you based upon your home ZIP code and plan service areas within 45 days following the qualifying life event. For example, if you have Employee Only coverage in a benefit option and your Spouse/Domestic Partner loses coverage under his/her employer's plan and has special enrollment rights, both you and your Spouse/Domestic Partner may enroll in certain benefit options available to you, provided you verify your Spouse's/Domestic Partner's eligibility for the Plan.

Honesty is the best policy

As an employee, you are held to the Code of Conduct's standard of honesty and truthfulness. Falsifying or omitting information when enrolling for coverage under the Plan will be cause for disciplinary action, up to and including termination. If you have questions about whether your responses in the enrollment process are accurate, please call the Service Center.

While the Plan has processes in place to prevent errors and mistakes, if a clerical error or mistake happens, however occurring, such error or mistake does not create a right to a Benefit or level of contribution or premium rate 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.

If you voluntarily elect to drop coverage

If you voluntarily drop coverage for yourself or a dependent during Annual Enrollment, without there being a Qualified Life Event (QLE), you and/or your dependent(s) will not be eligible for continuation of health care coverage under the federal law known as COBRA. Eligibility for COBRA continuation coverage occurs only in cases of QLEs. For more information on what is a QLE, refer to the General Information Summary Plan Description (SPD) available on InsideLumen or the Reference Center on the Health and Life website.

Important information about your prescription drug coverage and Medicare – Notice of Creditable Coverage

Keep this information where you can find it. This notice has information about your prescription drug coverage if enrolled in a Lumen medical plan and about your options under Medicare's prescription drug coverage.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this document.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lumen has determined that the prescription drug coverage offered by Lumen when enrolled in a medical plan, are on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is **Creditable Coverage**, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Lumen coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Lumen coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lumen and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up

by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the Lumen Health and Life Service Center listed below for further information. **Note:** This information will be provided in your Annual Enrollment Guide annually. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lumen changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show if you have maintained creditable coverage and, therefore, if you are required to pay a higher premium (a penalty).

If you have any questions, please contact:

Name of Entity/Sender: Lumen

Contact Name: Lumen Health and Life Service Center

Address: PO BOX 850512

Minneapolis, MN 55485-0512

Phone Number: 833-925-0487

Important note regarding enrollment elections

By electing to participate in the Plans, by your submission of information, you have agreed to be bound to and by the provisions of each of the Plans and their administrative practices, including, but not limited to with respect to the recovery of over and underpayments, terms and conditions for eligibility and benefits. You certify that the submission of information by you in this enrollment process is true and accurate to the best of your knowledge; you agree that you'll submit new information timely as changes occur. You understand that if you are found to have falsified any document in support of a claim for eligibility or reimbursement, the Plan Administrator may, subject to and as may be permitted under the requirements of law, without anyone's consent, terminate your and/or your dependent(s) coverage, and the Claims Administrator may refuse to honor any claims you or your dependent(s) may have made or will make under the Plans, if applicable. You understand that you are liable and bear the full financial responsibility for the misappropriation of Plan funds through the filing of false documentation under any of the Plans; You certify that

you or your dependent(s) are eligible to enroll in a benefit option, plan or program including voluntary or supplemental coverages. Please refer to the applicable Plan document or SPD on InsideLumen or in the Reference Center on the home page of the Health and Life website for details about eligibility for coverage or call the Claims Administrator - limitations may apply including, but not limited to, being actively at work (and if returning, working at least one full work day) in order to be eligible for coverage. You understand that it is your responsibility to confirm your eligibility to enroll in a benefit option, plan or program including voluntary or supplemental coverages; enrolling in and paying for coverage for which you are ineligible will not entitle you to benefits; you understand that it is your responsibility to terminate benefit coverage once you or your dependent(s) become ineligible, for example, due to death or a divorce. This excludes dependents who turn age 26, as they are automatically removed from coverage. **Note:** In the case of a divorce, even if your court order indicates you must continue providing healthcare and/or life benefits for your ex-spouse, the Plan doesn't allow ex-spouse's coverage. You will need to remove your ex-spouse from all Lumen benefits.

For specific employee benefit plan information, including terms and conditions for eligibility, limitations and benefits refer to the respective Plan documents, including the applicable Summary Plan Description (SPD) and Summaries of Material Modifications (SMMs), if any. If there is any conflict between the terms of the Plan documents and this correspondence, the terms of the Plan documents will govern.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. You can review the complete notice on InsideLumen, in the **Reference Center** on the Health and Life website at lumen.com/healthandlife, or by calling the Service Center at 833-925-0487 to request a copy.

Protections from disclosure of medical information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Lumen may use aggregate information it collects to design a program based on identified health risks in the workplace, Rally will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and never used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

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 contribution levels, with respect to all participants classes, retired or otherwise, and their beneficiaries at any time without prior notice or consultation, subject to applicable law, Specific written agreement and the terms of the Plan Document. The Employee Benefits Committee, as the Plan Administrator, may adopt, at any time, rules and procedures that it determines to be necessary or desirable with respect to the operation of the Plan. The Plan Administrator has the authority, discretion and the right to interpret and resolve any ambiguities in the Plans or any document relating to the Plans.

Wellness Program Notice

Lumen's Well Connected program is a voluntary wellness program available to all employees and eligible spouses/ domestic partners enrolled in a Lumen medical plan. The program is administered according to federal rules permitting Company sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health survey through Rally, our wellness platform, that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., diabetes, heart disease, or COPD). You are not required to complete the health survey.

However, employees and eligible spouses/domestic partners who choose to participate in the wellness program will receive an incentive in the form of gift cards or a deposit into a medical account for completing the health survey. Although you are not required to complete the health survey, only those who do so will each receive an incentive.

Additional incentives of up to \$600 total may be available for employees and enrolled spouses/domestic partners who participate in certain health-related activities such as preventive screenings, walking activities, or health coaching. If you are unable to participate in any of the health related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Rally at 877-818-5826.

The information from your health survey will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program.

Women's Health and Cancer Rights Act

This notice is provided to you in compliance with the federal law entitled the Women's Health and Cancer Rights Act of 1998 (the Act). The Plan provides medical and surgical benefits in connection with a mastectomy. In accordance with the requirements of the Act, the Plan also provides benefits for certain reconstructive surgery.

In particular, the Plan will provide, to an eligible participant who is receiving (or who presents a claim to receive) benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for: (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and treatment of physical complications associated with all the stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

As with other benefit coverages under the Plan, this coverage is subject to each medical benefit option's annual deductible (if any), required coinsurance payments, benefit maximums, and copay provisions that may apply under each of the benefit options available under the Plan.

You should carefully review the provisions of the Plan, the medical benefit option in which you elect to participate, and

its SPD and SMM (if any) on InsideLumen or in the Reference Center on the home page of the Health and Life website regarding any applicable restrictions. Contact the Claims Administrator of your medical benefit option for more information.

Working after retirement

What happens to your benefits if you return to work directly for the Company as an active employee or work for a supplier on assignment to the Company after you retire or leave employment?

If you are eligible for retiree health care or life insurance from the Company, refer to the applicable section to see how your retiree benefits may be impacted.

Note: If you had CTT Life Insurance (formerly VEBA), that coverage will not be impacted.

If you are rehired in a status that is eligible for active benefits, you will be offered the same benefits as other similarly situated employees based on your employee classification. If you had retiree supplemental life insurance coverage, you will be eligible to elect active supplemental 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 your supplemental life 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 life insurance coverage, if applicable.

If you return to work for a supplier on assignment to the Company, you are not eligible to continue your retiree health care benefits, so this means that while you are working for the supplier, your retiree health care benefits will be suspended. You will, however, be offered the opportunity to continue your retiree medical and/or dental options under COBRA. Your retiree basic and/or supplemental life coverage, if applicable, will continue under the terms of the Life Insurance Plan (the Plan). In addition, please be advised that as a worker for a supplier or Company contractor, you are not eligible for active employee health care benefits. Retiree health care benefits are reinstated once your work with the supplier/contractor for the Company has ended. You will need to call the Service Center at 833-925-0487 to have your benefits reinstated.

Once your employment or assignment ends, you may resume your retiree health care, basic and supplemental life insurance coverage, if applicable, in accordance with terms of the Plan by calling the Service Center at 833-925-0487. If you returned to work for a supplier on assignment to the Company, the Company will validate that your assignment has ended before you will be allowed to resume your retiree health care coverage.

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).