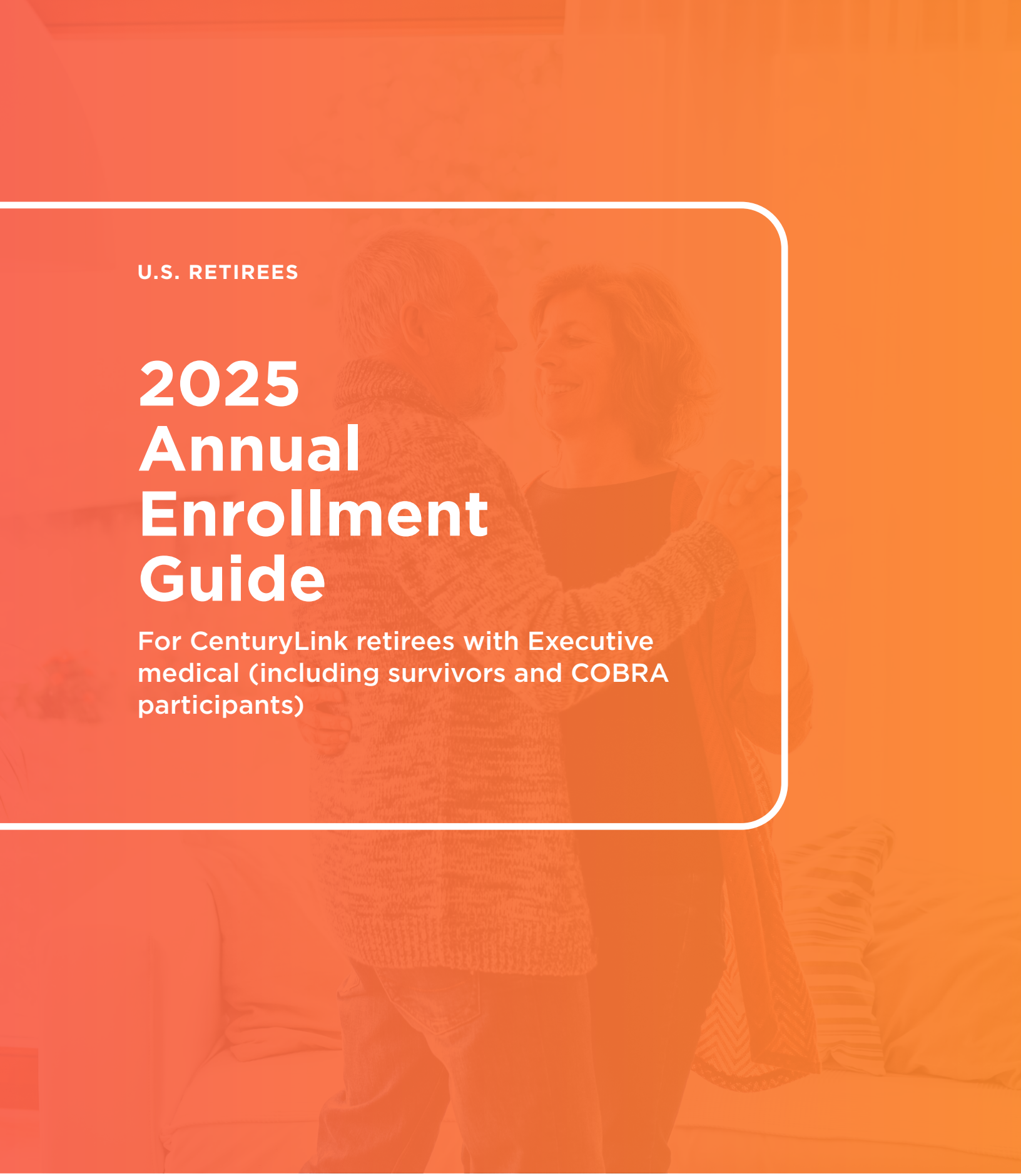
U.S. RETIREES

2025 Annual Enrollment Guide

For CenturyLink retirees with Executive medical (including survivors and COBRA participants)



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Some references and benefit options in this guide apply only to CenturyLink Retirees with Executive Medical. For more information, refer to your Pre Annual Enrollment Notice for available plans and options, the Health and Life website at lumen.com/healthbenefits or contact the Lumen Health and Life Service Center. The Lumen Health and Life Service Center will be referred to hereafter as "the Service Center".

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

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Welcome to Annual Enrollment

It's the perfect **time to take the next step** and use this opportunity to add, change or update your Lumen's benefits. We encourage you to review this guide in its entirety as not all benefits will apply to you and even if you don't want to make changes the 2025 benefits plans and options may impact your current benefits.

Go to the Health and Life website at lumen.com/healthbenefits to learn about your 2025 benefits. On the home page, you'll find helpful information in the **Reference Center** located next to your name in the top right-hand corner.

This guide pertains to BOTH non-Medicare and Medicare eligible participants who are retired, survivors as well as COBRA participants due to a QLE during retirement such as a divorce. If you make changes during Annual Enrollment, your changes will begin on the first day of the new Plan year. **Note:** If you are a retiree and elect to suspend or waive coverage, your dependent(s) will automatically be placed into the same suspend or waive coverage. In order for dependent(s) to have coverage, the retiree needs to be enrolled even if you are in a split-family (example: one of you is Medicare eligible and the other one is not Medicare eligible).

If enrolling in the UnitedHealthcare (UHC) Group Medicare Advantage PPO plus Dental Plan (MAPD), enrollment must be approved by Medicare prior to the effective date. For example, if approved by UHC in December, coverage under the MAPD would become effective Jan 1. Please have your Medicare information available (coverage start dates for Medicare Part A and Medicare Part B as well as Medicare number) as you will be required to provide this at the beginning of your enrollment, but before electing plans. You need to enter this information so that during your enrollment you see the applicable benefit plans and options available based on your status (Medicare eligible, not Medicare eligible). **Important:** The participant enrolling must be enrolled in Medicare Part B prior to enrolling.

Note: If the participant is eligible and enrolling in the Lumen Medicare Health Reimbursement Account (Lumen Medicare HRA), Medicare Part B is not required as long as the participant is Medicare eligible.

If you don't make changes by Nov. 20, you will be automatically enrolled in the plans and coverage levels displayed on your Pre Annual Enrollment Notice sent to you based on your Contact Preference (email or mail) and is also in your **Personal Documents** located on the home page on the Health and Life website. Save a copy of your Pre Annual Enrollment Notice as you will not receive a 2025 Benefits Summary.

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.

Benefit premiums

With costs continuing to increase across the country, premiums for most plans and programs will also increase for 2025. Lumen continues to look for ways to control healthcare cost increases while still offering plans and programs that offer value and provide the best health outcomes.

COBRA (if applicable)

COBRA coverage is limited to medical, dental and/or vision coverage, as applicable. COBRA rates have changed. Refer to your Pre Annual Enrollment Notice for more information. Eligibility files sent to Claims Administrators, such as MetLife, Surest and UnitedHealthcare, are transmitted on a weekly schedule. Consequently, there may be a delay before the Claims Administrator's system reflects a COBRA paid through date, depending on the timing of the payment. For this reason, we suggest you schedule appointments with your providers no earlier than the 5th of each month. If you have an appointment the 1st through the 5th, contact the Claims Administrator to see if your eligibility has been updated.

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 don't receive a notice by May 31, 2025. 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

The below updates apply to Retirees, Survivors and COBRA participants who are non-Medicare eligible and their non-Medicare dependent(s).

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

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
Health Reimbursement Account (HRA)	Not Available*	Not available**	Not applicable
Prescriptions (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

***Spenddown 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 dollars will follow you. Your prior HRA dollars will become available on Feb. 1 after a run-out period (for claims from your prior coverage to clear.

The Spenddown HRA funds will be used to reimburse medical and prescription drug expenses. Claims will automatically roll over to your Spenddown 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 any questions, please contact UnitedHealthcare.

****Post Deductible HRA**

If you elect the HDHP and have a remaining balance in your 2024 CDHP HRA, these funds will follow you.

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 the UHC website.

Note: Don't forget to register for a Surest Health Plan and/or a UnitedHealthcare High Deductible Health Plan (HDHP) webinar to learn more about these plans. Details and registration information can be found on the Annual Enrollment page on the Health and Life website.

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: New - Surest Select Health PPO	Maintained in 2025: HDHP
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)**	
Deductible (retiree)	$0	$0	$1,650
Coinsurance (retiree paid)	0%	0%	20%
Out-Of-Pocket Maximum (retiree)	$3,600	$3,200	$3,600
Office visit – PCP	Copy range: $20 to $90*	Copy 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.

Plan name	Maintained in 2025: Surest Health PPO (same plan offered in 2024)	New in 2025: New - Surest Select Health PPO	Maintained in 2025: HDHP
	(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)**	
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)
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 non-Medicare eligible participants enrolled in the: new Surest Health PPO, Surest Select Health PPO and the HDHP 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 cannot opt-out of OptumRx.

Home Delivery Program – If you enroll in the **new** Surest Select Health PPO Plan or the HDHP, 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 deductibles will increase

Plan	Coverage level	2025 deductible	2024 deductible
HDHP	Retiree	**$1,650**	$1,600
HDHP	Family (Retiree + One or more dependent(s) enrolled)	**$3,300**	$3,200

Virta (prediabetes, diabetes, weight management) – New for those enrolled in the HDHP 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 or 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.

Reminders

Note: If you remove a dependent during Annual Enrollment, they will not be eligible for COBRA.

Benefit details	Medicare/non-Medicare eligible Participants	Important Information
Add your email on the Health and Life website	Medicare and non-Medicare	To update/confirm your email address • Log in to lumen.com/healthbenefits • Click on the **Profile** icon in the center of the home page, or, you can 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** The email will come from **DoNotReply@benefits.lumen.com,** make sure it doesn't go to your junk folder or you may miss out on important benefit communications.
Dependent reverification	Medicare and non-Medicare	As stated in the **What's new for 2025** section, Lumen will periodically conduct re-verification of enrolled dependents under the Plan. Lumen has a fiduciary responsibility to ensure that benefits under the Plan are provided to those who are eligible to receive them. You will be required to provide supporting documentation (future notifications will advise what documents to provide) that your Spouse, Domestic Partner, Common-Law Spouse, or any other dependent continues to qualify as your dependent(s) under the Plan.
Direct bill payment **Note:** if you are enrolled in a plan that has a benefit premium, it is essential to pay all premiums by the due date to maintain continuous coverage. Failure to do so will result in the termination of coverage.	Medicare and non-Medicare	Monthly Account Statements are not mailed. If you owe a premium for any of your benefits, you are encouraged to set up automatic payments (autopay) for your direct bill account (e.g., for dental coverage). If you choose to set up autopay, you must pay any outstanding balance in full, if applicable, before the autopay will begin. **Note:** If you choose to make one-time payments, each month you will incur a $2.00 service fee for each payment. This is not the same as autopay. Lumen can't waive the service fee. Follow the below steps to set up autopay on the Health and Life website or you can call the Service Center at 833-925-0487 and an advocate can walk you through the set up process: • Log in to lumen.com/healthbenefits. On the lower right side of the home page, you will see Payment Due which provides details about your monthly premium. • Scroll down until you see Make a Payment and View Account. Select **Make a Payment**.

Benefit details	Medicare/non-Medicare eligible Participants	Important Information
Direct bill payment (continued)	Medicare and non-Medicare	• A pop-up window will appear. – Enter Account Type, Routing Number and Account Number. – Confirm the billing and email address. – Select **Yes** to set this account up as your primary payment method. – Select **Yes** to set up auto pay. Funds are automatically deducted on the fifth of each month. – Next, click **Pay**. – This will return you to the Billing Information page where you can view your account summary, payment history and account premium information. You can instead mail-in a payment to: Businesssolver PO Box 850512 Minneapolis, MN 55485-0512 **Note:** You must include your account number and Lumen on the Memo line of the check. **Important:** Please take into consideration the USPS delivery time to ensure your payment is received within the due date.
Dual coverage	Company couples and parent/child relationships	Company couples and parent/child relationships who are eligible for their own benefits because they are/were employed by the Company or a subsidiary of the Company are prohibited from being enrolled in more than one Company medical or dental Plan benefit option (except as noted below). • **If you elect coverage during Annual Enrollment, and are also enrolled as a dependent on another employee's/retiree's coverage,** you will remain enrolled under your own record. You will be automatically removed as a dependent from the other employees/retiree's coverage during an audit process after Annual Enrollment closes. If your record is administratively corrected based on Plan rules and provisions, you will receive a Benefits Summary notification based on your Contact Preference (email or mail). • **If you retired and enrolled as a dependent under a Qwest Pre-1991 retiree's coverage,** you will be allowed to remain enrolled as both a dependent and as a retiree, and you may also cover the Qwest Pre-1991 retiree as your dependent under your coverage. **Note:** Pre-1991 retirees must be enrolled in the Company Guaranteed Plan; otherwise, dual coverage does not apply.

Benefit details	Medicare/non-Medicare eligible Participants	Important Information
Medical and dental Company cap	Non-Medicare eligible retirees and eligible dependents as well as survivors	**Medical and Dental Premiums -** Review your Pre Annual Enrollment Notice as your plans and premiums may change for 2025 even if you don't want to make a change. Participants are responsible for the portion of the monthly medical premium that exceeds the monthly Company contribution Cap, as applicable. Be sure to review your Plan options and premiums carefully. The Retiree and Inactive Health Plan includes a Cap on the dollar amount of the premium subsidy provided by the Company. Cap amounts vary depending on your legacy Company and whether you are enrolling yourself and/or any eligible dependents. Once the cost of healthcare coverage exceeds the specified Cap amount, you pay 100% of the remaining balance above the Cap amount, in addition to your percentage amount due. If eligible, you are also responsible to pay your dental premiums.
Other coverage options	Medicare and non-Medicare	There may be other, more affordable coverage options for you and your dependent(s) through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's employer's plan) through what is called a "special enrollment period," even if the plan generally doesn't accept late enrollees. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. **Note:** Being eligible for COBRA doesn't limit your eligibility for coverage for a tax credit through the Marketplace. You should compare your other coverage options with COBRA and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under COBRA, because the new coverage may impose a new deductible. More information on health insurance options through the Marketplace can be found at healthcare.gov.
Prescription Drugs	Non-Medicare	The Prescription Drug List (PDL) is updated periodically throughout the year. You can use the pricing tool on the following websites based on the plan you are enrolling in for 2025: • HDHP – myuhc.com • Surest Health PPO and Surest Select Health PPO - lumen.com/joinsurest

Benefit details	Medicare/non-Medicare eligible Participants	Important Information
Returning to work?	Medicare and non-Medicare excluding survivors	If you are eligible for retiree healthcare or life insurance from the Company, refer to the applicable section to see how your retiree benefits may be impacted when you return as an active employee. **Note:** If you have CTT Life Insurance, that coverage will not be impacted. **If you are rehired in a status that is eligible for active employee benefits,** you will be offered the same benefits as other similarly situated employees based on your employee classification. If you have retiree supplemental 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 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 coverage, if applicable. **If you return to work for a supplier on assignment to the company, you are not eligible to continue your Company retiree healthcare benefits. This means that while you are working for the supplier, your retiree healthcare benefits will be suspended.** However, you will be offered the opportunity to continue your retiree medical and/or dental options under COBRA. Your retiree basic and/or retiree 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 healthcare benefits. **Once your employment or assignment ends,** you may resume your retiree healthcare, basic and supplemental life insurance coverage, if applicable, in accordance with the terms of the Plan by calling the Service Center at 833-925-0487 (The local DNIS for international callers is 317-671-8494). If you returned to work for a supplier on assignment, the Company, will validate that your assignment has ended before you will be allowed to resume your retiree healthcare 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). You will need to work directly with the carrier and Medicare as the Service Center cannot assist you with disenrolling you from an individual Medicare policy not offered by Lumen.

Benefit details	Medicare/non-Medicare eligible Participants	Important Information
Retiree articles	Medicare and non-Medicare excluding COBRA participants and survivors	Stay up-to-date, visit lumenbenefits.com to get the latest retiree news. These articles are designed to share information about benefits, the Company and other topics.
Suspending coverage	Medicare and non-Medicare eligible excluding COBRA participants	You can suspend medical or dental coverage for you and/or your dependents when you first retire (which does not count towards your one-time suspend option). If you later wish to enroll, you must enroll either during Annual Enrollment or if you enroll during the Plan year, your coverage will be effective the first of the month following your request to enroll. You can suspend your coverage one time and re-enroll at a later date. **Important:** As a retiree, you cannot enroll your dependent(s) without being enrolled in a similar Lumen plan. If you suspend medical coverage, your dependent(s) will be set up as suspending medical coverage and cannot enroll unless you enroll. **Note:** The One-Time Suspend option does not apply with respect to Retiree/Inactive Participants who become re-employed directly with the Company as an active employee or who work for a supplier for the Company. If you want to suspend medical coverage and are Medicare eligible, select the plan name: **Suspend both HRA and MAPD**. The name will continue to say "Initial" or "Final" depending on if you have used your One-Time Suspend option. If you want to suspend medical coverage and are non-Medicare eligible, select the plan name: **Suspend Medical**. The name will continue to say "Initial" or "Final" depending on if you have used your One-Time Suspend option.
Unsuspending coverage	Medicare and non-Medicare excluding COBRA participants	To unsuspend coverage during Annual Enrollment, **action is required**. • To add coverage for you and/or your suspendend dependent(s), follow the directions online or contact the Service Center. • If you are already enrolled and you want to unsuspend coverage for your suspendend dependent(s) benefits become effective Jan. 1, 2025 providing supporting documentation to verify eligibility for your dependent is accurate and received timely. You can upload the required supporting documentation after you complete your enrollment. **Note:** You will not be required to provide a marriage certificate or marriage license. You will be required to provide supporting documentation that reflects your relationship status within the last 6 months. More information will be provided when you enroll your suspended dependent into coverage. **Important:** As a retiree, you cannot enroll your dependent(s) without being enrolled in a similar Lumen plan. If you suspend medical coverage, your dependent(s) will be set up as suspending medical coverage.

Benefit details	Medicare/non-Medicare eligible Participants	Important Information
Waiving coverage	Medicare and non-Medicare	You can waive medical and/or dental coverage for you and/or your dependent(s). If you do, you or your dependent(s) will NOT be eligible to enroll in coverage at any time in the future for any reason. "Waiving" coverage is a permanent election and different from suspending coverage. If you elect to waive, your dependent(s) will be automatically set up to waive coverage as your dependent(s) cannot be enrolled without you being enrolled. **Important:** If you have questions or unsure how you should enroll online, please contact the Service Center for assistance.
Voluntary Lifestyle Benefits	Medicare and non-Medicare excluding COBRA participants and survivors	You can review these programs in the Reference Center on Health and Life website lumen.com/healthbenefits. You can search for the Voluntary Benefits folder and review each benefit program.
1095-C	Non-Medicare	The IRS requires individuals to report on their healthcare coverage. Lumen is required to supply this information on a standard form. You will use this form when preparing your taxes. You will receive this form generally in Feb. You can choose to receive this form electronically or via USPS mail. You can review on your Account Profile on the Health and Life website or by calling the Service Center at 833-925-0487.
Zip code updates	Non-Medicare	Medical provider networks are determined by ZIP code area, and those ZIP codes are reviewed each Annual Enrollment as providers go in-and out-of-network. Be sure to review the medical plans available to you on the Health and Life website or on your Pre Annual Enrollment Notice as options may change (based on your mailing address on file).

Enroll

If you don't want to make any changes, **no action** is required. We encourage you review your 2025 benefit information as you may be impacted by the changes even if you don't want to make a change. When enrolling on the Health and Life website, the coverage level for Retiree will be shown as "Individual". For example, Retiree coverage will be shown as Individual coverage, Retiree + Spouse/Domestic Partner will be shown as Individual + Spouse/Domestic Partner, etc. You may see Domestic Partner abbreviated to DP during the enrollment process.

When can I enroll?

Annual Enrollment is from 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).

Need help?

Consider using **Sofia**, your personal benefits assistant available online through the Mobile App and on the Health and Life website when you enroll. She can assist you during the enrollment process, answer commonly asked questions and direct you to documents or if she is unable to answer your question(s), transfer you to a "live" advocate where you and the advocate can use the chat feature when asking and answering questions.

Take to 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. What comes next? You can download the Mobile App prior to Annual Enrollment. We encourage it!
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. Take the next steps! You can register prior to Annual Enrollment and get ready in advance.
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** or select **Accounts** to go to MyChoice Accounts (MCA), if eligible for a Retiree Medicare option.

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

Note: You will be required to enter information regarding your Race and Ethnic Identification. You can indicate you do not wish to share this information during your enrollment by checking the box, **I choose not to answer** for both questions. This will not impact your benefit eligibility.

1. Navigate to the lumen.com/healthbenefits and log in. If you have not accessed the Health and Life website, continue to step 2. If you have, go to step 5.
2. Create your account following the steps to input your information, create your username and password and security questions. Take the next steps! You can register prior to Annual Enrollment and get ready in advance. Once registered, log in to your account.
3. Review the **Getting Started Details** to agree to the electronic disclosure agreement and select **Continue**.
4. 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**.
5. Select **Start Here** at the top of the screen to begin your 2025 Annual Enrollment elections.
6. Read the opening message and select **Start Enrollment**.
7. Confirm Medicare Eligibility for you and/or any dependent(s).
8. Review your personal information and update an alternate address especially if enrolling in a Medicare plan as Centers for Medicare & Medicaid Services (CMS) require a physical address if your primary address is a Post Office Box. If applicable, click **Next**.

9. Review dependents on file and confirm demographic details are accurate, click **Looks Good.**
10. Review Medicare information, if applicable, for coverage start dates, and add your Medicare number. Answer Race and Ethnicity questions.
11. You have two options when enrolling. Option 1 will provide step-by-step instructions. If you select this option, continue to step 12. Option 2 will allow you to view the benefits. This option will take you to the Benefit Summary page for your review. If you select this option, continue to step 14.
12. Elect all health care (medical, dental) plans. If you are unsure what plans to select when you are in a split family (one is Medicare eligible and one is non-Medicare eligible), please contact the Service Center for guidance. You can select to compare multiple plans for 2025 and view how they compare to your current plans.
13. Review Life Insurance plans, if applicable, and review, add or update beneficiary information ensuring you have added not only the required fields but all the fields to make certain a claim is accurately and timely processed. **(Retirees only)**
14. Review your elections, including plans, coverage levels and pricing in their entirety on the **Benefit Summary** page and select **Approve** to authorize your transaction.
15. Read the Confirmation pop up and select **I Agree**.
16. If you un-suspend a dependent, you will see information regarding the Dependent Verification process. Read through the requirements carefully. This is time sensitive and it is important that you provide supporting documentation that is listed in the requirements. **Note:** Coverage for your newly added dependent(s) will not be enrolled until you are approved under the Dependent Verification process. **(Retirees Only)**
17. On the Transaction Complete page, click **Benefit Summary PDF** to upload to your computer or print your Benefit Summary. Take note of the Confirmation Number for your records and keep the **Benefit Summary** as your confirmation statement as you will not be sent another statement.
18. If a dependent has newly been enrolled in coverage, you will see information regarding the requirement for dependent verification. Read through the requirements carefully. **(COBRA participants only)**

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

You can choose the medical plan options listed, or you can suspend or waive this coverage. When you suspend medical coverage, you also suspend prescription drug coverage. If you waive coverage, you will not be able to enroll at a later date. This chart is only a snapshot summary of medical benefits.

Note: Dependents can enroll in medical coverage if the retiree is enrolled in medical cocverage. If the retiree suspends medical coverage, the dependent(s) can't enroll or continue coverage. For example, if retiree elects medical but suspends dental, his/her dependent(s) can enroll in medical only.

	Surest Health PPO		New - Surest Select Health PPO		HDHP	
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)					
	Retiree		**Retiree**		**Retiree**	
	$0	$0	$0	$0	$1,650	$3,300
	Retiree + Child/ren		**Family**		**Family (retiree + one or more enrolled)**	
	$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.	
	Retiree		**Retiree**		**Retiree**	
	$3,600	$7,200	$3,200	$6,400	$3,600	$7,200
	Retiree + Spouse/Domestic Partner		**Retiree + Spouse/Domestic Partner**			
	$5,400	$10,800	$4,800	$9,600		
	Retiree + Child/ren		**Retiree + Child/ren**			
	$5,400	$10,800	$4,800	$9,600		
	Family		**Family**		**Family (retiree + one or more enrolled)**	
	$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	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Coinsurance	100% covered		100% covered		• 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	• 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	• 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	• 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	
	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	• Up to $3,000 • $1,400 for Inpatient Emergency Admit	• Up to $7,200 • $2,800 for Inpatient Emergency Admit	• Up to $2,500 • $1,400 for Inpatient Emergency Admit	• 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**					
	• $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 **Note:** Home delivery available, but not required.		• $10 for up to a 30 day retail supply • $25 for up to a 90 day supply for home delivery • $200 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 85% covered; minimum copay of $10 for retail, $25 for home delivery, $200 for Specialty; after deductible is met. • Up to 31-day supply/90 day for home delivery (In-Network). • For certain preventive medications the deductible is waived. • Specialty medications are limited to a 30 day supply. **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	
Prescription Drugs	**Tier 2 Drugs**					
	• $45 for up to a 30 day retail supply • $112.50 for up to a 90 day retail/ home delivery delivery supply • $225 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery available, but not required.		• $45 for up to a 30 day retail supply • $112.50 for up to a 90 day supply for home delivery • $225 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.		• 80% covered; minimum copay of $45 for retail, $112.50 for home delivery, $225 for Specialty; after deductible is met. • Up to 31-day supply/90 day for home delivery (In-Network). • For certain preventive medications the deductible is waived. • Specialty medications are limited to a 31 day supply. **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	

	Surest Health PPO	New - Surest Select Health PPO	HDHP
Prescription Drugs	**Tier 3 Drugs**		
	• $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 **Note:** Home delivery available, but not required.	• $150 for up to a 30 day retail supply • $375 for up to a 90 day supply for home delivery • $300 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	• 70% covered; minimum copay of $150 for retail, $375 for home delivery, $300 for Specialty; after deductible is met. • Up to 31-day supply/90 day for home delivery (In-Network). • For certain preventive medications the deductible is waived. • Specialty medications are limited to a 31 day supply. **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.
Prescription Drugs	**Tier 4 Drugs**		
	• $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 **Note:** Home delivery available, but not required.	• $300 for up to a 30 day retail supply • $750 for up to a 90 day supply for home delivery • $400 (In-Network) for Specialty Retail Pharmacy • Specialty medications are limited to a 30 day supply **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.	• 60% covered; minimum copay of $300 for retail, $750 for home delivery, $400 for Specialty; after deductible is met. • Up to 31-day supply retail and Specialty/90 day for home delivery (In-Network). • For certain preventive medications the deductible is waived. • Specialty medications are limited to a 31 day supply. **Note:** Home delivery required after two refills at a retail pharmacy for maintenance prescriptions.
	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 or 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).

Emergency Room	Surest Health PPO	New - Surest Select Health PPO
Copay (copay is waived if admitted)	$500	$375
Copay 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 - 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 pay the full cost of the medical expenses until your deductible is met. You can also pay for covered services with money you have set aside in an HSA, if applicable. Lumen doesn't offer an HSA for Retirees, Survivors or COBRA participants. If you are Medicare eligible, you should review the "Medicare and You" handbook at medicare.gov.

Medicare eligible participants

To continue benefits once you or your eligible dependent(s) become Medicare eligible, you must contact the Service Center as soon as you or your dependent(s) are issued a Medicare Health Insurance card listing the Medicare Number and coverage start dates. You or your dependent(s) will not be able to enroll in a Medicare plan option without this information on file prior to enrolling. It is **your responsibility** to notify the Service Center if you or your dependent(s) become Medicare eligible due to a disability, prior to age 65. If you don't notify the Service Center, Medicare may assess penalties, or you or your dependent(s) may experience a gap in coverage. The two available Lumen Medicare options are: Lumen Medicare Health Reimbursement Account (Lumen Medicare HRA) and the UnitedHealthcare Group Medicare Advantage PPO Plus Dental Plan (MAPD). You can't enroll in both the Lumen Medicare HRA and MAPD. All Medicare participants within the family who are eligible for coverage must be in the same Medicare plan. For example, you as the retiree can't enroll in the Lumen Medicare HRA and your spouse/DP enroll in the MAPD.

You can request a copy of the SPD to be mailed to you through the Service Center. Please take into consideration Lumen's Going Green initiative. Mailing the information will be sent via USPS and delivery will depend solely on USPS. You may not receive the SPD during the Annual Enrollment window. For this reason, we recommend you reach out to UnitedHealthcare for the MAPD option or the Service Center for HRA option for specific information to allow you to make an informed decision about your elections.

Note: The retiree must be enrolled in a Lumen medical plan for a dependent(s) to be enrolled in any Lumen medical plan. If you want to suspend your Medicare options (which means you are suspending both the HRA and the MAPD), select the plan name: **Suspend both HRA and MAPD**. You will see either an **Initial** or **Final** after the suspend plan name. This means you have or have not used your One-Time Suspend option as a retiree. The word initial means you have one time to suspend. The word final means you can enroll, continue to suspend or waive. If you elect to enroll, and then later want to suspend again, you can't.

If you want to waive your Medicare options (which means you are waiving both the HRA and the MAPD), select the plan name: **Waive both Medicare options - HRA and MAPD**. Keep in mind, once you elect to waive, you are waiving all your Medicare options and will not be able to re-enroll, even if you have a qualified life event or during a future Annual Enrollment.

Important: For questions about the plan options, suspending or waiving coverage including the one-time suspend, initial and final suspend or if you would like guidance on how to enroll, please contact the Service Center.

Health Reimbursement Account (HRA)

Note: the Lumen Medicare HRA plan will display online as: **Lumen Medicare CS HRA.**

For those who were enrolled in the non-Medicare UHC CDHP option and had a remaining HRA balance when becoming Medicare eligible, UHC sends the balance to the Service Center after the claims runout period of 90 days. If you are eligible for this Lumen Medicare plan, the plan name online displays as: **CDHP HRA**.

Refer to the Retiree Health Reimbursement Account Summary Plan Description (SPD) available in the **Reference Center** located on the home page of the Health and Life website to learn how and when HRA plans pay when you have more than one.

Lumen Medicare HRA

If you elect to enroll in the Lumen Medicare HRA option:

- It provides you with a capped Company-funded dollar amount to help you purchase an individual Medicare policy not offered by Lumen. You may purchase an individual Medicare and/or prescription drug policy directly from insurance carrier(s) of your choice, pay the insurance premium directly to the carrier(s), and then complete the MyChoice

Account Claim form online and upload supporting documentation based on requirements to receive reimbursement for the premium from your Lumen Medicare HRA.

- It is funded by the Company, each Plan year on Jan. 1. Unused dollars are forfeited at the end of each year.
- You must enroll in an individual Medicare medical policy with Medicare during their Open Enrollment window, between Oct. 15 and Dec. 7. For assistance, you can call Via Benefits at 888-825-4252. Don't contact the Service Center to enroll in an individual Medicare policy as they will be unable to assist you.
- If you enroll in this plan, it can't be changed until the next Annual Enrollment, or if you experience a Qualified Life Event.

Helpful tips about Lumen Medicare HRA

To review what expenses are eligible for reimbursement under your HRA, go to the **Reference Center** next to your name on the top right-hand side of the home page on the Health and Life website and review your applicable HRA Expense List. If you are unsure which one applies to you, please contact the Service Center for guidance at 833-925-0487.

If you are currently enrolled in a Lumen Medicare HRA, you have until March 31 of the following Plan year to submit for reimbursement. For example, for 2025 reimbursements, you have until March 31, 2026. If submitting via email, fax or uploading online, complete claim information and supporting documentation must be received by the Service Center by 11:59 p.m. (CST). Please keep copies of your submission as you may be asked to provide "proof." If submitting via USPS mail, your envelope must be postmarked by March 31, 2026.

Lumen Medicare Advantage PPO plus Dental Plan (MAPD), this plan is administered by UnitedHealthcare

This plan includes original Medicare (Part A and Part B), Part D Prescription Drug coverage and additional benefits like dental, vision and more. Refer to the **Medical Plan overview** section and the Summary Plan Description (SPD) for more information available in the **Reference Center** on the home page of the Health and Life website.

If you elect to enroll in the MAPD option:

- Your monthly premium is determined by your retiree group and retiree medical subsidy cap - refer to your 2025 Pre Annual Enrollment Notice.
- You and/or your dependent(s) must have Part D (Medicare Drug coverage) for a continuous period of 63 days or more after the end of your Initial Enrollment Period for Part D coverage or you will be subject to a Medicare Part D late enrollment penalty. The late enrollment penalty (also called "LEP" or "penalty") is an amount that may be added to the monthly premium. If you were enrolled in Lumen medical coverage and you have no gap in coverage, this is considered continuous drug coverage.
- You can't change your elections until the next Annual Enrollment; and
- You can't enroll or continue in the Lumen Dental plan as MAPD includes dental coverage; and
- You can't enroll or continue in the Lumen Medicare HRA (you either elect: Lumen Medicare HRA, MAPD, suspend both options or waive both options).

Note: If you are Medicare eligible, your dependent(s) are non-Medicare eligible and you elect the MAPD, make sure you select the plan name: **Dental for nonMedicare Dependent - Retiree in MAPD** to ensure your non-Medicare dependent(s) don't lose the dental coverage while you are enrolled in the MAPD.

What happens to my Lumen Medicare HRA if I enroll in the MAPD?

Your Lumen Medicare HRA will be suspended, and you will not receive 2025 HRA funding. If you were previously enrolled in the Lumen Medicare HRA, you can submit claims for reimbursement from any remaining 2024 HRA funds through Dec. 31, 2024. The deadline to submit claims via email, faxing or uploading online is at 11:59 p.m. (CST) on March 31, 2025.

Lumen Medicare Advantage PPO plus Dental (MAPD) overview – Medicare eligible participants

This chart is only a snapshot summary of medical benefits. For specific details on how services are covered or excluded, please contact UHC Customer Service at 844-588-5873, refer to the Summary Plan Description (SPD) in the Reference Center on the Health and Life website, or call the Service Center. You can request to have a copy of the SPD mailed to you through the Service Center. Please take into consideration Lumen's Going Green initiative. Mailing the information will be sent via USPS and delivery will depend solely on USPS. You may or may not receive the SPD during the Annual Enrollment window. For this reason we recommend you reach out to UnitedHealthcare or the Service Center for specific information to allow you to make an informed decision about your elections.

Note: If you enroll in this plan, it replaces both the Lumen Medicare HRA and Dental Plan for the Plan year and can't be changed until the next Annual Enrollment or, if you experience a Qualified Life Event.

Note: Eligible/declared dependents can enroll in dental coverage if the retiree is enrolled in this plan.

Plan comparison Medical Benefits	MAPD In-Network	MAPD Out-of-Network	Individual Medicare Advantage Plan not offered by Lumen	Medicare Supplement Plan G not offered by Lumen	Medicare Supplement Plan N not offered by Lumen
Monthly premium	$0-$140		$21	$143-$235	$120-$180
Annual deductible	$0		$150	$203	$203
Out-of-pocket maximum	$950		$4,750	N/A	N/A
Primary care physician/specialist visit	$5/$35	$5/$35	$2/$33	Covered	$20
Hospital stay	$250/day 1-4	$250/day 1-4	$290/day 1-5	Covered	$0
Emergency room visit	$90	$90	$90	Covered	$50/$20
Prescription Drug benefits				**Individual Prescription Drug Plans**	
Monthly premium	Included in medical	Included in medical	Included in medical	$45	$45
Deductible *Tiers 3-5	$50	$50	$150	$320	$320
Tier 1: Preferred generic	$0	$0	$2	$1	$1
Tier 2: Generic	$8	$8	$9	$5	$5
Tier 3: Preferred brand	$40	$40	$40	$30	$30
Tier 4: Nonpreferred drug	$90	$90	$90	41%	41%
Tier 5: Specialty	30%	30%	30%	27%	27%
Percent of Part D drugs covered	97%	97%	50%-60%	50%-60%	50%-60%

Plan comparison Medical Benefits	MAPD In-Network	MAPD Out-of-Network	Individual Medicare Advantage Plan not offered by Lumen	Medicare Supplement Plan G not offered by Lumen	Medicare Supplement Plan N not offered by Lumen
Catastrophic Coverage	$0	$0	Greater of 5% or small copay	Greater of 5% or small copay	Greater of 5% or small copay

Note: You can save money by utilizing Home Delivery. You can receive a 90 day supply from OptumRx for the cost of a 60 day retail supply. To find out how your drugs are covered, contact UHC Customer Service at 844-588-5873 or log in to lumen.com/MAPD.

Dental coverage is included with the MAPD

PPO Plan Design

Annual Benefit Maximum (per person)	$1,000
You Pay	
Annual Deductible	$50
Plan Pays (after deductible)	
Diagnostic and preventive (no deductible) Cleanings, exams, x-rays	100%
Minor services fillings, root canals, periodontics	80%
Major services crowns, dentures and bridges	50%
Oral surgery	50%
Passive PPO Network	When you use network providers, you pay a percentage of discounted fees.
Administrator	UHC, 800-445-9090

Executive Medical Plan overview

In addition to your other medical options, you are eligible for the Executive Medical option. Enrollment is automatic, and there is no cost to you.

Percentage of covered expenses payable	100%
Lifetime maximum benefit for orthodontia for each enrolled participant	$4,000
Calendar year maximum benefit for basic and major dental services for each enrolled participant	$1,500
Services not covered	• Any service or supply not allowable as a tax deduction under the Internal Revenue Code • Custodial care • Vision care • See your Executive Medical Summary Plan Description (SPD) for other services not covered

Dental Plan overview

Basic Dental Plan - Passive PPO

Your Lumen Dental PPO plan is passive, meaning that you will pay the same coinsurance levels, have the same deductible requirements and be allotted the same Annual Maximum value regardless of going In or Out-of-Network. In-Network services are subject to MetLife's negotiated PDP 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.

For specific details on how services are covered or excluded, please contact MetLife or refer to the Summary Plan Description (SPD) available in the Reference Center on the home page of the Health and Life website. You can request to have a copy of the SPD mailed to you through the Service Center. Please take into consideration Lumen's Going Green initiative. Mailing the information will be sent via USPS and delivery will depend solely on USPS. You may or may not receive the SPD during the Annual Enrollment window. For this reason we recommend you reach out to MetLife or the Service Center for specific information to allow you to make an informed decision about your elections.

Note: Dependent(s) can enroll in dental coverage if the Retiree is enrolled. If the Retiree waives dental coverage, the dependent(s) cannot enroll. For example, if the Retiree elects dental but suspends medical, his/her dependent(s) can enroll in dental and will be set up as suspending medical coverage.

If you are unsure how to enroll, please contact the Service Center and they can help guide you through the enrollment process online or can take your enrollment over the phone.

Annual benefit maximum (per person)	**$1,000 (not including oral surgery)**
You Pay	
Annual Deductible	$25 for General Care and Major and Restorative; no deductible for Diagnostic, Preventive or Oral Surgery
Plan Pays (after deductible)	
Diagnostic and preventive (no deductible) cleanings, exams, x-rays	100% up to maximum allowable amount
Minor services fillings, root canals, periodontics	50% up to maximum allowable amount
Major services crowns, dentures and bridges	50% up to maximum allowable amount
Oral surgery (No Deductible)	80% no limit
Passive PPO network	When you use network providers, you pay a percentage of discounted fees.
Administrator	MetLife Group number: 148096 Phone number: 866-832-5756

If you and all of your dependent(s) are Medicare eligible:

- If you waive or suspend coverage, you can enroll in an individual dental policy of your choice outside of the Company.
- You may enroll in an individual dental policy through Via Benefits at lumen.com/viabenefits or on your own directly with a dental insurance carrier or a local broker of your choice.
- If you elect to suspend dental coverage, the plan name online reads: Suspend Dental or Suspend Dental (enrolled in MAPD) depending if you wish to elect the MAPD for your Medicare option. The name will continue to say “Initial” or “Final” depending on if you have used your One-Time Suspend option.

If you elect to waive your dental coverage you will not be eligible to enroll in the future, including if you have a qualified life event or during Annual Enrollment. The plan name online reads: Waive Dental.

Who do I contact? – Helpful resources

When you need more detailed information about Plan specifics, review your SPDs and SMMs located in the **Reference Center** on the Health and Life website lumen.com/healthbenefits. You can request to have a copy of SPDs or SMMs mailed to you through the Service Center. Please take into consideration Lumen's Going Green initiative. Mailing the information will be sent via USPS and delivery will depend solely on USPS. You may or may not receive the SPD(s) during the Annual Enrollment window. For this reason we recommend you reach out to the Claims Administrator, MetLife, UnitedHealthcare or the Service Center for specific information to allow you to make an informed decision about your elections.

Administrator/Plan/Program	Website/Group number	Phone number
To report a death, contact the Pension Administrator, WTW, who will notify all Lumen Claims and Plan Administrators	N/A	888-324-0689 Mon-Fri, 8 a.m. - 7 p.m. (CST)
Lumen Health and Life Service Center	lumen.com/healthbenefits 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 on your own through the Claims Administrator or your Health Care provider.	lumen.com/healthbenefits	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		
HDHP including prescription drug through OptumRx	UnitedHealthcare: myuhc.com **Search:** UHC App, available for free in the App Store and Google Play **Group Number:** 192086	UnitedHealthcare: 800-842-1219 You can't enroll through this number. UHC can answer questions regarding plan provisions. Enrollment is completed through the Service Center.
Surest Health PPO and Surest Select Health PPO including prescription drug through OptumRx	If you want more information, visit lumen.com/joinsurest **Search:** Surest, 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)
Medical - Medicare eligible participants		
Lumen Retiree Medicare Advantage PPO plus Dental - MAPD	UHC: lumen.com/MAPD **Search:** UHC App, available for free in the App Store and Google Play **Group Number:** 12273	844-588-5873

Administrator/Plan/Program	Website/Group number	Phone number
Additional Medical Programs and Plans		
2nd.MD Lumen provides access to 2nd.MD services free for eligible retirees and dependent(s) enrolled in a Lumen UHC or a Surest Plan.	lumen.com/2ndmd **Search:** 2nd.MD, available for free in the App Store and Google Play	800-531-6329 Mon-Fri, 7 a.m. – 7 p.m. (CST)
Virtual Care Surest Health PPO and Surest Select Health PPO	lumen.com/joinsurest **Search:** Surest App, available for free in the App Store and Google Play	800 531-6329 Mon-Fri, 6 a.m. – 9 p.m. (CST)
HDHP with Optional HSA	myuhc.com **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)
MDLIVE is available for all plans	lumen.com/mdlive	888-632-2738
HDHP	myuhc.com **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)
Via Benefits	lumen.com/viabenefits	888-825-4252
Voluntary Lifestyle Benefits	lumen.com/healthbenefits	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
Dental		
Dental	metlife.com/mybenefits **Search:** Metlife, available for free in the App Store and Google Play Group Number: 148069	866-832-5756 Mon-Fri, 6 a.m. - 10 p.m. (CST)
Life Insurance (if applicable)		
Life Insurance	lumen.com/healthbenefits **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) 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)
LifeWorks US, Inc.	Grief Counseling and Funeral Assistance Services when enrolled in a Basic Life and Basic AD&D plan	888-319-7819 Available 24 hours a day/7 days a week

Change of address updates

Administrator	Website/Email	Mail/Fax/Phone number
Lumen Health and Life Service Center	lumen.com/healthbenefits • Click your name in the top right-hand corner and select **Profile** from the drop-down menu • Select **Your Information** under Profile • Update your address • **Save**	833-925-0487 317-671-8494 (International callers) Mon-Fri, 7 a.m. - 7 p.m. (CST)
Lumen Pension Service Center	lumen.pension.ehr.com	**Mail to:** Lumen Pension Service Center DEPT: LUM P.O. Box 981909 El Paso, TX 79998 **Fax:** 844-286-1282 **Note:** Your written request must include your full name, last four digits of your Social Security number, complete old and new address, signature and date. If your pension is being paid by **Athene**, call 877-813-4240 to update your address. If your pension is being paid by **Brightspeed**, call 844-516-7870 to update your address.

Legal and important required notices

A note about privacy

Keeping your personal information secure is of primary importance to the Company. 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 confidential your User ID and password 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 to add your personal email address as your contact preference on the Health and Life website at lumen.com/healthbenefits. Please be advised that using an email that is not secured may increase your risk of unauthorized disclosure.

Company's reserved rights

This document summarizes certain provisions of the Disability Plan, the Life Insurance Plan and the Retiree and Inactive Health Plan (collectively referred to as the "Plan"). For specific benefit plan information, refer to the respective official Plan documents, and the applicable Summary Plan Description and Summaries of Material Modifications, if any. If there is any conflict between the terms of the official Plan documents and this document, the terms of the official Plan documents will govern. The Plan Administrator has the authority, discretion and the right to interpret and resolve any ambiguities in the Plan or any document relating to the Plan, to supply omissions and resolve conflicts. Benefits and contribution obligations, if any, are determined by the Company in its sole discretion or by collective bargaining, if applicable.

Note: 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 rate under the Plan. You have an obligation to correct any errors or omissions that come to your attention by calling the Service Center to correct the error or omission.

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 events such as marriage, divorce, etc. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Qualifying events for spouses/domestic partners or dependent children include those events above, plus, the covered retiree becoming entitled to Medicare, divorce of the covered retiree, death of the covered retiree, 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. 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 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 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 Retiree 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 any of the benefit options available to you, provided you verify your Spouse's/Domestic Partner's eligibility for the Plan.

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 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 Summary Plan Description (SPD) available in the **Reference Center** on the Health and Life website.

Important note regarding enrollment elections

By electing to participate in the Plans, by your submission of information, you have agreed to be bound to and by the provisions of each of the Plans and their administrative practices, including, but not limited to with respect to the recovery of over and underpayments, terms and conditions for eligibility and benefits. You certify that the submission of information by you in this enrollment process is true and accurate to the best of your knowledge; you agree that you'll submit new information timely as changes occur. You understand that if you are found to have falsified any document in support of a claim for eligibility or reimbursement, the Plan Administrator may, subject to and 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 claim 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 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 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.

For specific benefit plan information, including terms and conditions for eligibility, limitations and benefits refer to the respective Plan documents, including the applicable SPD and SMM, if any. If there is any conflict between the terms of the Plan documents and this correspondence, the terms of the Plan documents will govern.

Notice of "Exempt" Retiree Medical Plan status

The Retiree and Inactive Health Plan, and all of its benefit options meet the requirements of a stand-alone exempt retiree medical benefit plan under Section 732 of ERISA and, therefore, is not required to comply with benefit mandates of the Patient Protection and Affordable Care Act (PPACA). However, the Company has decided to voluntarily apply certain provisions of the PPACA to these benefit options. This voluntary application of certain PPACA provisions is separate from and not part of the health care commitment to the Qwest Pre-1991 and Qwest ERO '92 Retiree populations. This means that for all retirees, this voluntary compliance with PPACA may be changed or ended at any time and does not waive the Plan's status as "exempt" from PPACA. If you choose to participate in the Medicare Advantage PPO or the Lumen Retiree HRA, the policy you elect is an individual policy.

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 and print the complete notice at lumen.com/healthbenefits. You may obtain a paper copy upon request by calling the Service Center at 833-925-0487.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

Note: This is an updated notice.

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877-KIDS-NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 866-444-EBSA(3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.

Alabama – Medicaid
Website: myalhipp.com
Phone: 855-692-5447

Alaska – Medicaid
The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

Arizona - AHCCCS-KidsCare
Website: azahcccs.gov/Members/GetCovered/Categories/KidsCare.html
Phone: 800-654-8713

Arkansas – Medicaid
Website: myarhipp.com
Phone: 855-MyARHIPP (855-692-7447)

California - Medi-Cal
Website: dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx
Phone: 800-541-5555

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado
Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: 800-221-3943/State Relay 711
CHP+: colorado.gov/pacific/hcpf/child-health-planplus
CHP+ Customer Service: 800-359-1991/State Relay 711

Connecticut - HUSKY Program
Website: portal.ct.gov/HUSKY
Phone: 855-626-6632

Delaware - Delaware Healthy Children Program
Website: dhss.delaware.gov/dss/dhcp.html
Phone: 800-372-2022

Florida – Medicaid
Website: myflfamilies.com
Phone: 877-357-3268

Georgia – Medicaid
Website: medicaid.georgia.gov/programs/all-medicaid-members
Click on Health Insurance Premium Payment (HIPP)
Phone: 678-564-1162, Press 1

Hawaii - Med Quest
Website: medquest.hawaii.gov
Phone: 855-643-1643

Idaho - Idaho CHIP
Website: healthandwelfare.idaho.gov/servicesprograms/medicaid-health/childrens-healthinsurance-program-chip
Phone: 800-926-2588

Illinois - Illinois All Kids
Website: www2.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/about.aspx
Phone: 866-255-5437

Indiana – Medicaid
Healthy Indiana Plan for Low-Income Adults 19-64
Website: in.gov/fssa/hip
Phone: 877-438-4479
All other Medicaid
Website: indianamedicaid.com
Phone: 800-403-0864

Iowa – Medicaid
Website: dhs.iowa.gov/hawki
Phone: 800-257-8563

Kansas – Medicaid
Website: kancare.ks.gov/consumers/apply-for-kancare
Phone: 800-792-4884

Kentucky – Medicaid
Website: kynect.ky.gov
Phone: 800-635-2570

Louisiana – Medicaid
Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 888-342-6207

Maine – Medicaid
Website: maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 800-442-6003
TTY: Maine relay 711

Maryland - Maryland Children's Health Program (MCHIP)
Website: health.maryland.gov/mmcp/chp/pages/home.aspx
Phone: 855-642-8572

Massachusetts – Medicaid and MassHealth
Website: mass.gov/orgs/masshealth
Phone: 800-862-4840

Michigan - Michigan MIChild
Website: michigan.gov/mdhhs/0,5885,7-339-71547_2943_4845_4931---,00.html
Phone: 888-988-6300

Minnesota – Medicaid
Website: mn.gov/dhs
Phone: 800-657-3739

Mississippi - Mississippi Children's Health Insurance Program (CHIP)
Website: medicaid.ms.gov
Phone: 800-421-2408

Missouri – Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

Montana – Medicaid
Website: dphhs.mt.gov/montanahealthcareprograms/HIPP
Phone: 800-694-3084

Nebraska – Medicaid
Website: ACCESSNebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada – Medicaid
Website: dhcfp.nv.gov
Phone: 800-992-0900

New Hampshire – Medicaid
Website: dhhs.nh.gov/programs-services/medicaid
Phone: 603-271-5218
Toll-free number for HIPP: 800-852-3345 ext. 5218

New Jersey – Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/
CHIP Website: njfamilycare.org
Medicaid Phone: 609-631-2392
CHIP Phone: 800-701-0710

New Mexico – Medicaid
Website: insurekidsnow.gov/coverage/nm/index.html
Phone: 877-543-7669

New York – Medicaid
Website: health.ny.gov/health_care/medicaid/
Phone: 800-541-2831

North Carolina – Medicaid
Website: dma.ncdhhs.gov
Phone: 919-855-4100

North Dakota – Medicaid
Website: hhs.nd.gov/healthcare/medicaid
Phone: 844-854-4825

Ohio – Medicaid - Healthy Start
Website: benefits.gov/benefit/1610
Phone: 800-324-8680

Oklahoma – Medicaid and CHIP
Website: insureoklahoma.org
Phone: 888-365-3742

Oregon – Medicaid
Website: oregon.gov/oha/hsd/medicaid-policy/pages/state-plans.aspx
Phone: 800-699-9075

Pennsylvania – Medicaid
Website: dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx
Phone: 800-692-7462

Rhore Island – Medicaid
Website: eohhs.ri.gov
Phone: 855-697-4347 or 401-462-0311 (Direct RIte Share Line)

South Carolina – Medicaid
Website: scdhhs.gov
Phone: 605-773-4678

South Dakota – Medicaid
Website: dss.sd.gov
Phone: 888-828-0059

Tennessee TennCare – CoverKids
Website: tn.gov/coverkids.html
Phone: 855-259-0701

Texas – Medicaid
Website: hhs.texas.gov/services/health/medicaid-chip
Phone: 800-440-0493

Utah – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov
CHIP Website: health.utah.gov/chip
Phone: 877-543-7669

Vermont – Medicaid
Website: greenmountaincare.org
Phone: 800-250-8427

Virginia – Medicaid and CHIP
Website: coverva.org
Medicaid Phone: 800-432-5924
CHIP Phone: 855-242-8282

Washington – Medicaid
Website: hca.wa.gov
Phone: 800-562-3022 ext. 15473

Washington D,C. - DC Medicaid - Healthy Families
Website: dhcf.dc.gov/service/dc-healthy-families
Phone: 202-442-5988

West Virginia – Medicaid
Website: mywvhipp.com
Phone: 855-MyWVHIPP (699-8447)

Wisconsin – Medicaid and CHIP
Website: dhs.wisconsin.gov
Phone: 800-362-3002

Wyoming – Medicaid
Website: health.wyo.gov/healthcarefin/medicaid/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

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 and with respect to the Health Plan, the written agreement specific to Pre-1991/ERO'92 Retirees. The Employee Benefits Committee, as the Plan Administrator, may adopt, at any time, rules and procedures that 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.

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 the Health and Life website regarding any applicable restrictions. Contact the Claims Administrator of your medical benefit option for more information.