

# **2025 Retiree and COBRA Premiums Qwest Union Represented**

Jan. 1, 2025



#### Qwest Union Represented Premium rate sheets included in this document:

- Qwest Union Represented Group 10
- Owest Union Represented Retiree Supplemental/Optional Term Life Insurance Premiums
- COBRA Active Premiums
- COBRA Retiree Premiums

Please locate your applicable Qwest Union Represented Retiree Premium rate sheet. If you have trouble determining which Premium rate sheet applies to you, please refer to the **Retiree Healthcare and Life Benefits Matrix** on <u>lumenbenefits.com</u> or in the **Reference Center** on the <u>Health and Life website</u> to determine your group.

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

### **Qwest Union Represented - Group 10**

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health PPO	\$1,236.84	\$1,236.84	\$2,473.68	\$1,793.42	\$1,793.42	\$3,030.26	\$556.58
Surest Select Health PPO	\$1,261.60	\$1,261.60	\$2,523.21	\$1,829.32	\$1,829.32	\$3,090.92	\$567.72
High Deductible Health Plan (HDHP)	\$1,224.49	\$1,224.49	\$2,448.99	\$1,775.52	\$1,775.52	\$3,000.01	\$551.03
Dental	\$39.87	\$39.87	\$79.75	\$69.78	\$69.78	\$119.62	\$29.90
LQ Union Company Medical Subsidy Cap	\$520.83	\$520.83	\$1,041.67	\$693.33	\$693.33	\$1,214.17	\$172.50

### **Retiree Non-Medicare Medical plans and total monthly premiums**

### **Retiree Non-Medicare Medical plans monthly contributions**

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health PPO	\$716.01	\$716.01	\$1,432.01	\$1,100.09	\$1,100.09	\$1,816.09	\$384.08
Surest Select Health PPO	\$740.77	\$740.77	\$1,481.54	\$1,135.99	\$1,135.99	\$1,876.75	\$395.22
High Deductible Health Plan (HDHP)	\$703.66	\$703.66	\$1,407.32	\$1,082.19	\$1,082.19	\$1,785.84	\$378.53
Dental	\$39.87	\$39.87	\$79.75	\$69.78	\$69.78	\$119.62	\$29.90

### Lumen Medicare Advantage PPO plus Dental (MAPD) Plan

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

Monthly contributions for the MAPD Plan	You Only	Spouse Only	You + Spouse	You + Spouse + Child	You + Spouse + Children	You + Child	You + Children	Spouse + Child	Spouse + Children	Child Only	Children Only
Qwest Union Represented	\$27.47	\$27.47	\$54.93	\$115.73	\$314.53	\$88.27	\$287.07	\$88.27	\$287.07	\$60.80	\$259.60

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

#### Medicare Health Reimbursement Account (HRA) total Annual Company Subsidy

**Important:** The Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered. If the Retiree suspends or waives, dependents will also be suspended or waived.

Premiums for Spouse only, Child only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants. If the Retiree enrolls in the Lumen Medicare Advantage PPO plus Dental (MAPD) Plan, they will suspend the Dental plan because the MAPD Plan offers Dental coverage. The retiree's dependents who are not Medicare eligible can remain in Dental coverage. If the Retiree suspends Dental coverage for reasons other than enrolling in the MAPD Plan, the retiree's dependents will also be suspended.

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### **Qwest Union Represented (Occupational) Retiree Supplemental/Optional Term Life Insurance Rates**

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

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

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## 2025 Total Monthly Active COBRA Premiums

Medical	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Surest Health PPO	\$810.28	\$1,701.58	\$1,458.53	\$2,349.83	\$891.31	\$1,539.55	\$648.25
Surest Select Health PPO	\$826.49	\$1,735.62	\$1,487.70	\$2,396.83	\$909.14	\$1,570.34	\$661.22
HDHP with Optional HSA	\$802.18	\$1,684.58	\$1,443.94	\$2,326.33	\$882.40	\$1,524.16	\$641.76

Dental	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Dental Option 1	\$31.55	\$72.63	\$78.94	\$120.00	\$41.09	\$88.45	\$47.39
Dental Option 2	\$39.02	\$89.80	\$97.60	\$148.35	\$50.79	\$109.33	\$58.59

Vision	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Vision	\$7.98	\$16.73	\$14.41	\$23.12	\$8.75	\$15.15	\$6.44

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### **2025 Total Monthly Retiree COBRA Premiums**

### 2025 Non-Medicare Medical COBRA premiums

	Retiree only	Spouse only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health PPO	\$1,261.58	\$1,261.58	\$2,523.15	\$1,829.29	\$1,829.29	\$3,090.87	\$567.71
Surest Select Health PPO	\$1,286.83	\$1,286.83	\$2,573.67	\$1,865.91	\$1,865.91	\$3,152.74	\$579.07
HDHP with Optional HSA	\$1,248.98	\$1,248.98	\$2,497.97	\$1,811.03	\$1,811.03	\$3,060.01	\$562.05

### Lumen Medicare Advantage PPO plus Dental (MAPD) Plan monthly premium

	Per covered Medicare individual in the MAPD Plan
MAPD	\$202.78

### 2025 Dental Plan COBRA premiums

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Dental	\$40.67	\$40.67	\$81.34	\$71.17	\$71.17	\$122.01	\$30.50

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