



# Amazing People. Amazing Benefits. Find Your Fit.

---

## 2022 Program Highlights Guide

For prospective new hires (U.S. employees)





## Contents

About Lumen, the Platform for Amazing Things	3
Employee Classifications and Eligibility	4
Plan Overviews	6
Medical Plan Comparison	13
Dental Plan Comparison	16
Vision Overview	17
Life, Accidental Death and Dismemberment, Business Travel Accident	20
Amazing Benefits at Lumen	21

### U.S. Reserved Rights:

*Lumen reserves the right to amend or terminate any employee policy - with respect to any or all classes of employees - without prior consultation with any employee, subject to any applicable laws and collective bargaining agreements. Lumen has the sole right and discretion to interpret and administer the terms of this Policy, including resolution of any questions regarding its scope, application or meaning. The decision of the Company shall be conclusive and binding on all persons.*

# About Lumen, the Platform for Amazing Things

We are on a mission to further human progress through the technologies we deliver over the Lumen platform. Whether you're working with our customers directly or supporting them from behind the scenes, you plan an important part in our ability to make amazing things happen.

Our people help our customers do inspiring things, we're proud to offer benefits that inspire you to be your best, both at work and at home. You'll find an amazing range of options from which to choose from.



Lumen's Unifying Principles represent the fundamental values upon which Lumen was built, and they will continue to serve as the foundation upon which we continue to grow and prosper, conduct our business and relate to one another, as well as to our customers, shareholders, business associates and the general public. We are committed to these principles, which unify our beliefs into a cohesive philosophy that guides our actions in all matters.

Additional information can be found on [lumenbenefits.com](https://lumenbenefits.com).

# Employee Classifications and Eligibility

## Employee Classifications

An “employee,” for purposes of all Company benefit programs and policies is an individual who is directly employed by Lumen and is treated and classified as a Company employee for payroll and benefit purposes.

Coverage begins on your 31st day of employment for all Non-Union and Union Represented employees except Temporary Part-time, Temporary Full-time or Incidental employees. If you are a temporary or incidental employee, coverage begins on your 91st day of employment. If you fail to enroll by the deadline, you will only receive the Company paid benefit plans; Basic Life Insurance, Basic Accidental Death and Dismemberment (AD&D) and Business Travel Accident, if eligible.

### Union Represented employees should refer to their Collective Bargaining Agreement.

Based on workweek:

- **Full-time** - Positions which normally are scheduled to work a **minimum of 30 hours per week** can be classified as Full-time status with management and budgetary approvals. Employees in a Full-time status category are eligible for all employee benefits, subject to eligibility requirements of the particular benefit plan and satisfaction of relevant waiting periods. The Full-time or Part-time status assigned to your employment, not scheduled or actual hours worked, determines benefit eligibility.
- **Part-time** - Employees in a Part-time status category who are regularly scheduled to work at least **20 hours per week** are eligible for the following benefits, subject to eligibility requirements of the particular benefit plan and satisfaction of relevant waiting periods: prorated holiday (4 hours), PTO (50% of eligible accrual) and leave policies (such as bereavement) (4 hours); Company-sponsored activities; and participation in the applicable 401(k) plan. The status assigned to your employment (i.e. Full-time or Part-time), not scheduled or actual hours worked, determine benefit eligibility.

Based on planned duration of position:

- **Regular** - Positions approved for an indefinite period of time are classified as regular.
- **Temporary** - Positions approved for a finite period of time to fill temporary and/or occasional needs, **generally less than six months duration** are classified as temporary. Employees in this category are eligible for Medical benefits as required by the ACA but are not eligible for any other Company benefits, PTO, or holidays. Temporary employment should not exceed six continuous months without review by Human Resources, division management and approval by the Vice President, Benefits.



## Eligibility

Please refer to the below employee classifications to determine eligibility in the below benefit plan options/programs. Union Represented employees should refer to their Collective Bargaining Agreement:

## When Benefits Begin

- **Regular Full-time and Regular Part-time employees** - coverage effective date is 31 days from date of hire
- **Temporary Full-time, Temporary Part-time and Incidental employees** - coverage effective date is 91 days from date of hire.

Employee Classification	Eligibility	Premiums
<b>Full-time or Term Full-time employees</b>	As a Full-time employee, you and your eligible dependent(s) may enroll in: <ul style="list-style-type: none"> <li>• Medical/prescription drug</li> <li>• Dental</li> <li>• Vision</li> <li>• Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care)</li> <li>• Health Savings Account (HSA) when enrolled in the High Deductible Health Plan with Optional Health Savings Account (HSA)</li> <li>• Well Connected Wellness Program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program)</li> <li>• Fitness Reimbursement Program</li> <li>• Life Insurance</li> <li>• Commuter Spending Accounts (Parking and Transit)</li> <li>• Voluntary Lifestyle Benefits (not Company-Sponsored ERISA benefits)</li> </ul>	Premiums are determined based on how you answer questions during your enrollment. Premiums can be adjusted up or down based on: <ul style="list-style-type: none"> <li>• Tobacco-Free Discount</li> <li>• Working Spouse/Domestic Partner Surcharge</li> </ul>
<b>Part-time, Term Part-time or Seasonal (Qwest Union Represented only) employees</b>	As a Part-time, Term Part-time or Seasonal employee, you and your eligible dependent(s) may enroll in: <ul style="list-style-type: none"> <li>• Medical/prescription drug</li> <li>• Flexible Spending Accounts (Health Care, Limited Purpose Health Care, and Dependent Day Care)</li> <li>• Health Savings Account (HSA) when enrolled in the High Deductible Health Plan with Optional Health Savings Account (HSA)</li> <li>• Well Connected Wellness Program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program)</li> <li>• Disability (available to Part-time Seasonal Qwest Union Represented employees if hired before Jan. 1, 2018 and to Part-time Non-Union employees).</li> </ul>	Premiums are 150% of the Full-time rates and are determined based on how you answer the questions during your enrollment: <ul style="list-style-type: none"> <li>• Tobacco-Free Discount</li> <li>• Working Spouse/Domestic Partner Surcharge</li> </ul>
<b>Temporary Full-time, Temporary Part-time and Incidental (Qwest Union Represented only) employees</b>  <b>Note:</b> > or = 20 hours but <30 hours per week	As a Temporary Full-time, Temporary Part-time or an Incidental employee, you and your eligible dependent(s) may enroll in: <ul style="list-style-type: none"> <li>• Medical/prescription drug</li> <li>• Well Connected Wellness Program (employees do not need to be enrolled in the medical/prescription drug plan to participate in the Wellness Program)</li> </ul>	<ul style="list-style-type: none"> <li>• Premiums are 100% of the total cost</li> </ul>

# Plan Overviews

## Summary of Benefit Options and Programs

The below information provides a brief summary of the benefit options or programs that may be available to you and/or your eligible dependents. You can find additional details including Summary Plan Descriptions (SPD) and Summary of Material Modifications (SMM) for the Benefit Option or Program on [lumenbenefits.com](https://lumenbenefits.com).

ALEX is available to help you learn about benefit options that are right for you and your eligible dependents. ALEX provides estimates and suggestions, but you make the final decision on which Plans you want to enroll in.

Option/Program	Benefit information
<p><b>401(k)</b></p>	<p><b>401(k) Plan - Non-Union Employees</b></p> <p>We offer a savings program designed to help you build for your future and save for your retirement. You will become a participant following 30 calendar days of employment. The 401(k) plan has automatic enrollment at 3%. You may also change your deferral election to any whole percentage from 1% to 80%. Deferral elections can be changed at any time.</p> <p><b>401(k) Plan - Union Represented Employees</b></p> <p>The Company matches your 401(k) contributions at 100% of the first 1% you contribute and 60% of the next 5%, for a total maximum matching contribution of 4%. You contribute 6% to receive a 4% company matching contribution. The company matching contributions are 100% vested after two years of service with the Company.</p> <p>A variety of investment funds are available for you to choose from. Investment options include three different levels of investment choices to meet your individual investment needs and goals. These three levels include: Target Date Funds, Core Funds (both passive and actively managed fund options available) and a Self-Directed Brokerage Account through the Personal Choice Retirement Account (PCRA) provided through Charles Schwab. You may direct the investment of your Plan Account into one or any combination of these investment options. Each of the Plan's investment funds offers different opportunities and levels of risk. Choices should be made carefully on the basis of your personal financial situation and goals.</p> <p><b>401(k) Plan - Qwest Union Represented Employees</b></p> <p>We offer a savings program designed to help you build for your future and save for your retirement. You are eligible to participate in the Plan as soon as administratively practicable following the date of your employment. You will need to proactively enroll in the Plan. You may also change your deferral election to any whole percentage from 1% to 80%. Deferral elections can be changed at any time.</p> <p>The Company matches your 401(k) contributions at 100% of the first 1% you contribute and 50% of the next 5%, for a total maximum matching contribution of 3.5%. The company matching contributions are 100% vested after one year of service with the Company.</p> <p>A variety of investment funds are available for you to choose from. Investment options include three different levels of investment choices to meet your individual investment needs and goals. These three levels include: Target Date Funds, Core Funds (both passive and actively managed fund options available) and a Self-Directed Brokerage Account through the Personal Choice Retirement Account (PCRA) provided through Charles Schwab. You may direct the investment of your Plan Account into one or any combination of these investment options. Each of the Plan's investment funds offers different opportunities and levels of risk. Choices should be made carefully on the basis of your personal financial situation and goals.</p>

**Option/Program**

**Benefit information**

<p><b>Commuter Spending Account</b></p>	<p>We offer a pre-tax benefit account that can be used to pay for public transit — including passes, fare cards or vouchers for the bus, train, subway, or vanpool. This account can also be used for parking expenses — including parking vouchers, direct pay parking and pre-tax cash reimbursement as part of your daily commute to and from work. You can contribute up to \$280 per month on a pre-tax basis for transit and parking during the calendar year and then reimburse yourself for expenses incurred throughout that calendar year. If you leave the Company and you have already contributed to a Commuter Spending account, IRS rules state any unused funds will be forfeited.</p> <p><b>How to Enroll</b></p> <p>You may enroll in the Commuter Spending Account anytime during the year from the Health and Life website. Enrollment or changes to your Commuter Spending Account must be received by the tenth of the month prior to the month you want the change to take effect (for example, by January 10 for a February change or election).</p>
<p><b>Dental</b></p>	<p>There are two dental plan options to choose from. However, you can elect to waive your dental coverage. Both of these options cover exams, cleanings and fillings, as well as comprehensive dental work - such as crowns and root canals for covered participants. Both of the dental plan options are offered by MetLife.</p> <p><b>Note:</b> If you do not enroll within the allotted time frame, you will be defaulted to waiving dental coverage.</p>
<p><b>Employee Assistance Program (EAP)</b></p>	<p>The EAP provides confidential professional counseling, education, and referral services to you and your family members for a variety of problems. EAP provides up to eight (8) Counseling Sessions per problem per year, by either Face-to-Face, Telephonically, or by Video Counseling. Personal counselors will help you decide which counseling option fits your needs. You can review articles, resources and enroll in webinars as well on the EAP website.</p> <p><b>Important:</b> This benefit is available to all employees and any members in the household even if not enrolled in any benefit plan.</p>
<p><b>Flexible Spending Accounts (FSA)</b></p>	<p>You must enroll each year to contribute to a dependent day care or health care (traditional or limited purpose) FSA. Contributions are pre-tax and are fully funded by you. FSA limits are determined by the IRS and are subject to change.</p> <p><b>Note:</b> If you enroll in the High Deductible Health Plan (HDHP) and elect an FSA, you will be enrolled in the Limited Purpose FSA whether or not you choose to enroll in a Health Savings Account (HSA).</p> <p><b>Dependent Day Care FSA</b> - You can contribute between \$150-\$5,000 per year. You can use this FSA for eligible out-of-pocket day care expenses for eligible dependents so you (and your spouse, if married) can work or attend school Full-time. Funding is available as contributions are deducted from your paycheck and loaded to UnitedHealthcare's system.</p> <p><b>Traditional Health Care FSA</b> - You can contribute between \$150-\$2,850 per year. You can use this FSA for a range of eligible out-of-pocket health care expenses not covered by medical, prescription drug, dental or vision for you and any eligible dependent, even those not covered by a Company health care plan option. The annual amount you elect to contribute is available for you to use on Jan. 1 of each year.</p> <p><b>Limited Purpose FSA (for those enrolled in the HDHP)</b> - You can contribute between \$150-\$2,750 per year. You can use this FSA for eligible out-of-pocket dental and vision care expenses, including deductibles, copayments and coinsurance not covered by other plans. Medical and prescription drug expenses are not eligible for reimbursement. The annual amount you elect to contribute is available for you to use on Jan. 1 of each year.</p>
<p><b>Fitness Reimbursement Program</b></p>	<p>To promote employee health and wellness, we will reimburse employees for a portion of the cost for individual fitness membership and class fees.</p> <p>All Full-time employees, as well as spouses/domestic partners enrolled in a Lumen medical plan are eligible.</p> <p><b>Note:</b> The IRS considers your fitness reimbursement a taxable fringe benefit. Applicable taxes will appear under the imputed income section on your paycheck.</p>

**Option/Program**

**Benefit information**

<p><b>Health Savings Account (HSA)</b></p>	<p>HSAs are designed to help you to save for qualified medical expenses if you are enrolled in the High Deductible Health Plan (HDHP), including prescriptions and eligible dental and vision expenses. You can use your HSA money tax free for medical expenses for your dependents whether or not they are on your health insurance. An HSA allows you to set aside pre-tax money from your paycheck to pay for expenses you will have now and in the future. This account rolls over from year to year and the money in the account is 100% yours. You can open up an HSA at any time throughout the year.</p> <p>Health Savings Accounts are the most tax advantaged account ever created (three tax advantages in one account). Tax deductible, tax free growth, and tax free distribution.</p> <p><b>Important Note:</b> This program is not a Company-sponsored plan or benefit. It is not a plan covered under the federal law known as “ERISA.” The Company has simply chosen to allow OptumBank to make its programs available to Lumen employees, but please be advised that this is a voluntary program and only you can decide whether the benefits provided by this program are appropriate for you and your family. You are encouraged to research all suitable alternatives and consult with your personal advisors. The Company is not able to provide you with advice regarding the program. Your participation is your decision, completely voluntary and at your own expense.</p>
<p><b>Health Reimbursement Account (HRA)</b></p>	<p><b>Eligibility: All who are enrolled in one of the CDHP options.</b></p> <p><b>Overview:</b> If you are enrolled in either the Consumer Driven Health Plan Option 1 or Option 2, you will receive a Company funded HRA to help with your out-of-pocket portion of the deductible and out-of-pocket maximum expenses. You incur medical and prescription drug expenses and pay the full cost of them with money in your HRA first, then you pay out-of-pocket until your deductible is met.</p> <p><b>Note:</b> If you elect a CDHP and a Health Care FSA, money will be taken from your HRA first and then once exhausted, money will be taken from your FSA. You do not have the option to have your FSA pay first as the HRA is part of the medical plan. In addition, you receive the full allocation on Jan. 1st or whatever day you become eligible.</p>

**What happens to your HRA if you change medical plans as a result of a Qualified Life Event or during Annual Enrollment?**

- If you move from one plan to another (CDHP Option 2 to CDHP Option 1 or vice versa) any remaining funds from the prior year will be available after 90 days. The 90 days allow enough time for prior year claims to process. Once the 90 days have passed, the carryover becomes available.
  - Any CDHP HRA balance may also be rolled over if you change from a CDHP Plan benefit option to the HDHP with Optional HSA Plan benefit option. After the run-out period, any rollover balances will be deposited into a post deductible HRA account. The balance would be available once you have met your HDHP deductible. See the HDHP With HSA SPD for more information.
  - If you elect the Bind Health Plan and have a prior CDHP HRA balance, these dollars will follow you. Your prior account HRA dollars will not be available until after the run-out period (for Claims from your prior coverage to clear under the CDHP Plan benefit option HRA). This typically takes 90 days.

**Note: Under the Bind Health Plan, you will not receive a Health Care Savings Card to use.**

<p><b>Imputed Income</b></p>	<p>Imputed Income is income that the IRS requires you to be taxed on in certain circumstances as noted below:</p> <ul style="list-style-type: none"> <li>• Your company-paid basic life insurance is over \$50,000.</li> <li>• Your company-paid Short-Term Disability enrollment election is Post-tax.</li> <li>• You are covering your Domestic Partner or your Domestic Partner’s child/ren under the Medical/Prescription Drug, Dental and/or Vision plan.</li> <li>• You receive Wellness rewards via gift card (calculated each quarter).</li> <li>• Your company-paid Incentive Award based on a recognition.</li> </ul>
<p><b>Life &amp; Accidental Death &amp; Dismemberment (AD&amp;D)</b></p>	<p>The Lumen Life and AD&amp;D Insurance Plans provide a wide range of benefits in the event of death or other covered losses.</p> <p>Coverage and benefit premium deductions may increase or decrease throughout the year in certain situations (for example, if you have a change in pay or change age brackets; age brackets update every 5 years: 30, 35, 40, 45, etc.).</p> <p>In some cases you may be required to provide Evidence of Insurability (EOI).</p>



**Option/Program****Benefit information****Long-Term Disability (LTD) Plan**

LTD insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need. Supplemental insurance offers you the opportunity to choose a higher amount of LTD coverage.

The Basic LTD policy is Company paid and provides a basic level of LTD coverage. The Supplemental LTD option is paid for by you and provides a higher level of LTD coverage.

You are eligible to enroll in Supplemental LTD after completing one year of service, during Annual Enrollment. If you become eligible after Annual Enrollment ends, you will have the opportunity to enroll prior to the end of the plan year by calling the Service Center.

**Note:** Union Represented employees should refer to their collective bargaining agreement for details on paid time off and leave management programs.

**Medical and Prescription Drug**

**Note:** If you are an employee eligible for benefits, a resident in Hawaii, and enroll in medical coverage, you will automatically be enrolled in Blue Cross/Blue Shield.

**Medical and Prescription Drug Overview**

Lumen offers you and your eligible dependents four medical plan options. The Bind Health Plan, High Deductible Plan (HDHP) with an optional Health Savings Account (HSA) administered by UnitedHealthcare and two Consumer Driven health plans (CDHPs) with a Company-funded Health Reimbursement Account (HRA) administered by UnitedHealthcare.

**Bind Health Plan**

With the Bind Health plan, you can see treatment options and costs before getting treatment or choosing a doctor. With this information, you can make informed decisions and find savings opportunities. If you want an overview of how the Bind Health Plan works, visit [lumen.com/bind](https://lumen.com/bind).

**How it works:**

Your coverage starts at your first doctor's appointment or prescription fill because the Bind plan is a \$0 deductible plan.

See clear, upfront prices for treatments, doctors and prescription drugs. Know before you go what your health care choices will cost.

Get the coverage you'd expect from your health insurance through the broad, UnitedHealthcare Choice Plus national provider network.

A unique feature allows you to activate coverage any time during the plan year for less common, non-emergency procedures with large price variations- like an upper GI endoscopy or cataract surgery - should those needs arise. Activate the coverage at least three business days prior to the treatment, test or procedure.

**High Deductible Health Plan (HDHP) with Optional Health Savings Account (HSA)**

This plan is administered by UnitedHealthcare. You can choose your healthcare providers; however, the Plan pays a greater benefit when you use providers that are in the network.

The HDHP has the option for you to open a personal tax-advantage, HSA, to save your own money and pay for qualified medical expenses now and in the future. You can choose to establish your HSA with any financial institution; however, Lumen partners with OptumBank to allow your contributions to be set up as pre-tax through bi-weekly payroll deductions. Contribution elections do not carry over into the new year; therefore, you must elect to participate annually.

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 your HSA.

**Note:** Temporary Full-time, Temporary Part-time and Incidental employees are not eligible to open up an HSA.

Option/Program	Benefit information
	<p><b>Consumer Driven Health Plans (CDHPs), Option 1 and Option 2</b></p> <p>These plans are administered by UnitedHealthcare. You can choose your healthcare providers; however, the Plan pays a greater benefit when you use providers that are in the network. The Company provides a subsidized Health Reimbursement Account (HRA), refer to the comparison chart for HRA amounts.</p> <p>The HRA, Participant Responsibility (your out-of-pocket portion of the deductible) and out-of-pocket maximum are all based on the coverage level you elect (Employee Only, Employee/Spouse/Domestic Partner, etc.), even if only one covered person uses the entire HRA benefit. You incur medical expenses and pay the full cost of the medical expenses with money in your HRA first, then you pay out-of-pocket until your deductible is met.</p> <p>Prescription drug expenses for CDHP options are paid the same as any other medical expense. You will be responsible for the cost of the prescription drugs until you have met or satisfied your deductible.</p> <p>To help reduce costs and make filling medications more convenient, maintenance medications for conditions, such as diabetes, cholesterol and high blood pressure, must be filled by mail order. You can fill your prescription up to two times at a retail pharmacy. After that, it will not be covered, and you will pay the full retail price.</p>
<p><b>Telemedicine</b></p>	<p>Telemedicine services take the wait out of visiting a doctor and the app makes it fast, easy and convenient. Choose doctors from one of the nation's largest Telehealth networks. You can schedule appointments and arrange for private, secure, and confidential visits. Prescriptions are issued only when clinically appropriate. No controlled substances will be prescribed, and the availability of some prescriptions may be restricted by law in some states.</p> <p><b>Important:</b> Telemedicine is not a separate plan option. You are automatically enrolled if you elect a Lumen medical plan.</p>
<p><b>Prescription Drug</b></p>	<p>There is one prescription drug plan regardless which medical plan you elect; Optum Rx. In addition, Optum Rx is our mail order vendor. If your medication requires you to go through mail order (maintenance medication taken regularly such as for high cholesterol, hypertension, etc.), you cannot opt-out of using Optum Rx.</p> <p><b>Important:</b> Prescription Drug is not a separate plan option. You are automatically enrolled if you elect a Lumen medical plan.</p> <p><b>Note:</b> If you are enrolled in the Bind Health Plan, mail order is not required.</p>
<p><b>Pension (Qwest Union Represented employees)</b></p>	<p>Your pension plan is a qualified, defined benefit plan that promises to pay you a pension benefit if you meet the plan's vesting requirements.</p>
<p><b>Paid Time Off Plan - Non-Union and Union Represented Employees</b></p>	<p>The Paid Time Off (PTO) Plan gives you the flexibility to decide how to use your time away from work. Under this plan you have a bank of hours, accrued each pay period, that you can use for vacation, short-duration illness or injury, family illness or other personal time off. As a new employee, you will receive a PTO accrual every pay period, which will increase with your length of service with the Company.</p> <p><b>Note:</b> Select Non-Union employees have access to the Flexible Time Off program, which gives you the flexibility to take time off or shift schedules as needed with your manager's approval. Payroll does not track time off for those positions. Exceptions are short-term disability, extended maternity coverage, and time off scheduled through the Family Medical Leave Act. In addition, any absence in excess of ten consecutive business days will require approval from your second level manager.</p>

**Option/Program**

**Benefit information**

<p><b>Short-Term Disability (STD) Plan</b></p>	<p>Short-Term Disability Benefits provide financial support in cases of Disability lasting longer than seven (7) consecutive full or partial days, but generally not more than 182 days (6 months), which excludes the 7-day wait period.</p> <p>You are automatically enrolled after one year of service and satisfy all other Plan eligibility requirements.</p> <p>If you are a <b>Union Represented</b> Employee, refer to your respective Collective Bargaining Agreement to determine the appropriate STD waiting period (or such similar term describing the required period before payments of STD Benefits commence) and the amount of benefit available.</p> <p>You may elect to have STD paid on a pre-tax basis, which means STD benefits are taxed. If an election is not made, you will default to an post-tax premium basis which means STD benefits are not taxed. Changes between pre-tax to post-tax or vice versa can only be made during Annual Enrollment.</p>
<p><b>Survivor Benefit Plan*</b></p> <p>*For active Full-time Non-Union employees only</p>	<p>The Survivor Benefit Plan will pay your eligible designee six months of your base salary in the unlikely event of your death as an active Full-time employee.</p>
<p><b>Tobacco-Free Discount</b></p>	<p>To promote a healthy work environment, Lumen provides a tobacco-free discount that supports our ongoing focus on wellness. If you and your eligible dependents enroll in a Lumen medical Plan option and are non-tobacco users OR are enrolled in a Company recognized tobacco cessation program, you will receive a discount to the cost of your medical Plan premium. A Company recognized program includes the Quit For Life program, but also a tobacco cessation program of your choice, such as one sponsored by a local hospital or by the American Lung Association.</p> <p>The discount is calculated on the total cost of coverage, not the actual medical bi-weekly premium amount.</p> <p>You will be required to answer the tobacco question either online or through the Service Center. Tobacco products include but are not limited to the following: chewing tobacco, cigarettes, cigars, e-cigarettes, hookahs, nicotine gels/dissolvables, pipe tobacco, tobacco snuff, vapors and any other products associated with tobacco use.</p> <p><b>Note:</b> Temporary employees are not subject to the Tobacco-Free Discount.</p>
<p><b>Vacation and Personal Days – Qwest Union Represented Employees</b></p>	<p>At the beginning of each year you will be provided a set number of vacation and personal days. The exact amount of vacation and personal time you will receive is based upon your Years of Service and employee status.</p>
<p><b>Vision</b></p>	<p>There is one vision plan option. However, you can elect to waive your vision coverage. The vision plan is offered by EyeMed (First American Administrators/EyeMed Vision Care, LLC.).</p> <p>You can save money if you select “INSIGHT” (in-network). You can receive access to enhanced benefits and save even more if you choose to visit an in-network PLUS Provider within the INSIGHT network. Your vision care services include but are not limited to contact lenses, eye exams, glasses (frames and lenses), retinal screening and laser vision correction.</p> <p><b>Note:</b> If you do not enroll within the allotted time frame, you will be defaulted to waiving vision coverage.</p>

**Option/Program**

**Benefit information**

<p><b>Voluntary Lifestyle Benefits</b></p>	<p>The voluntary benefits listed below are not Company-sponsored and are not covered under the federal law known as "ERISA". The company has simply chosen to allow these vendors to make these programs available to eligible employees. Your participation is your decision, completely voluntary and at your own expense.</p> <p>A variety of voluntary benefit programs (employee-paid) is available to Full-time employees. When enrolling you have access to group purchasing discounts and underwriting advantages that may not be available to you in the individual market.</p> <p><b>The voluntary programs include:</b></p> <ul style="list-style-type: none"> <li>• Accident Insurance</li> <li>• Cancer Insurance</li> <li>• Choice Auto and Home Program</li> <li>• Critical Illness Insurance</li> <li>• Employee Perks – A free one-stop-shop program for exclusive discounts to many national and local merchants.</li> <li>• Hospital Indemnity Insurance</li> <li>• Identity Protection Program</li> <li>• Legal Services</li> <li>• Pet Insurance</li> <li>• Purchasing Power Program (Eligible after six months of employment — no need to purchase)</li> <li>• SmartPath Financial Coaching</li> </ul>
<p><b>Well Connected Wellness Program</b></p>	<p>The Well Connected program is designed to help you achieve a state of balance in your personal and professional life. It doesn't matter if you are working on your physical wellness, financial wellness, or another area, the wellness program is designed to help you live an optimal life. The Well Connected program provides access to a number of resources and activities to support your health and performance.</p>
<p><b>Well Connected Rewards</b></p>	<p>The Well Connected program is designed to help you achieve a state of balance in your personal and professional life. It doesn't matter if you are working on your physical wellness, financial wellness, or another area, the wellness program is designed to help you live an optimal life. The Well Connected program provides access to a number of resources and activities to support your health and performance.</p> <p>The Well Connected program can improve your wellbeing and you can earn up to \$600 each Plan year for you or \$1,200 for you and your covered spouse/domestic partner enrolled in one of the Lumen medical plan options. You may select Gift Card or Health Account (Health Reimbursement Account - HRA, Health Savings Account - HSA) for your Well Connected Rewards option based on your medical election.</p> <p>Selecting Gift Card will apply an imputed income calculation that will reflect on your paycheck. In addition, you must follow the Gift Card rules.</p> <p>Selecting Health Accounts will not be taxable; the rewards will be added to your medical account to use for deductible and out-of-pocket expenses. If you have any unused rewards, the amount will roll over into the following Plan year as long as you remain in the same medical plan.</p> <p><b>Note:</b> If you are a Company Couple, and your spouse/domestic partner is enrolled as a dependent under your medical plan benefit option, your spouse/domestic partner will only be eligible for wellness rewards in the form of a gift card.</p>
<p><b>Working Spouse/ Domestic Partner Surcharge – \$100 per pay period</b></p>	<p>You will need to answer the working spouse/domestic partner surcharge question either online or through the Service Center if you enroll your spouse/domestic partner in a medical plan option.</p> <p>A \$100 surcharge per pay period applies if you cover your spouse/domestic partner under our medical Plan but they are eligible for medical coverage through his/her employer and they choose to waive their employer's medical coverage. This surcharge applies unless:</p> <ul style="list-style-type: none"> <li>• Your base pay is less than \$30,000; or</li> <li>• Your base pay is less than \$100,000 and your spouse/domestic partner works for an employer that employs fewer than 50 employees. If this applies to you, you will need to contact the Service Center.</li> </ul> <p><b>Note:</b> Temporary employees are not subject to the Working Spouse/Domestic Partner Surcharge.</p>

# Medical Plan Comparison

This chart is only a snapshot summary of medical benefits.

Bind Health Plan		UnitedHealthcare HDHP with Optional HSA		UnitedHealthcare CDHP Option 1		UnitedHealthcare CDHP Option 2		
<b>HSA/HRA Contributions</b>	Not Applicable - See Flexible Spending Account Options for more information		With Employee-Funded HSA (maximum contribution): <ul style="list-style-type: none"> <li>\$3,650 Employee</li> <li>\$7,300 Employee + One or more enrolled</li> <li><b>Note:</b> If you are 55 or older, you can contribute an extra \$1,000 "catch-up" contribution.</li> </ul>		With Company-Funded HRA Contribution: <ul style="list-style-type: none"> <li>\$500 Employee</li> <li>\$750 Employee + Spouse/Domestic Partner (Domestic Partner)</li> <li>\$750 Employee + Children</li> <li>\$1,000 Family</li> </ul>		With Company-Funded HRA Contribution: <ul style="list-style-type: none"> <li>\$800 Employee</li> <li>\$1,200 Employee + Spouse/Domestic Partner (Domestic Partner)</li> <li>\$1,200 Employee + Children</li> <li>\$1,600 Family</li> </ul>	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)</b>								
<b>Employee</b>		<b>Employee</b>		<b>Employee</b>		<b>Employee</b>		
\$0	\$0	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	
<b>Employee + Spouse/Domestic Partner</b>				<b>Employee + Spouse/Domestic Partner</b>		<b>Employee + Spouse/Domestic Partner</b>		
\$2,250				\$2,250		\$4,500		
<b>Employee + Children</b>		<b>Family</b>		<b>Employee + Children</b>		<b>Employee + Children</b>		
\$0	\$0	\$3,000	\$6,000 (deductible must be satisfied before coinsurance applies; no individual limits)	\$2,250	\$4,500	\$2,250	\$4,500	
				<b>Family</b>		<b>Family</b>		
				\$3,000		\$6,000 (deductible must be satisfied before coinsurance applies; no individual limits)		
<b>Annual Out-of-Pocket Maximum (The Out-of-Pocket Maximums are separate for In-Network and Out-of-Network providers and are not combined)</b>								
<b>Employee</b>		<b>Employee</b>		<b>Employee</b>		<b>Employee</b>		
\$3,600	\$7,200	\$3,600	\$7,200	\$3,600	\$7,200	\$3,200	\$6,400	
<b>Employee + Spouse/Domestic Partner</b>				<b>Employee + Spouse/Domestic Partner</b>		<b>Employee + Spouse/Domestic Partner</b>		
\$5,400				\$5,400		\$10,800		
<b>Employee + Children</b>				<b>Employee + Children</b>		<b>Employee + Children</b>		
\$5,400				\$5,400		\$10,800		
<b>Family</b>		<b>Family</b>		<b>Family</b>		<b>Family</b>		
\$6,850	\$14,400 (Individual 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)	\$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)	

	Bind Health Plan		UnitedHealthcare HDHP with Optional HSA		UnitedHealthcare CDHP Option 1		UnitedHealthcare CDHP Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary care visit to treat an injury or illness	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)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)
	\$20-\$90	\$180	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	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	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	85% covered (Tier 1 Premium Provider) 80% covered (Network Provider)	50% covered (you may be responsible for any amount over the eligible expense)	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%	Not covered	100%	Not covered	100%	Not covered
----------------------------------------	--------------	--------------	------	-------------	------	-------------	------	-------------

**Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care**

Outpatient Lab and Pathology	\$0	\$0	85% covered	80% covered (after deductible is met)	85% covered	80% covered (after deductible is met)	85% covered	50% covered (you may be subject to balances over the eligible expense)
Outpatient Surgery	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Up to \$2,500 (Coverage requiring activation available for certain procedures, up to \$3,000)	Up to \$4,000	85% covered (including freestanding facilities)	Not covered	85% covered (including freestanding facilities)	Not covered	85% covered (including freestanding facilities)	Not covered

	Bind Health Plan		UnitedHealthcare HDHP with Optional HSA	UnitedHealthcare CDHP Option 1		UnitedHealthcare CDHP Option 2	
Emergency Room Services	\$500	\$500	<ul style="list-style-type: none"> <li>80% covered after deductible is met;</li> <li>50% covered after deductible is met for non-emergency</li> <li>After 3 ER Visits per year a \$300 penalty will apply unless member calls into UHC Nurse when requested (In-Network)</li> </ul>	<ul style="list-style-type: none"> <li>80% covered after deductible is met;</li> <li>50% covered after deductible is met for non-emergency</li> <li>After 3 ER Visits per year a \$300 penalty will apply unless member calls into UHC Nurse when requested (In-Network)</li> </ul>	<ul style="list-style-type: none"> <li>80% covered after deductible is met;</li> <li>50% covered after deductible is met for non-emergency</li> <li>After 3 ER Visits per year a \$300 penalty will apply unless member calls into UHC Nurse when requested (In-Network)</li> </ul>	<ul style="list-style-type: none"> <li>80% covered after deductible is met;</li> <li>50% covered after deductible is met for non-emergency</li> <li>After 3 ER Visits per year a \$300 penalty will apply unless member calls into UHC Nurse when requested (In-Network)</li> </ul>	
Inpatient Hospital Care	\$1,400	\$2,800	80% covered (after deductible is met)	80% covered (after deductible is met)	50% covered (after deductible is met)	80% covered (after deductible is met)	50% covered (after deductible is met)



# Dental Plan Comparison

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

This chart is only a snapshot summary of dental benefits.

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

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



# Vision Overview

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

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

This chart is only a snapshot summary of the available vision benefits.

## Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers	In-Network Cost	Out-of-Network Reimbursement
<b>Examination Services</b>			
Exam (with Dilation as necessary)	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	\$0 copay	\$0 copay	Up to \$20
<b>Contact Lens (allowance includes materials only)</b>			
Conventional	\$0 copay; 15% off balance; over \$150 allowance	\$0 copay; 15% off balance; over \$150 allowance	Up to \$105
Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	Up to \$210
<b>Contact Lens Fit And Two (2) Follow-Ups (in lieu of lenses)</b>			
Fit and Follow-Up - Standard	Up to \$40	Up to \$40	Not covered
Fit and Follow-Up - Premium	10% off retail price	10% off retail price	Not covered
<b>Frame (any available frames at Provider locations)</b>			
Frame	\$0 copay; 20% off balance over \$185 allowance	\$0 copay; 20% off balance over \$160 allowance	Up to \$112
<b>Standard Plastic Lenses (in lieu of contacts)</b>			
Single Vision	\$25 copay	\$25 copay	Up to \$30
Bifocal	\$25 copay	\$25 copay	Up to \$50
Trifocal	\$25 copay	\$25 copay	Up to \$70
Lenticular	\$25 copay	\$25 copay	Up to \$70
Progressive - Standard	\$25 copay	\$25 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	\$200 copay	Up to \$50
<b>Lens Options</b>			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	\$85 copay	Up to \$5
Photochromic - Non-Glass (Plastic)	\$0 copay	\$0 copay	Up to \$5

## Summary of Benefits

Vision Care Services	In-Network Cost Using PLUS Providers	In-Network Cost	Out-of-Network Reimbursement
Polycarbonate – Standard	\$40 copay	\$40 copay	Not covered
Polycarbonate – Standard – under 19 years of age	\$0 copay	\$0 copay	Up to \$5
Scratch Coating – Standard Plastic	\$15 copay	\$15 copay	Not covered
Tint – Solid or Gradient	\$0 copay	\$0 copay	Up to \$5
UV Treatment	\$15 copay	\$15 copay	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
<b>Low Vision</b>			
Supplemental Exam/Testing	\$0 copay	\$0 copay	Up to \$125 allowance (no reimbursement)
Aids	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000	25% copayment up to the maximum of \$1,000
<b>Member Savings</b> (enrollees who register on EyeMed's website receive additional savings)			
Additional Pairs of Glasses, Conventional Lenses	40% off glasses; 15% discount on lenses (once funded benefit is used)	40% off glasses; 15% discount on lenses (once funded benefit is used)	Not covered
Non-Prescription Sunglasses and other items <b>not covered by Plan*</b> <b>*Note:</b> Safety Glasses and Provider's professional services or contact lenses are not eligible for coverage under the Plan	20% off	20% off	Not covered
Hearing Care from Amplifon Hearing Health Care Network (Call <b>877-203-0675</b> )	40% off hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids).	40% hearing exam and low price guarantee on discounted hearing aids (Up to 64% off aids).	Not covered
LASIK or PRK from U.S. Laser Network (Call <b>800-988-4221</b> )	15% off retail or 5% off promotional price	15% off retail or 5% off promotional price	Not covered
<b>Frequency</b> (Adults and Children)			
Exam		Once every plan year	
Frame		Once every plan year	
Lenses (in lieu on Contact Lenses)		Once every plan year	
Contact Lenses (in lieu of Lenses)		Once every plan year	
Low Vision		Once every other plan year	

### Definition of Contact Lens Fit

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

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

**Offered by:** EyeMed

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



# Life, Accidental Death and Dismemberment, Business Travel Accident

Our benefit program includes life insurance and accident coverage that can provide financial protection if you or a covered family member should pass away or sustain certain serious accidental injuries.

**Note:** Eligible pay is the employee’s annual base pay plus anticipated target incentive (Short-Term Incentive (STI)), pay and annualized commissions for Employee Basic Life, Employee Basic Accidental Death & Dismemberment (AD&D), Employee Supplemental AD&D and Business Travel Accident. If you are a sales-related employee, as determined by the Company, eligible pay is the employee’s annual base pay plus target incentive pay and annualized commissions, excluding other compensation, such as shift differentials, overtime, and special allowances as determined by the Company.

Employee Basic Life Insurance Plan	Employee Supplemental Life Insurance Plan
<p>Company-paid basic life insurance is equal to 1x eligible pay rounded up to the next higher \$1,000 up to \$2,000,000 maximum and is payable to your beneficiaries in the event of your death. Coverage is automatic.</p>	<p>You may purchase coverage for yourself in an amount equal to 1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x Base Pay (not eligible pay) rounded up to next higher \$1,000 up to \$2,000,000 maximum. You may also purchase coverage for your spouse/domestic partner equal to \$5,000, \$10,000, \$25,000, \$50,000, \$75,000, \$100,000 or \$200,000 (cannot be more than 100% of Employee Basic Life + Employee Supplemental Life coverage). You also may purchase Child Supplemental Life Insurance equal to \$3,000, \$5,000, \$10,000 or \$20,000 for each eligible child (cannot be more than 100% of the Employee Basic Life + Employee Supplemental Life coverage).</p>
Employee Basic Accidental Death & Dismemberment Insurance (AD&D)	Employee Supplemental Accidental Death & Dismemberment Insurance
<p>Company-paid basic AD&amp;D is equal to 1x eligible pay rounded up to the next higher \$1,000 up to \$2,000,000 maximum and is payable to your beneficiaries in the event of your death or sustain if certain physical losses as the result of an accident. Coverage is automatic.</p>	<p>You may purchase coverage for yourself in an amount equal to 1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x eligible pay rounded up to next higher \$1,000 up to \$2,000,000 maximum. You may also purchase coverage for your spouse/domestic partner equal to 50% of the amount you choose for yourself up to \$750,000 and 25% of the amount you choose for yourself for each eligible child up to \$100,000.</p>

## Business Travel Accident Insurance (BTA)

The Business Travel Accident plan provides additional financial protection in case of accidental death or injury while you are traveling on Company business. Benefits equal 3x your eligible pay rounded up to the next higher \$1,000 up to a maximum of \$500,000. Coverage is automatic, and there is no cost to you.

**Additional Life Insurance is available where you pay the cost:** Employee Supplemental Life, Employee Supplemental AD&D, Spouse/Domestic Partner Supplemental Life Insurance, Spouse/Domestic Partner (AD&D) Child Supplemental and Child (AD&D).



### Questions About The Life And Accident Plans?

Detailed plan information can be found on [lumenbenefits.com](https://lumenbenefits.com).

# Amazing Benefits at Lumen

In addition to what is listed in this Guide, the Company offers the additional benefits and programs below:

**Important Note:** Union Represented employees may not be eligible for all the benefits listed below.

## Executive Wellness

- Executive Exam Program
- Executive Cardiovascular Screening Program

## Financial Wellness:

- 529 College Savings Plan
- Allstate Identity Protection
- Bright Horizon's college Coaching
- Employee Assistance Program (EAP) financial counseling
- Financial Fitness checkups
- Financial Fitness Week
- MetLife Legal Plan
- OptumBank
- Principal's Retirement Wellness Planner
- SmartPath Financial Coaching program

## Fitness Programs:

- Active&Fit Direct gym discounts
- Fitness Reimbursement Programs
- On-site Fitness Centers

## Mental Wellness:

- AbleTo
- Employee Assistance Program (EAP)
- Rethink
- Sanvello
- Stress Management
- Talkspace

## On-site Programs:

- Biometric Screenings
- Cor Medical Clinics
- Flu Shot Programs
- Health Fairs
- Mobile Mammography
- Wellness Champions

## Quit Tobacco:

- Tobacco Cessation
- Tobacco Free Medical Premium Deduction Discount

## Resources While at Work:

- Corporate Social Responsibility
- Diversity & Inclusion
- Milk Stork
- Nursing Mother's Rooms
- Workplace Possibilities Program (WPP)

## Time Away from Work:

- Bereavement
- Civic Duties
- Family and Medical Leave
- Flexible Time Off (FTO)
- Holidays
- Inclement Weather
- Military Leave
- Maternity Leave
- Paid Time Off (PTO)
- Parental Leave
- Religious Observances
- Your Own Disability

## Total Population Health Management:

- 2nd MD
- 24-Hour Nurse Line
- ABA Therapy
- Advocacy Services
- Cancer Resources
- Complex Care Concierge (C3)
- Condition Management
- Diabetes Programs
- Fertility Programs
- Gender Identity Dysphoria
- Healthy Pregnancy Programs
- Nurse Team
- Neonatal Resource Services (NRS)
- Premium Providers
- Preventive Screenings
- Surgical Management Solutions (SMS)
- Transplant Resource Services
- Virtual Physical Therapy

## Voluntary & Additional Benefits:

- Adoption Assistance
- Bridging of Service
- Care@Work
- College Coach Program
- Discounts on Products & Services
- Employee Concessions
- Employee Referral Rewards Program, Lumen Stars
- Educational Assistance
- Voluntary Lifestyle Benefits

## Weight Loss:

- Immersion Program
- Real Appeal
- Weight Watchers

877-453-8353 | [lumen.com](https://lumen.com) | [info@lumen.com](mailto:info@lumen.com)