

United
Healthcare

Summary Plan Description

Lumen Technologies, Inc.

**Flexible Spending Account, Limited Purpose Flexible
Spending Account and Dependent Day Care**

Effective Date: January 1, 2025

LUMEN®

FLEXIBLE SPENDING ACCOUNT PLAN

NOTICE TO EMPLOYEES

This Summary Plan Description describes the Employer-sponsored Flexible Spending Account Benefit options under the medical plans as of January 1, 2025.

Lumen Technologies, Inc. has entered into an arrangement with UnitedHealthcare Services, Inc, Hartford, CT ("UnitedHealthcare") under which UnitedHealthcare will process reimbursements and provide certain other administrative services to the Plan.

UnitedHealthcare does not insure the benefits described in this Summary Plan Description.

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PLAN HIGHLIGHTS

Under the Plan, you can elect to establish two Flexible Spending Accounts ("FSAs") which you fund with before-tax contributions from your salary, and which you then use to reimburse yourself for Eligible Expenses.

- This Flexible Spending Account ("FSA") is a **Health Care Flexible Spending Account ("HCFSA")**. The HCFSA is for reimbursement of eligible health care expenses, including certain medical and dental expenses for you, your spouse, your dependent children, and any other dependents as determined by Lumen Technologies, Inc. and in compliance with the Internal Revenue Code (IRC).
- This Flexible Spending Account ("FSA") also includes a **Limited Purpose Flexible Spending Account ("LPFSA")**. The LPFSA is for reimbursement of eligible health care expenses, including certain vision and dental expenses for you, your spouse, your dependent children, and any other dependents you can claim on your federal tax return.

Note: If you are enrolled in the **High Deductible Health Plan with Optional HSA (HDHP) Plan** offered by Lumen Technologies, Inc. you cannot be reimbursed for Eligible Health Care Expenses other than for **dental or vision expenses** until **AFTER you meet the annual deductible** under your High Deductible Health Plan with Optional HSA (HDHP) Plan.

- The **Dependent Day Care Flexible Spending Account ("DCFSA")** is a type of FSA used for reimbursement of Eligible Dependent Care Expenses, such as day care.

You can elect to participate in the HCFSA, the DCFSA, or both.

Each Plan Year (January 1 through December 31) you can contribute to your HCFSA, LPFSA and/or DCFSA, and then, during the Plan Year, you can receive reimbursement from the appropriate account for Eligible Expenses that are not otherwise reimbursed. If you are enrolled in the **High Deductible Health Plan with Optional HSA (HDHP) Plan** you cannot be reimbursed for Eligible Health Care Expenses from your HCFSA other than for **dental or vision expenses** until **AFTER you meet the annual deductible** under your High Deductible Health Plan with Optional HSA (HDHP) Plan Contribution levels are set forth as described under Section, *Contributions*.

WHO IS ELIGIBLE AND HOW TO START YOUR FLEXIBLE SPENDING ACCOUNT

Who is Eligible

Regular full-time or part-time employees of the Plan Sponsor who are scheduled to work at his or her job at least 30 hours per week are eligible to participate in the Plan.

When You May Enroll

You may elect to participate in the Plan during your first 31 days of employment or during any subsequent annual enrollment period. If timely elected, the Plan will be effective on your date of hire. If you do not elect to participate during your first 31 days of employment, you must wait until

the next annual enrollment period to elect to participate in the Plan, unless you have experienced a qualified change in status. (Refer to Section Changing Your Contribution Amounts.) You will need to enroll each year, even if you enrolled in the Plan the year before.

How to Enroll

You elect to participate in the Plan by completing an enrollment form and submitting it to Human Resources. You must specify the amount of before-tax dollars you wish to contribute to the HCFSA, LPFSA, and/or the DCFSA.

To enroll, call Human Resources within 31 days of the date you first become eligible to participate in the Plan. If you do not enroll within 31 days, you will need to wait until the next annual Open Enrollment to participate in the Plan.

Each year during annual Open Enrollment, you have the opportunity to review and change the amount of before-tax dollars you wish to contribute to the HCFSA, LPFSA, and/or the DCFSA. Any changes you make during Open Enrollment will become effective the following January 1.

CONTRIBUTIONS

Each year, you must decide the amount of before-tax dollars you want to contribute to the accounts. Please note that these accounts are not "funded." Rather, the amount you elect to "contribute" remains in the employer's general assets until claims are reimbursed. You may contribute to the HCFSA, LPFSA or DCFSA, or both, however, amounts contributed to one account can not be used to reimburse expenses under the other account. You should carefully estimate your Eligible Health Care and Dependent Care Expenses, collectively referred to throughout this Summary Plan Description as "Eligible Expenses", for the upcoming Plan Year because IRS regulations require that you forfeit any unused funds remaining in either account after the end of the Plan Year including those unused funds remaining after a 2.5 month period immediately following the end of the Plan year under the HCFSA or LPFSA. If you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan you cannot be reimbursed for the amounts contributed to your HCFSA or LPFSA other than for dental or vision until AFTER you meet the annual deductible under your High Deductible Health Plan with Optional HSA (HDHP) Plan. You should consider this when deciding on the amount to contribute to your HCFSA or LPFSA.

You have until April 30, 2026 of the next year to request reimbursement for Eligible Expenses incurred during the Plan Year and those incurred during the first 2.5 month(s) immediately following the end of the Plan year under the HCFSA or LPFSA.

For the Health Care Flexible Spending Account, you may elect to contribute between \$0 and \$3,300 a year.

For the Limited Purpose Flexible Spending Account, you may elect to contribute between \$0 and \$3,300 a year.

For the Dependent Day Care Account, you may elect to contribute between \$0 and \$5,000 a year, or if you are married and filing separately for federal income tax purposes, you may elect to contribute up to \$2,500 a year. If you or your spouse's earned income is less than \$5,000 per year, the amount that you can contribute is reduced to the amount of your or your spouse's earned income.

NOTE: The IRS has established certain tax qualification rules so that Health Care FSAs do not discriminate in favor of the highly compensated Employees. If you are highly compensated, as annually defined by the IRS, your contributions to the Traditional Health Care FSA or the Day Care Flexible Savings Account may be limited. If you are determined to be a highly compensated employee, the Plan Administrator may need to adjust your contribution election, and you will be notified.

CHANGING YOUR CONTRIBUTION AMOUNTS

IRS regulations do not permit you to stop or change the amount you contribute to a flexible spending account during the Plan year, unless you meet one of the following conditions:

- A. With regard to both a HCFSA, LPFSA, and/or DCFSA, one of the following changes in status occurs:

- An event that results in a change in your legal marital status, including your marriage, the death of your spouse, or your divorce, legal separation or annulment.
 - An event that results in a change in the number of your dependents, including birth, adoption, placement for adoption or death of a dependent.
 - An event that results in a change in the employment status of you, your spouse or dependent, including termination or commencement of employment, a strike or lockout, the commencement of or return from an unpaid leave of absence
 - An event that causes your dependent to satisfy or cease to satisfy the eligibility requirements due to the attainment of age, student status or any similar circumstances, as provided under the HCFSA, LPFSA, and/or DCFSA.
- B. For individuals who participate in a HCFSA or LPFSA, the following additional events will enable you to change your election:
- If you become entitled to Medicare or Medicaid, you may elect to revoke your HCFSA or LPFSA coverage. If you lose coverage under Medicare or Medicaid, you may increase your coverage.
 - If the FSA Plan Sponsor and/or Lumen Technologies, Inc. receives a judgment, decree or order resulting from your divorce, legal separation, annulment or change in legal custody that requires group health coverage for your dependent child then the FSA Plan Administrator and/or Lumen Technologies, Inc. may:
 - ◆ Change your election to provide coverage for that child if the order requires you to provide coverage for the child under the HCFSA or LPFSA, or
 - ◆ Permit you to cancel your child's coverage under the HCFSA or LPFSA, if the order requires your former spouse to provide coverage.
- C. For individuals who participate in a DCFSA, the following events, in addition to those in (A.) above will enable you to change your election:

- A change in your dependent care provider.
- A significant increase or decrease in the cost of the dependent care, but only if the dependent care provider that imposes the cost change is not related to you.

You must notify Lumen Technologies, Inc. within 31 days of above change in status events to request a change in coverage. No change in election will be permitted after 31 days.

The above rules are intended to be consistent with the IRS regulations under Sections 125 and 129 of the Internal Revenue Code and to the extent there is any inconsistency, those regulations shall control.

Any new election hereunder must be on account of and correspond with the change in status event and that affects eligibility for coverage. This means that there must be a logical relationship between the event that occurs and the election change you are requesting (i.e., if you divorce, it would not be logical to increase your HCFSA election). As used herein, "dependent" means a tax dependent under Section 152 of the Internal Revenue Code.

Changes in contribution amounts made during the Plan year are effective as of the first of the month following the date that you timely notify Lumen Technologies, Inc. of the change in status.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Eligible Health Care Expenses

To be eligible for reimbursement from your HCFSA, the health care expenses must be:

- Incurred for medical care, defined in Section 213(d) of the Internal Revenue Code as amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body including prescription medicine and drugs and eligible over-the-counter, supplies and materials.
- Incurred while you are participating in the HCFSA. If you decide not to re-enroll in the Plan, you are still eligible for reimbursement during the 2.5 month period immediately following the end of the Plan year as long as you were enrolled in the HCFSA on the last day of the Plan year
- Incurred during the Plan Year or during the 2.5 month(s) immediately following the end of the Plan year.

Please note Any reimbursement you receive through your HCFSA can not be reimbursed under any other plan covering health benefits, including a spouse's or dependent's plan.

Below is a partial list of the types of health care expenses eligible for reimbursement from your LPFSA. Generally, Eligible Expenses are those for which you could have claimed a tax deduction on an itemized federal income tax return (without regard to any threshold limitation) and include any deductible and copayment amounts.

Generally, Eligible Expenses are those for which you could have claimed a tax deduction on an itemized federal income tax return (without regard to any threshold limitation) and include any deductible and copayment amounts.

A more comprehensive list of Eligible Expenses is available at www.myuhc.com. Some guidance regarding what constitutes eligible medical expenses (including additional examples) is provided in IRS Publication 502 which is available from any regional IRS office or IRS website www.irs.gov or by phone at 1-800-TAX-FORM (1-800-829-3676).

Eligible Medical Expenses.

- Copayments, Coinsurance and Deductible amounts;
- Routine physical exams;
- Routine lab and x-rays performed for medical reasons;
- Birth control items prescribed by your doctor;
- Childbirth classes;
- Cardiac rehabilitation classes;
- Drug abuse treatment centers;
- Sterilization unless prohibited by law;

- Other qualified 213(d) medical expenses not covered by the underlying medical plan;

Eligible Vision Expenses.

- Routine eye examinations;
- Eyeglasses;
- Contact lenses, including all necessary supplies and equipment.

Eligible Hearing Expenses.

- Routine hearing examinations;
- Hearing aids and repairs;
- Cost and repair of special telephone equipment for the deaf.

Eligible Dental Expenses.

- Copayments, Coinsurance and Deductible amounts;
- Preventive Care;
- Exams, cleanings, x-rays, root canals and bridges.
- Dentures and fillings;

Eligible Prescription Drugs.

- Copayments, Coinsurance and Deductible amounts.
- Cost for allowable prescription drugs;

Eligible Non-Prescription Drugs and Supplies.

- Cost for certain allowable OTC medical supplies, materials, medicines and drugs.
- Cost for allowable menstrual care products. For purposes of this SPD, the term ‘menstrual care products’ means a tampon, pad, liner, cup, sponge, or similar products used by individuals with respect to menstruation or other genital-tract secretions;

Ineligible Expenses

The partial list below includes examples of expenses that are not eligible for reimbursement:

- Expenses incurred before you meet the annual deductible under your High Deductible Health Plan with Optional HSA (HDHP) with the exception of Eligible Dental or Eligible Vision Expenses.
- Expenses incurred for cosmetic surgery or other similar procedures, unless the procedure is necessary to improve deformities directly related to a congenital condition, a personal injury or a disfiguring disease.
- Expenses for custodial care in a nursing home.

- Insurance premiums, including Medicare Part B premiums, long term care premiums, and other payments or contributions for health coverage (such as contributions for coverage under an employer-sponsored group health plan or HMO or other health plan).
- Expenses incurred for general good health (such as vitamins and other dietary supplements, and toothpaste).
- Expenses incurred before the effective date of your account.

In addition, as with any other expense reimbursed under any other plan covering health benefits, including a spouse's or dependent's plan, health expenses reimbursed through your HCFSA can not be claimed as deductions on your income tax return.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

Eligible Expenses

To be eligible for reimbursement from your LPFSA, the health care expenses must be all of the following:

- Incurred AFTER you meet the annual deductible under the High Deductible Health Plan with Optional HSA (HDHP) Plan, if you are enrolled in that plan, other than for dental or vision expenses.
- Incurred while you are participating in the Plan.
- Incurred during the Plan Year.
- Not reimbursed under any other plan covering health benefits, including a spouse's or dependent's plan.

Please note Any reimbursement you receive through your LPFSA can not be reimbursed under any other plan covering health benefits, including a spouse's or dependent's plan.

Below is a partial list of the types of health care expenses eligible for reimbursement from your HCFSA. If you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan you are not eligible for reimbursement from your HCFSA, other than for dental or vision expenses.

A more comprehensive list of Eligible Expenses is available at www.myuhc.com. Some guidance regarding what constitutes eligible medical expenses (including additional examples) is provided in IRS Publication 502 which is available from any regional IRS office or IRS website www.irs.gov or by phone at 1-800-TAX-FORM (1-800-829-3676).

Eligible Expenses available alongside your High Deductible Health Plan with Optional HSA (HDHP) Plan

- If you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan Eligible Dental, or Eligible Vision Expenses described below can be reimbursed from your HCFSA BEFORE you meet the annual deductible under your High Deductible Health Plan with Optional HSA (HDHP) Plan.

- If you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan all Eligible Expenses described below and Eligible Expenses available through your High Deductible Health Plan with Optional HSA (HDHP) Plan described in a separate SPD provided by Lumen Technologies, Inc. can be reimbursed from your HCFSA only AFTER you meet the annual deductible under your High Deductible Health Plan with Optional HSA (HDHP) Plan.

Eligible Medical Expenses.

- Coinsurance amounts;
- Routine physical exams;
- Routine lab and x-rays performed for medical reasons;
- Birth control items prescribed by your doctor;
- Childbirth classes;
- Cardiac rehabilitation classes;
- Drug abuse treatment centers;
- Sterilization unless prohibited by law;
- Other qualified 213(d) medical expenses not covered by the underlying medical plan;

Eligible Vision Expenses.

- Routine eye examinations;
- Eyeglasses;
- Contact lenses, including all necessary supplies and equipment.

Eligible Hearing Expenses.

- Routine hearing examinations;
- Hearing aids and repairs;
- Cost and repair of special telephone equipment for the deaf.

Eligible Dental Expenses.

- Copayments, Coinsurance and Deductible amounts;
- Preventive Care;
- Exams, cleanings, x-rays, root canals and bridges.
- Dentures and fillings;

Eligible Prescription Drugs.

- Copayments, Coinsurance and Deductible amounts.
- Cost for allowable prescription drugs;

Eligible Non-Prescription Drugs and Supplies.

- Cost for certain allowable OTC medical supplies, materials, medicines and drugs.
- Cost for allowable menstrual care products. For purposes of this SPD, the term ‘menstrual care products’ means a tampon, pad, liner, cup, sponge, or similar products used by individuals with respect to menstruation or other genital-tract secretions;

Ineligible Expenses

The partial list below includes examples of expenses that are not eligible for reimbursement:

- Expenses incurred before you meet the annual deductible under your High Deductible Health Plan with Optional HSA (HDHP) with the exception of Eligible Dental or Eligible Vision Expenses.
- Expenses incurred for cosmetic surgery or other similar procedures, unless the procedure is necessary to improve deformities directly related to a congenital condition, a personal injury or a disfiguring disease.
- Expenses for custodial care in a nursing home.
- Insurance premiums, including Medicare Part B premiums, long term care premiums, and other payments or contributions for health coverage (such as contributions for coverage under an employer-sponsored group health plan or HMO or other health plan).
- Expenses incurred for general good health (such as vitamins and other dietary supplements, and toothpaste).
- Expenses incurred before the effective date of your account.

In addition, as with any other expense reimbursed under any other plan covering health benefits, including a spouse's or dependent's plan, health expenses reimbursed through your HCFSAs can not be claimed as deductions on your income tax return.

DEPENDENT DAY CARE ACCOUNT

Eligible Expenses

Eligible Expenses that can be reimbursed from your DCFSA are expenses incurred for household and dependent care services that enable you and (if married) your spouse to be gainfully employed, which generally means working or actively looking for work.

If your spouse has no earned income, you can not use a DCFSA unless your spouse is physically or mentally incapable of caring for himself or herself, is looking for work or is a full-time student for at least five months during the Plan Year.

To qualify for reimbursement, Dependent Care Expenses can not exceed your earned income or, if married, the earned income of the lesser earning spouse. Earned income (including any self-employment earnings) is generally the remaining salary after all pre-tax salary reductions have been made. If married and your spouse is physically or mentally incapable of caring for himself or herself or is a full-time student, the IRS considers your spouse to have a monthly income of \$250 (as adjusted from time to time) if you have one dependent, or \$500 (as adjusted from time to time) if you have two or more dependents, for each month that your spouse is incapable of caring for himself or herself or is a full-time student.

Dependent Care Expenses must be incurred for a qualified dependent. Qualified dependents are:

- a dependent under federal tax law who is a child under age 13; or
- a spouse or dependent under federal tax law who is physically or mentally incapable of caring for himself or herself; provided that such spouse or dependent lives in your home for more than one-half of the year; or
- a dependent under federal tax law who is physically or mentally incapable of caring for himself or herself; provided that such dependent lives in your home for more than one-half of the year, if you provide over one-half of the individual's support for the taxable calendar year.

Eligible Expenses include, but are not limited to, the following expenses if not otherwise excluded:

- Expenses for care at a day care center that complies with all applicable state and local regulations.
- Expenses for licensed nursery school fees.
- Expenses for care provided by a housekeeper, babysitter or other person in your home who primarily cares for eligible children or an eligible adult dependent.
- Expenses for care provided by a relative who cares for your qualified dependents, so long as that relative is over the age of 19 and is not your dependent under federal tax law.
- Expenses for care for a qualified dependent age 13 or over, including a spouse or adult dependent, who is physically or mentally incapable of caring for himself or herself. If you are claiming reimbursement for care outside your home for such dependent, the dependent must spend at least 8 hours each day in your home.

- Expenses for care at a day camp to which you send your children (under age 13) during school vacations so that you and your spouse, if you are married, can be gainfully employed or attend school full-time.

Dependent Care Tax Credit vs. Dependent Day Care Account

Some employees may be eligible to claim a dependent care tax credit on their federal income tax return. This credit is available for the same types of expenses as the DCFSA. However, the IRS requires that the dependent care tax credit be reduced, dollar for dollar, by the amount reimbursed under a Dependent Day Care Flexible Spending Account. In other words, you can not use expenses reimbursed through the DCFSA to claim the tax credit.

For more information about how the dependent care tax credit works, see IRS Publication No. 503. In addition, because each employee's situation is different, you may want to consult with a tax advisor before deciding whether to use the tax credit or the DCFSA.

HEALTH CARE SPENDING CARD DEBIT MASTERCARD®

You will be provided with a Health Care Spending Card Debit MasterCard® that may be used to deduct Eligible Expenses directly from your HCFSA and/or DCFSA. The Health Care Spending Card Debit MasterCard® allows for direct payments to qualified locations and providers and can be used at any approved location that accepts MasterCard®. Use of the Health Care Spending Card Debit MasterCard® is voluntary.

Important You should familiarize yourself with the specific products and services that are eligible for card use based on this Plan. Go to www.myuhc.com to learn how to get the most out of your Health Care Spending Card Debit MasterCard®.

Receiving Your Health Care Spending Card Debit MasterCard®

You will automatically receive two Health Care Spending Card Debit MasterCard® s. Read the terms and conditions found on the card insert and sign the back of your card. You may call the customer service number listed on the back of the Health Care Spending Card Debit MasterCard® to order additional cards.

Activating Your Health Care Spending Card Debit MasterCard®

If you choose to activate the Health Care Spending Card Debit MasterCard® you will need to call the toll-free number indicated on the sticker affixed to the card and follow the voice prompts to activate. The card will be ready to use with funds available real-time upon activation of the card within the first Plan year. However, for future Plan years the funds will not be available for use until the effective date of the future Plan year.

If you decide not to activate the Health Care Spending Card Debit MasterCard®, simply destroy and discard both cards. However, you can be reimbursed for Eligible Expenses by completing a paper reimbursement form available from Lumen Technologies, Inc. or found on www.myuhc.com and as described under Section, Requesting a Reimbursement from Your Flexible Spending Account.

Please Note If you activate your card prior to the Plan effective date, you cannot use your card until the Plan effective date.

Qualified Locations and Providers

The Health Care Spending Card Debit MasterCard® may be used at any approved provider or merchant with a Point-of-Service (POS) bankcard terminal that accepts MasterCard® or your Health Care Spending Card Debit MasterCard® number can be entered online or on an order form, similar to using a credit card number. You can even use your Health Care Spending Card Debit MasterCard® to pay for a bill you receive in the mail if the merchant or provider accepts MasterCard®. Examples of qualified locations and providers include hospitals, physician and dental offices, vision care providers, and child and adult day care facilities.

You may choose to use your Health Care Spending Card Debit MasterCard® for mail order prescriptions or for eligible over-the-counter (OTC) medicines, supplies and materials by going to an online pharmacy. Additionally, your Health Care Spending Card Debit MasterCard® can be used at

participating retailers as described under the Section, Retailers with Inventory Information Approval System (IIAS).

Using the Health Care Spending Card Debit MasterCard®

In order to use the Health Care Spending Card Debit MasterCard®, you will need to enter ‘credit’ on the POS bankcard terminal just as if you were purchasing an item using a credit card. Each time the card is used for payment, you will sign a receipt. Your FSA and card are regulated by the IRS, therefore you should retain all itemized receipts generated from the Health Care Spending Card Debit MasterCard® because certain payments must be verified and UnitedHealthcare may request this receipt from you to ensure that payment was made for a qualified health care or dependent care expense. Credit card receipts that do not itemize expenses are not sufficient to verify payment. Amounts paid that cannot be verified may be considered taxable income to you.

Once you swipe the Health Care Spending Card Debit MasterCard® through the POS bankcard terminal, your available benefit balance is verified. The card validates your purchases real-time and automatically debits your FSA account based on the guidelines established by the IRS and your specific plan design as described under Section, *Health Care Flexible Spending Account* and *Dependent Day Care Account*. A claim number is assigned to the transaction.

Eligible Expenses Reimbursed through the Health Care Spending Card Debit MasterCard®

Your card can be used for certain Eligible Dependent Care Expenses and Eligible Health Care Expenses including prescription copayments or out-of-pocket responsibility, eligible over-the-counter (OTC) medicines, supplies, materials, copayments, deductibles and coinsurance at locations such as doctor, dentist, eye doctor, clinic, hospital or other care providers associated with medical, dental, vision at UnitedHealthcare in-network providers. Additionally, your card can be used for out-of-network copayments if your copayment is the same as the in-network copayment. While in-network provider transactions can be used for coinsurance and deductibles the card does not determine patient responsibility or eligible benefits.

Please Note You may be able to use your Health Care Spending Card Debit MasterCard® to pay for an Eligible Expense under your Plan, including certain OTC medicines, supplies and materials. Or you may purchase the eligible OTC medicines, supplies and materials using another form of payment, such as cash or a personal credit card. If it is an Eligible Expense under your Plan, you can manually submit for reimbursement.

Partial Payment Authorization

Partial authorization capability allows you to use your Health Care Spending Card Debit MasterCard® with transactions amounts greater than the funds available in your HCFSAs for a portion of the transaction at providers or merchants that accept partial authorization. For example, if you purchase an item that costs \$20 and you only have \$10 remaining in your HCFSAs, the HCFSAs balance of \$10 will be authorized towards the purchase and you are responsible for paying the remaining balance of \$10 with another form of payment. **Note:** not all providers or merchants accept partial authorization.

Retailers with Inventory Information Approval System (IIAS)

IRS regulations require that retailers comply with IRS Inventory Information Approval System (IIAS) swipe technology as a method to identify and substantiate Eligible Health Care Expenses, per Section 213(d) of the Internal Revenue Code. The IIAS allows you to use your Health Care Spending Card Debit MasterCard® to pay for 213(d) Eligible Health Care Expenses without having to provide any additional documentation or request reimbursement after a purchase is made, as transactions will be verified at the point of sale and payment will be made right from your HCFSA. Additionally, IIAS compatibility allows you to use your Health Care Spending Card Debit MasterCard® at participating retailers to pay for both Ineligible Expenses and Eligible Health Care Expenses on the same transaction with Eligible Health Care Expenses being approved via the Health Care Spending Card Debit MasterCard® and remaining Ineligible Expenses may be paid using another form of payment. When you use your card at participating retailers, Eligible Health Care Expenses will be identified and noted on your receipt. You will not have to submit receipts for reimbursement as long as the purchases are made at a participating retailer and you use your Health Care Spending Card Debit MasterCard®. IRS guidelines still require you to save your itemized receipts as part of your tax records. You can see a full list of participating retailers at <http://www.sig-is.org>. If you go to a non- Participating retailer you can still buy Eligible Health Care Expenses that don't provide itemized sales receipts, however you will need to pay using another form of payment, and then submit receipts for reimbursement as described under the Section, *Requesting a Reimbursement from your Flexible Spending Account*.

Monthly Health Statements and FSA Yearly Statements

Explanation of Benefits (EOBs) will not be issued for card transactions. Instead, you will receive monthly health statements and a FSA yearly statement which will include your card activity. You will also be able to view card transactions on www.myuhc.com If you note a discrepancy on the monthly health statement or FSA yearly statement, call the number on the back of your Health Care Spending Card Debit MasterCard® to resolve the issue.

Getting help 24 hours a day is easy

Simply call our toll-free number at 1-866-755-2648 available 24 hours a day.

- Learn your account balance.
- Report a lost or stolen card.
- Order extra cards and more.

Go onto www.myuhc.com anytime

- Learn your account balance.

REQUESTING A REIMBURSEMENT FROM YOUR FLEXIBLE SPENDING ACCOUNT

If you do not activate your Health Care Spending Card Debit MasterCard® or choose not to use your card, you will need to submit a reimbursement form, called a request for withdrawal, to be reimbursed from your HCFSA and/or DCFSA for the Eligible Expenses that have been incurred. A request for withdrawal form is available from your Employer or on the Internet at www.myuhc.com. However, if the automatic reimbursement (auto-rollover) feature as described under Section, Automatic Reimbursement (Auto-Rollover) is turned “on” you will not have to submit a

reimbursement form for certain HCFSA expenses. However, if the automatic reimbursement (auto-rollover) feature as described under Section, Automatic Reimbursement (Auto-Rollover) is turned “on” you will not have to submit a reimbursement form for certain LHCFSAs expenses.

For reimbursement from your HCFSA, you must include proof of the expenses incurred. Proof can include a bill, invoice or an Explanation of Benefits (EOB) from any group medical/dental/vision plan under which you are covered. An EOB will be required if the expenses are for services usually covered under group medical, dental and vision plans, for example, charges by surgeons, doctors and hospitals. In such cases, an EOB will verify what your out-of-pocket expenses were after payments under other group medical/dental/vision plans.

For reimbursement from your DCFSA, you must submit proof of the services rendered, such as a bill, receipt, or invoice and Social Security or Tax Identification Number of the care provider.

Only expenses which are incurred while you are a participant in the Plan or during the 2.5 month period immediately following the end of the Plan year under the HCFSA or DCFSA may be reimbursed from a Flexible Spending Account. In addition, expenses which are incurred during one Plan year, with the exception of expenses incurred during the 2.5 month(s) immediately following the end of the Plan year, can not be reimbursed from funds contributed to your HCFSA and/or DCFSA during another Plan year. An expense is considered incurred when services are provided, not when you are billed or when you pay for care.

You can submit a reimbursement form as often as daily. You will be reimbursed for Eligible Expenses as long as the amount requested from either account is at least \$25, except for reimbursement with respect to the last month of the Plan Year. Amounts below \$25 will be accumulated and processed with future payments. However, if the automatic reimbursement (auto-rollover) feature as described under Section, Automatic Reimbursement (Auto-Rollover) is turned “on” you will not have to submit a reimbursement form for certain HCFSA expenses. However, if the automatic reimbursement (auto-rollover) feature as described under Section, Automatic Reimbursement (Auto-Rollover) is turned “on” you will not have to submit a reimbursement form for certain LHCFSAs expenses.

Your total annual contribution is available immediately. You can request reimbursement for Eligible Expenses up to your annual contribution amount as soon as such Eligible Expenses have been incurred.

If you have established a HCFSA, your total annual contribution is available immediately unless you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan. If you are enrolled in the LPFSA your annual contribution will be available once you meet the annual deductible under your High Deductible Health Plan with Optional HSA (HDHP) Plan other than for dental or vision expenses. You can request reimbursement for Eligible Expenses up to your annual contribution amount as soon as such Eligible Expenses have been incurred.

If you have established a DCFSA, only the amounts you have actually contributed to the account are available for reimbursement. If you request reimbursement for more than what you have in your account, you will receive only the amount in your account. As additional contributions are made to your account, outstanding reimbursements will be processed automatically.

Requests for withdrawal will be accepted and processed through April 30, 2026 of the following year for expenses incurred during the Plan year, and during the 2.5 months immediately following the end of the Plan year under the HCFSA and/or DCFSA requests for withdrawal will be accepted and processed through April 30, 2026 of the following year.

In accordance with IRS regulations, amounts contributed to your HCFSA and/or DCFSA during the Plan Year but remaining in your account at the end of the processing period (April 30, 2026 of the following year) can not be returned to you or used to reimburse expenses incurred in a subsequent Plan Year. These amounts are forfeited.

REQUESTING A REIMBURSEMENT FROM YOUR LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

To be reimbursed from your LPFSA simply submit a reimbursement form, called a request for withdrawal, for the Eligible Expenses that have been incurred. A request for withdrawal form is available from your Employer or on the Internet at www.myuhc.com.

For reimbursement from your LPFSA, you must include proof of the expenses incurred. Proof can include a bill, invoice or an Explanation of Benefits (EOB) from any group medical/dental/vision plan under which you are covered. An EOB will be required if the expenses are for services usually covered under group medical, dental and vision plans, for example, charges by surgeons, doctors and hospitals. In such cases, an EOB will verify what your out-of-pocket expenses were after payments under other group medical/dental/vision plans.

Only expenses which are incurred while you are a participant in the Plan may be reimbursed from a Flexible Spending Account. In addition, expenses which are incurred during one Plan year can not be reimbursed from funds contributed to your LPFSA during another Plan year. An expense is considered incurred when services are provided, not when you are billed or when you pay for care.

You can submit a reimbursement form as often as daily. You will be reimbursed for Eligible Expenses as long as the amount requested is at least \$25, except for reimbursement with respect to the last month of the Plan Year. Amounts below \$25 will be accumulated and processed with future payments. However, if the automatic reimbursement (auto-rollover) feature as described under Section, Automatic Reimbursement (Auto-Rollover) is turned “on” you will not have to submit a reimbursement form for certain HCFSA expenses. However, if the automatic reimbursement (auto-rollover) feature as described under Section, Automatic Reimbursement (Auto-Rollover) is turned “on” you will not have to submit a reimbursement form for certain LPFSA expenses.

Your total annual contribution is available immediately. You can request reimbursement for Eligible Expenses up to your annual contribution amount as soon as such Eligible Expenses have been incurred.

If you have established a LPFSA, your total annual contribution is available immediately, unless you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan. If you are enrolled in the LHigh Deductible Health Plan with Optional HSA (HDHP) your annual contribution will be available once you meet the annual deductible under your High Deductible Health Plan with Optional HSA (HDHP) Plan other than for dental or vision expenses. You can

request reimbursement for Eligible Expenses up to your annual contribution amount as soon as such Eligible Expenses have been incurred.

Requests for withdrawal will be accepted and processed through April 30, 2026 of the following year for expenses incurred during the Plan year

In accordance with IRS regulations, amounts contributed to your LPFSA during the Plan Year but remaining in your account at the end of the processing period (April 30, 2026 of the following year) can not be returned to you or used to reimburse expenses incurred in a subsequent Plan Year. These amounts are forfeited.

Important

www.myuhc.com includes many features such as the options to:

- View Explanation of Benefits/Health Statements;
- Utilize a savings calculator for FSA;
- View your FSA summary page detailing contributions and amount left in your FSA;
- View your FSA Claims Summary including claim transaction details.

Automatic Reimbursement HCFSA (Auto-Rollover)

Your Employer has elected to have Eligible Expenses for claims which are not covered under your UnitedHealthcare administered medical, pharmacy, dental and vision claims automatically submitted to your HCFSA for reimbursement. This eliminates extra paperwork and makes it more convenient for you to use your HCFSA. Automatic Reimbursement (Auto-rollover) is turned “on” at the start of the Plan year. You can turn automatic reimbursement (auto-rollover) of claims “off” or back “on” by going on to myuhc.com. All claims must still be verified and UnitedHealthcare may request additional substantiation.

However, if you have medical or dental coverage through another carrier, the automatic reimbursement (auto-rollover) feature does not apply. Further, the Automatic Reimbursement (auto-rollover) feature does not apply to your domestic partner covered under your employer's group health plan, unless your domestic partner is your federal tax dependent for health coverage purposes, as defined under Section 105(b) of the IRS Code. An FSA withdrawal request must be submitted for any other types of expenses such as dependent care expenses and any health expenses not submitted to your health benefits carrier.

An FSA withdrawal request must be submitted for any other types of expenses and any health expenses not submitted to your health benefits carrier.

Automatic Reimbursement LPFSA (Auto-Rollover)

Your Employer has elected to have Eligible Expenses for claims which are not covered under your UnitedHealthcare administered dental or vision plan automatically submitted to your LPFSA for reimbursement. This eliminates extra paperwork and makes it more convenient for you to use your LPFSA. To do this, you must complete an FSA Automatic Reimbursement Request form at the

beginning of the Plan Year. Once this form is completed and returned to your employer, you will not be required to submit a separate withdrawal request for these expenses.

If you have dental or vision coverage through another carrier, you can not select the Automatic Reimbursement feature. In addition, the Automatic Reimbursement feature can not be selected if your domestic partner is covered under your employer's group health plan.

An FSA withdrawal request must be submitted for any other types of expenses.

HCFSAHCFSA Extension for Incurring Expenses

If you have unused contributions in your account at the end of the current Plan Year, you can continue to incur expenses during the first 2 ½ month(s) under the HCFSA or LPFSAHCFSA immediately following the end of the Plan Year and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through April 30, 2026. After April 30, 2026 funds remaining in your account for the current Plan Year will be forfeited. Unused benefits relating to a particular qualified benefit (e.g. HCFSA or LPFSA) may only be used to pay expenses incurred with respect to that particular benefit and can not be transferred to another account.

If you elect coverage under this Plan for the next Plan year and there are still funds available in your account from the current Plan year, expenses incurred between the end of the current Plan year and March 15, 2026 of the next Plan year will be reimbursed from the funds in your current Plan year's account until they are depleted. If you move to a High Deductible Health Plan with Optional HSA (HDHP) at the end of the Plan year you will not be eligible to make any High Deductible Health Plan with Optional HSA (HDHP) contributions before March 15, 2026 under the HCFSA unless you have used all of the funds in your account from the current Plan year.

Claim Denials and Appeals

If Your Claim is Denied

If a claim for benefits is denied in part or in whole, you may call UnitedHealthcare at the number on your ID card before requesting a formal appeal. UnitedHealthcare will try to resolve the issue over the phone, however, if you are not satisfied you have the right to file a formal appeal as described below.

How to Appeal a Denied Claim

If you wish to appeal a denied claim, you must submit your appeal in writing within 180 days of receiving the denial. This written communication should include:

- the patient's name and ID number as shown on the ID card;
- the provider's name;
- for the HCFSA the date of medical service ;
- for LPFSA the date of dental and vision service;
- the reason you think your claim should be paid; and

- any documentation or other written information to support your request.

You or your Dependent may send a written request for an appeal to:

UnitedHealthcare – Appeals
 Attn Appeals
 P.O. Box 740380
 Atlanta, GA 30374

All HCFSAs claims will be treated as post-treatment claims.

Review of an Appeal

UnitedHealthcare will conduct a full and fair review of your appeal. The appeal may be reviewed by:

- an appropriate individual(s) who did not make the initial benefit determination; and
- a health care professional who was not consulted during the initial benefit determination process.

Once the review is complete, if UnitedHealthcare upholds the denial, you will receive a written explanation of the reasons and facts relating to the denial.

Filing a Second Appeal

Your Plan offers two levels of appeal. If you are not satisfied with the first level appeal decision, you have the right to request a second level appeal from Lumen Technologies, Inc. within 60 days from receipt of the first level appeal. Lumen Technologies, Inc. must notify you of the benefit determination within 30 days after receiving the completed appeal.

Note: Upon written request and free of charge, any covered persons may examine documents relevant to their claim and/or appeals and submit opinions and comments. Lumen Technologies, Inc. will review all claims in accordance with the rules established by the U.S. Department of Labor. Lumen Technologies, Inc.'s decision will be final.

The table below describes the time frames in an easy to read format which you and UnitedHealthcare are required to follow:

Claim Denial and Appeals	
Type of Claim or Appeal	Timing
If your claim is incomplete, UnitedHealthcare must notify you within:	30 days
You must then provide completed claim information to UnitedHealthcare within:	45 days after receiving an extension notice*
If UnitedHealthcare denies your initial claim, they must notify you of the denial:	

Claim Denial and Appeals	
Type of Claim or Appeal	Timing
<ul style="list-style-type: none"> ■ if the initial request for Benefits is complete, within: 	30 days
<ul style="list-style-type: none"> ■ after receiving the completed request for Benefits (if the initial request for Benefits is incomplete), within: 	30 days
You must appeal the claim denial no later than:	180 days after receiving the denial.
UnitedHealthcare must notify you of the first level appeal decision within	30 days after receiving the first level appeal
You must appeal the first level appeal (file a second level appeal) within:	60 days after receiving the first level appeal decision
Lumen Technologies, Inc. must notify you of the second level appeal decision within:	30 days after receiving the second level appeal

*UnitedHealthcare may require a one-time extension of no more than 15 days only if more time is needed due to circumstances beyond their control.

WHEN PARTICIPATION ENDS

You will cease to participate in the Plan as of the earlier of:

- The date on which the Plan terminates.
- The date your employment with the Company ends.
- The date you cease to be an eligible employee.
- The date you fail to make a required contribution under the terms of the Plan.
- The date you retire, unless the plan is available for retired persons and you are eligible under the plan.

Health Care Flexible Spending Account

You may submit a claim for reimbursement of Eligible Expenses which were incurred during the Plan Year of termination, as long as those expenses were incurred prior to the date of your termination. If you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan you cannot submit a claim for reimbursement of Eligible Expenses until AFTER you meet the annual deductible under the High Deductible Health Plan with Optional HSA (HDHP) Plan. Any such claims must be submitted on or before April 30, 2026 of the year after the Plan Year of termination.

The requirements of the Consolidated Omnibus Budget Reconciliation Act ("COBRA") may apply to the Health Care Flexible Spending Account Plan. You should call Lumen Technologies, Inc. to find out whether this Plan is subject to COBRA. If the Plan is subject to COBRA see "Optional Continuation Coverage under your Health Care Flexible Spending Account (COBRA)".

Limited Purpose Flexible Spending Account

You may submit a claim for reimbursement of Eligible Expenses which were incurred during the Plan Year of termination, as long as those expenses were incurred prior to the date of your termination. If you are enrolled in the High Deductible Health Plan with Optional HSA (HDHP) Plan you cannot submit a claim for reimbursement of Eligible Expenses until AFTER you meet the annual deductible under the High Deductible Health Plan with Optional HSA (HDHP) Plan. Any such claims must be submitted on or before April 31, 2026 of the year after the Plan Year of termination.

The requirements of the Consolidated Omnibus Budget Reconciliation Act ("COBRA") may apply to the Limited Purpose Flexible Spending Account Plan. You should call Lumen Technologies, Inc. to find out whether this Plan is subject to COBRA. If the Plan is subject to COBRA see "Optional Continuation Coverage under your Limited Purpose Flexible Spending Account (COBRA)".

OPTIONAL CONTINUATION COVERAGE UNDER YOUR HEALTH CARE FLEXIBLE SPENDING ACCOUNT (COBRA)

This optional continuation coverage only applies if it has been made available by Lumen Technologies, Inc. Lumen Technologies, Inc. may be required to offer this continuation coverage in

certain cases as a result of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). This provision is intended to comply with the law and any pertinent regulations, and its interpretation is governed by them. Ask Lumen Technologies, Inc. to find out if and how this continuation coverage under USERRA described below applies.

In no event will UnitedHealthcare be obligated to provide continuation coverage to a participant if Lumen Technologies, Inc. or its designated plan administrator fails to perform its responsibilities under federal law. These responsibilities include but are not limited to notifying the participant in a timely manner of the right to elect continuation coverage and notifying UnitedHealthcare in a timely manner of the participant's election of continuation coverage.

In general, COBRA continuation coverage must be offered with respect to a participant's HCFSA and LPFSA if the participant has a positive balance in such account at the time of a qualifying event such as termination of employment (other than by reason of gross misconduct) or reduction in work hours. A "positive balance" for this purpose generally means that the contributions made to the account prior to the qualifying event exceed the eligible claims for reimbursement submitted prior to the qualifying event. If this COBRA continuation coverage is available to a participant who experiences a qualifying event and continuation coverage is elected by the participant, such coverage will cease at the end of 2.5 months immediately following the end of the Plan Year in which the qualifying event occurs and coverage cannot be continued beyond such date. Premiums for such continuation coverage (i.e., contributions to the account) will be paid by the participant on an after-tax basis unless otherwise permitted by Lumen Technologies, Inc. on a uniform and consistent basis plus a 2% administrative fee or other cost as permitted by law.

Uniformed Services Employment and Reemployment Rights Act

An employee who is absent from employment for more than 30 days by reason of service in the Uniformed Services may elect to continue Plan coverage for the employee and the employee's dependents in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended (USERRA).

The terms "Uniformed Services" or "Military Service" mean the Armed Forces, the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty, the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or national emergency.

If qualified to continue coverage pursuant to the USERRA, employees may elect to continue coverage under the Plan by notifying the Plan Administrator in advance, and providing payment of any required contribution (i.e., contributions to the account) for the HCFSA and/or LPFSA. If an employee's Military Service is for a period of time less than 31 days, the employee may not be required to pay more than the regular contribution amount (i.e., contributions to the account), for continuation of the HCFSA and/or LPFSA.

An employee may continue Plan coverage under USERRA for up to the lesser of:

- the 24 month period beginning on the date of the employee's absence from work; or

- the day after the date on which the employee fails to apply for, or return to, a position of employment.

Regardless of whether an employee continues the HCFSAs and/or LPFSAs, if the employee returns to a position of employment, the employee's HCFSAs and/or LPFSAs and that of the employee's eligible dependents will be reinstated under the Plan. No exclusions or waiting period may be imposed on an employee or the employee's eligible dependents in connection with this reinstatement, unless a Sickness or Injury is determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, the performance of military service.

You should call the Plan Administrator if you have questions about your rights to continue the HCFSAs and/or LPFSAs under USERRA.

UnitedHealthcare is not Lumen Technologies, Inc.'s designated Plan Administrator and does not assume any responsibilities of a Plan Administrator pursuant to federal law.

Dependent Day Care Account

You may submit claims for the Eligible Expenses you have incurred during that Plan year before your termination date against what is in your DCFSAs when you leave employment.

IMPORTANT ADMINISTRATIVE INFORMATION: ERISA

This section includes information on the administration of the Plan, as well as information required of all Summary Plan Descriptions by ERISA. While you may not need this information for your day-to-day participation, it is information you may find important.

Please note The DCFSA is not subject to ERISA. Only the HCFSA and LPFSA are subject to ERISA and the terms described below.

Plan Sponsor and Administrator:

Lumen Technologies, Inc. is the Plan Sponsor and Plan Administrator of the Lumen Technologies, Inc. Welfare Benefit Plan and has the discretionary authority to interpret the Plan. You may contact the Plan Administrator at:

Plan Administrator – FSA Plan
100 CenturyLink Drive
Monroe, LA 71203
(360) 905-7914

Claims Administrator

UnitedHealthcare is the Plan's Claims Administrator. The role of the Claims Administrator is to handle the day-to-day administration of the Plan's coverage as directed by the Plan Administrator, through an administrative agreement with the Company. The Claims Administrator shall not be deemed or construed as an employer for any purpose with respect to the administration or provision of Benefits under the Plan Sponsor's Plan. The Claims Administrator shall not be responsible for fulfilling any duties or obligations of an employer with respect to the Plan Sponsor's Plan.

You may contact the Claims Administrator by phone at the number on your ID card or in writing at:

United HealthCare Services, Inc
185 Asylum Street
Hartford, CT 06103-3408

Agent for service of Legal Process

Should it ever be necessary, you or your personal representative may serve legal process on the agent of service for legal process for the Plan. The Plan's Agent of Service is:

Agent for Legal Process – FSA Plan.
Lumen Technologies, Inc.
Associate General Counsel/ERISA
931 N. 14th Street
Denver, CO 80202

Legal process may also be served on:
 Lumen Technologies, Inc.
 214 East 24th Street
 Vancouver, WA 98663

Other Administrative Information

This section of your SPD contains information about how the Plan is administered as required by ERISA.

Type of Administration

The Plan is a self-funded welfare Plan and the administration is provided through one or more third party administrators.

Plan Name:	Lumen Technologies, Inc. Welfare Benefit Plan
Plan Number:	501
Employer ID:	72-0651161
Plan Type:	Welfare Benefits Plan
Plan Year:	January 1-December 31
Plan Administration:	Self-Insured
Source of Plan Contributions and Funding:	The Plan is funded out of the general assets of the Plan Sponsor based on the salary reduction elections made by participating Employees.

Your ERISA Rights

As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be permitted to:

- receive information about Plan Benefits;
- examine, without charge, at the Plan Administrator's office and at other specified worksites, all documents governing the HCFSA and/or LPFSA– including pertinent insurance contracts, trust agreements, collective bargaining agreements (if applicable), and a copy of the latest annual report (Form 5500 Series), filed with the Internal Revenue Service or the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration;

- obtain copies of all documents that govern the operations of the HCFSA and/or LPFSA and other Plan information, including insurance contracts and collective bargaining agreements (if applicable), and copies of the latest annual reports (Form 5500), and updated Summary Plan Descriptions, by writing to the Plan Administrator. The Plan Administrator may make a reasonable charge for copies;

You can continue HCFSA and/or LPFSA benefits for yourself, Spouse or Dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your Dependents may have to pay for such coverage. Review this Summary Plan Description and the governing Plan documents to understand the rules governing your COBRA continuation coverage rights.

In addition to creating rights for Plan participants, ERISA imposes duties on the people who are responsible for the operation of the Plan. The people who operate your Plan, who are called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, your union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

If your claim for a Plan benefit under the HCFSA and/or LPFSA is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. See Section, Claim Procedures, for details.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of the plan document or the latest annual report from the Plan, and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent for reasons beyond the control of the Plan Administrator.

If you have a claim for Benefits, which is denied or ignored, in whole or in part, and you have exhausted the administrative remedies available under the Plan, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in federal court. If it should happen that the Plan's fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or write to the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W. Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at (800)-998-7542.

ATTACHMENT I – NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

When the Plan uses the words "Claims Administrator" in this Attachment, it is a reference to United HealthCare Services, Inc., on behalf of itself and its affiliated companies.

The Claims Administrator on behalf of itself and its affiliated companies complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Claims Administrator provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters
- Information written in other languages

If you need these services, please call the toll-free member number on your health plan ID card, TTY 711 or the Plan Sponsor.

If you believe that the Claims Administrator has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing by mail or email with the Civil Rights Coordinator identified below. A grievance must be sent within 60 calendar days of the date that you become aware of the discriminatory action and contain the name and address of the person filing it along with the problem and the requested remedy.

A written decision will be sent to you within 30 calendar days. If you disagree with the decision, you may file an appeal within 15 calendar days of receiving the decision.

Claims Administrator Civil Rights Coordinator
United HealthCare Services, Inc. Civil Rights Coordinator UnitedHealthcare Civil Rights Grievance P.O. Box 30608 Salt Lake City, UT 84130 The toll-free member phone number listed on your health plan ID card, TTY 711 UHC_Civil_Rights@UHC.com

If you need help filing a grievance, the Civil Rights Coordinator identified above is available to help you.

You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone or mail:

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

ATTACHMENT II – GETTING HELP IN OTHER LANGUAGES OR FORMATS

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. TTY 711.

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card, press 0. TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

Language	Translated Taglines
1. Albanian	Ju keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të kërkuar një përkthyes, telefononi në numrin që gjendet në kartën e planit tuaj shëndetësor, shtypni 0. TTY 711.
2. Amharic	ይህ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። አስተርጓሚ እንዲቀርብልዎ ከፈለጉ በጤና ፕላን መታወቂያዎት ላይ ባለው በተጻ መስመር ስልክ ቁጥር ይደውሉና 0ን ይጫኑ። TTY 711
3. Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخطتك الصحية، واضغط على 0. الهاتف النصي (TTY) 711
4. Armenian	Թարգմանիչ պահանջելու համար, զանգահարե՛ք 2եր առողջապահական ծրագրի ինքնուրոյան (ID) տոմսի վրա նշված անվճար Անդամների հեռախոսահամարով, սեղմե՛ք 0: TTY 711
5. Bantu-Kirundi	Urafise uburenganzira bwo kuronka ubufasha n’amakuru mu rurimi rwawe ku buntu. Kugira usabe umusemuzi, hamagara inomeru ya telephone y’ubuntu yagenewe abanywanyi iri ku rutonde ku karangamuntu k’umugambi wawe w’ubuzima, fyonda 0. TTY 711
6. Bisayan-Visayan (Cebuano)	Aduna kay katungod nga mangayo og tabang ug impormasyon sa imong lengguwahe nga walay bayad. Aron mohangyo og tighubad, tawag sa toll-free nga numero sa telepono sa miyembro nga nakalista sa imong ID kard sa plano sa panglawas, pindota ang 0. TTY 711
7. Bengali-Bangala	অনুবাদের অনুরোধ থাকলে, আপনার স্বাস্থ্য পরিকল্পনার আই ডি কার্ড এ তালিকাভুক্ত ও কর দিতে হবে না এমন টেলিফোন নম্বরে ফোন করুন। (০) শূণ্য চাপুন। TTY 711
8. Burmese	ကိုန်ကျစရိတ်လေးရန်မလိုဘဲ မိမိဘာသာစကားဖြင့် အကူအညီနှင့် သတင်းအချက်အလက်များ ကိုရယူနိုင်ခြင်း သည်သင်၏အခွင့်အရေးဖြစ်သည်။ စကားပြန်တစ်ဦးတောင်းဆိုရန်သင်၏ကျန်းမာရေးအစီအစဉ် လက်မှတ်ပေါ်ရှိအသင်းဝင်များအတွက်အခမဲ့ဖုန်းလိုင်းသို့ခေါ်ဆိုပြီး 0 ကိုနှိပ်ပါ။ TTY 711

Language	Translated Taglines
19. Gujarati	તમને વિના મૂલ્યે મદદ અને તમારી ભાષામાં માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા માટે વિનંતી કરવા, તમારા હેલ્થ પ્લાન ID કાર્ડ પરની સૂચીમાં આપેલ ટોલ-ફ્રી મેમ્બર ફોન નંબર ઉપર કોલ કરો, ૦ દબાવો. TTY 711
20. Hawaiian	He pono ke kōkua ‘ana aku iā ‘oe ma ka maopopo ‘ana o kēia ‘ike ma loko o kāu ‘ōlelo pono‘ī me ka uku ‘ole ‘ana. E kama‘ilio ‘oe me kekahi kanaka unuhi, e kāhea i ka helu kelepona kāki ‘ole ma kou kāleka olakino, a e kaomi i ka helu 0. TTY 711.
21. Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुभाषिए के लिए अनुरोध करने के लिए, अपने हैल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फ़ोन करें, 0 दबाएं। TTY 711
22. Hmong	Koj muaj cai tau kev pab thiab tau cov ntaub ntawv sau ua koj hom lus pub dawb. Yog xav tau ib tug neeg txhais, hu tus xov tooj rau tswv cuab hu dawb uas sau muaj nyob ntawm koj daim yuaj them nqi kho mob, nias 0. TTY 711.
23. Ibo	Inwere ikike inweta enyemaka nakwa imuta asusu gi n'efu n'akwughị ugwo. Maka ikpọturu onye nsughari okwu, kpoo akara ekwentị nke di nàkwukwo njirimara gi nke emere maka ahụike gi, pia 0. TTY 711.
24. Ilocano	Adda karbengam nga makaala ti tulong ken impormasyon iti pagsasaom nga libre. Tapno agdawat iti maysa nga agipatarus, tumawag iti toll-free nga numero ti telepono nga para kadagiti kameng nga nakalista ayan ti ID card mo para ti plano ti salun-at, ipindut ti 0. TTY 711
25. Indonesian	Anda berhak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa dikenakan biaya. Untuk meminta bantuan penerjemah, hubungi nomor telepon anggota, bebas pulsa, yang tercantum pada kartu ID rencana kesehatan Anda, tekan 0. TTY 711
26. Italian	Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti/TTY: 711

Language	Translated Taglines
	j77k'eh bee hane'7 bik1'7g77 bich'8' hodfiilnih d00 0 bił 'adidifilehił. TTY 711
37. Nepali	तपाईंले आफ्नो भाषामा निःशुल्क सहयोग र जानकारी प्राप्त गर्ने अधिकार तपाईंसँग छ। अनुवादक प्राप्त गरीपाउँ भनी अनुरोध गर्न, तपाईंको स्वास्थ्य योजना परिचय कार्डमा सूचीकृत टोल-फ्री सदस्य फोन नम्बरमा सम्पर्क गर्नुहोस्, 0 थिच्नुहोस्। TTY 711
38. Nilotic-Dinka	Yin n0ŋ l0ŋ bē yi ku0ny nē wēřēyic de th0ŋ du ābac ke cin wēu tāāue ke piny. Ācān bā ran yē k0c ger thok thiēēc, ke yin c0l nāmba yene yup abac de ran t0ŋ ye k0c wāār thok t0 nē ID kat du0n de pānakim yic, thāny 0 yic. TTY 711.
39. Norwegian	Du har rett til å få gratis hjelp og informasjon på ditt eget språk. For å be om en tolk, ring gratisnummeret for medlemmer som er oppført på helsekortet ditt og trykk 0. TTY 711
40. Pennsylvania Dutch	Du hoscht die Recht fer Hilf unn Information in deine Schprooch griege, fer nix. Wann du en Iwwersetzer hawwe willscht, kannscht du die frei Telefon Nummer uff dei Gesundheit Blann ID Kaarde yuuse, dricke 0. TTY 711
41. Persian-Farsi	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و 0 را فشار دهید. TTY 711
42. Punjabi	ਤੁਹਾਡੇ ਕੋਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਮੁਫਤ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਤੁਹਾਡੇ ਹੈਲਥ ਪਲਾਨ ਆਈਡੀ ਦਿੱਤੇ ਗਏ ਟਾਲ ਫ੍ਰੀ ਮੈਂਬਰ ਫੋਨ ਨੰਬਰ ਟੀਟੀਵਾਈ 711 ਤੇ ਕਾਲ ਕਰੋ, 0 ਦੱਬੋ।
43. Polish	Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wcisnij 0. TTY 711
44. Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. TTY 711
45. Romanian	Aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a cere un interpret, sunați la numărul de telefon gratuit care se găsește pe cardul dumneavoastră de sănătate, apăsați pe tasta 0. TTY 711
46. Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия TTY 711

Language	Translated Taglines
57. Trukese (Chuukese)	Mi wor omw pwung om kopwe nounou ika amasou noum ekkewe aninis ika toropwen aninis nge epwe awewetiw non kapasen fonuom, ese kamo. Ika ka mwochen tungoren aninisin chiakku, kori ewe member nampa, ese pwan kamo, mi pachanong won an noum health plan katen ID, iwe tiki "0". Ren TTY, kori 711.
58. Turkish	Kendi dilinizde ücretsiz olarak yardım ve bilgi alma hakkınız bulunmaktadır. Bir tercüman istemek için sağlık planı kimlik kartınızın üzerinde yer alan ücretsiz telefon numarasını arayınız, sonra 0'a basınız. TTY (yazılı iletişim) için 711
59. Ukrainian	У Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб подати запит про надання послуг перекладача, зателефонуйте на безкоштовний номер телефону учасника, вказаний на вашій ідентифікаційній карті плану медичного страхування, натисніть 0. TTY 711
60. Urdu	آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی ترجمان سے بات کرنے کے لئے، ٹول فری ممبر فون نمبر پر کال کریں جو آپ کے ہیلتھ پلان آئی ڈی کارڈ پر درج ہے، 0 دبائیں۔ TTY 711
61. Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. TTY 711
62. Yiddish	איר האט די רעכט צו באקומען הילף און אינפארמאציע אין אייער שפראך פריי פון אפצאל. צו פארלאנגען א דאלמעטשער, רופט דעם טאל פרייע מעמבער טעלעפאן נומער וואס שטייט אויף אייער העלט פלאן ID קארטל, דרוקט 0. TTY 711
63. Yoruba	O ní ẹtọ lati rí iranwọ àti ifitónilétí gbà ní èdè rẹ láisanwó. Látí bá ògbufọ kan sọrọ, pè sórí nọmbà ẹrọ ibánisọrọ láisanwó ibodè ti a tò sórí kádi idánimọ ti ètò ilera rẹ, tẹ '0'. TTY 711

