

Your Benefits. **YOUR LIFE.**

2021

Your 2021 Annual Enrollment Guide



YOUR ENROLLMENT CHECKLIST

- Read this guide for an overview of your 2021 Windstream benefits program
- Visit windstreambenefits.com to learn more about your options
- Starting Oct. 14, use the online Mercer Marketplace tools available through windstreambenefits.com to help you make confident choices about your benefits
- Select the benefits that best support you and your family
- Enroll between Oct. 14 – 28, 2020 through windstreambenefits.com or call **866.553.9409**
- After enrolling, review and save your Benefit Summary

Information in this document pertains to all full-time, U.S.-based employees. Participation in Windstream's benefit plans by employees in bargaining units is subject to the terms of their collective bargaining agreement. Canadian employees should refer to Great West for coverage information and windstreambenefits.com for additional information.

YOU MUST TAKE ACTION

You must enroll between Oct. 14 and Oct. 28 to have Windstream coverage in 2021.

If you do not take action, you will not have access to Windstream medical, dental, vision, savings or spending accounts coverage in 2021 unless you experience a life event, such as a marriage, divorce or birth of a child or change in status (gain or loss in coverage).

Review this guide closely for an overview of your 2021 benefit options. Go to windstreambenefits.com for complete details. Take the time to consider all your benefit options and carefully evaluate your needs to ensure you choose the right level of coverage for you and your family next year.



YOUR 2021 BENEFITS AT A GLANCE

BENEFIT	KEY HIGHLIGHTS	PAGE
New for 2021	<ul style="list-style-type: none">Grand Rounds will replace Health Advocate and Advance Medical as your personal health care advocate, expert second opinion source, clinical resource and more! This new resource will be available January 1, 2021	5
Medical	<ul style="list-style-type: none">Consistent offerings with four plan options and choice of two carriers, Blue Cross Blue Shield and UMR	3 – 7
Prescription	<ul style="list-style-type: none">Prescription coverage is provided through Express Scripts for all Windstream medical plansAdditional prescription savings possible through RxSavings Solutions	8
Supplemental medical	<ul style="list-style-type: none">Three supplemental medical plan options from Aetna – accident, critical illness and hospital indemnity insurance	9
Well-being	<ul style="list-style-type: none">Employees and spouses who enroll in a Windstream medical plan must complete the confidential biometric screening by the deadline to avoid a \$500 medical surcharge	10
Dental	<ul style="list-style-type: none">Three plan options from Delta Dental	11
Vision	<ul style="list-style-type: none">Two plan options from VSP	12
Health Savings and Spending Accounts	<ul style="list-style-type: none">If you enroll in a Windstream medical plan and a Health Savings Account (HSA), Windstream will contribute up to \$600 into your HSA to help cover your out-of-pocket expensesIf you are not eligible for an HSA, or choose not to enroll in an HSA, you can enroll in a Health Care Flexible Spending Account (FSA)The amount you are allowed per IRS limits to rollover into your FSA is now \$550 in 2021	13
Life and accident insurance	<ul style="list-style-type: none">Company-provided life and AD&D insurance as well as additional supplemental options	14
Disability insurance	<ul style="list-style-type: none">Company-provided short-term and long-term disability	14
Additional voluntary benefits	<ul style="list-style-type: none">Identity theft protection, pet insurance, auto & home insurance and a legal plan	15

Oct. 14 – 28

Enroll through windstreambenefits.com

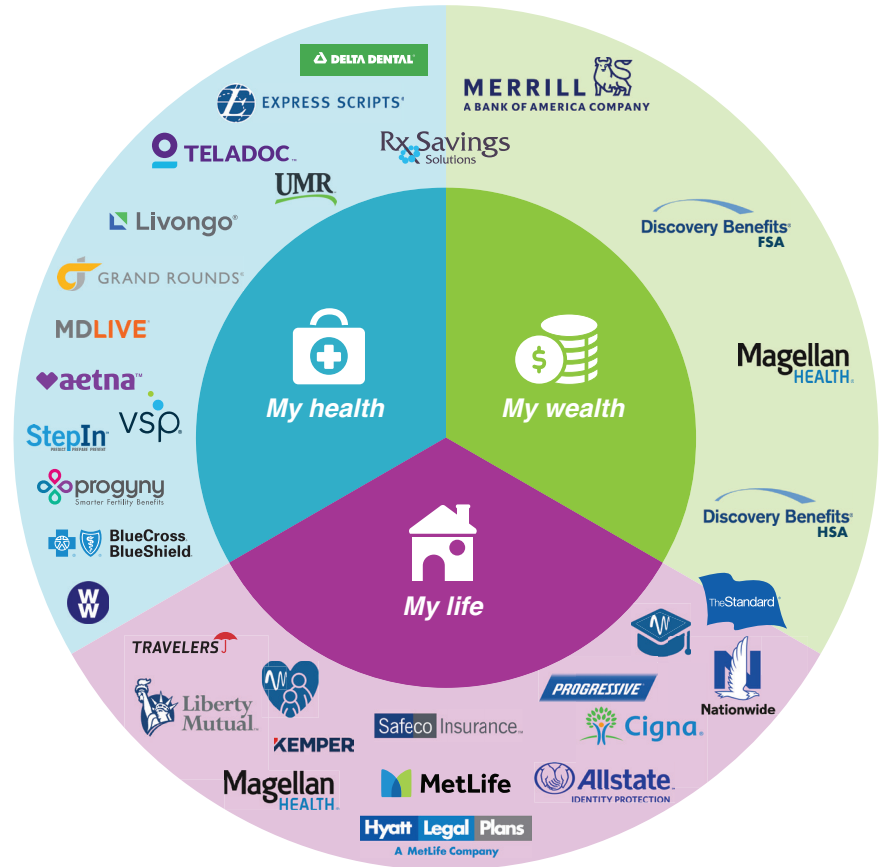
See page 16 of this guide for easy instructions and important enrollment information.

WELCOME TO YOUR 2021 BENEFITS

Windstream is committed to helping you and your family be healthy so that you can make the most of your life – at work, at home and in your community.

Providing access to a variety of valuable benefits that support your overall well-being is an important part of that commitment.

Our benefits fall into these three categories:



MY HEALTH: to fit your budget and keep you healthy	MY WEALTH: to invest in yourself now and in the future	MY LIFE: to protect those you love and manage personal priorities
<ul style="list-style-type: none"> • Medical (BCBS, UMR) • Prescription Drug Program (Express Scripts) • Dental (Delta Dental) • Vision (VSP) • New! Personal Health Care Assistance (Grand Rounds) • Hospital Indemnity (Aetna) • Accident (Aetna) • Critical Illness (Aetna) • Telemedicine (MDLIVE-BCBS; Teladoc-UMR) • RxSavings Solutions • Well-being Program • Tobacco Cessation Program (Clickotine by Magellan) • Weight Management Programs (Livongo StepIn, Weight Watchers) • Diabetes and Hypertension Program (Livongo) • Fertility Benefits (Progyny) 	<ul style="list-style-type: none"> • Health Savings Account (Discovery Benefits) • Health Care Flexible Spending Account (FSA) (Discovery Benefits) • Daycare/Eldercare FSA (Discovery Benefits) • Commuter FSA (Discovery Benefits) • 401(k) Plan (Merrill) • Roth IRA (Merrill) • NextGen College Investing Plan (Merrill) • Financial Well-being (Merrill, Magellan) 	<ul style="list-style-type: none"> • Basic Group Life and Accidental Death & Dismemberment (AD&D), and Life and Accident Insurance (Standard Insurance Company) • Short-Term and Long-Term Disability Insurance (Cigna) • Employee Assistance Program (Magellan) • Legal Plan (MetLife Hyatt) • Identity Theft Protection (Allstate Identity Protection) • Pet Insurance (Nationwide) • Choice Auto & Home Insurance (Liberty Mutual, MetLife, Kemper, Safeco, Travelers, Progressive) • Adoption Assistance • Educational Assistance

MERCER MARKETPLACE 365+

You continue to have access to Mercer Marketplace. It offers you an easy way to learn about, choose and buy coverage from a wide selection of benefits.

Our platform offers an intuitive employee experience with enhanced features and employee assistance, including the Expert Guidance Tool.



TAKE CONTROL

Mercer Marketplace 365+ helps you take control of your health and your spending by offering you:

- **More choice** – A wide range of benefit options, including a choice of two medical plan carriers and voluntary benefits that include hospital indemnity insurance, critical illness insurance, accident insurance, identity theft protection, pet insurance, auto & home insurance and a legal plan.
- **Easy enrollment with built-in decision support** – Step-by-step guidance through a simple shopping experience to give you confidence as you elect coverage.
- **Cost transparency** – Clear online comparison tools that show you the value offered by each plan, so you can make informed decisions about how to spend your health care dollars.
- **Personalized advice** – Access to licensed benefits counselors, ready to help you understand your options and make the right choices for your needs and budget.
- **Commitment to your well-being** – Benefits and resources to support your well-being in all areas of your health, wealth and life.
- **Ongoing education** – Communication and support throughout the enrollment period and beyond.

MEDICAL



SUMMARIES OF BENEFITS AND COVERAGE

You have access to a Summary of Benefits and Coverage (SBC) for each of your Windstream medical plan options. These documents provide detailed information about coverage and costs to help you compare plans and make informed decisions. To access the SBCs, visit windstreambenefits.com.

Information in this document pertains to all full-time, non-bargaining, U.S.-based employees. Participation in Windstream's benefit plans by employees in bargaining units is subject to the terms of their collective bargaining agreement.

ID CARDS

You will receive a new medical insurance card for 2021, but prescription and dental insurance cards will not be re-issued unless you are new to the plan.

2021 MEDICAL PLAN OPTIONS

Windstream offers you a choice of medical plans with a range of coverage levels and costs, giving you the flexibility to select the option that is best for you.

What is included?

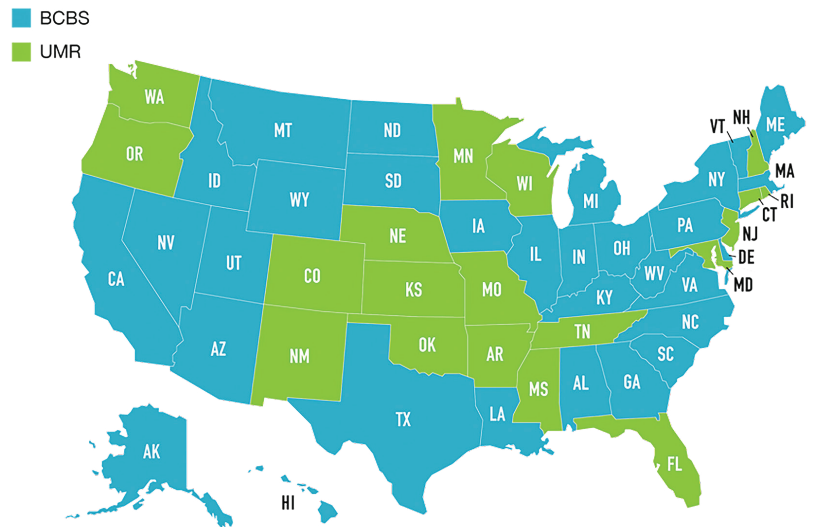
All of Windstream's medical plans include:

- 1. Your choice of carriers – Blue Cross Blue Shield (BCBS) or UMR.** In each state, one carrier will have a lower cost than the other. This represents the larger discount that doctors and facilities have with one carrier over the other in a given state. Plan features and benefits provided with each carrier are the same.
- 2. Prescription drug coverage.** Coverage for prescription medications comes with each plan and is provided by Express Scripts. You can also take advantage of RxSavings Solutions as a resource to potentially save you money on prescriptions. See page 8 for more details.
- 3. Free in-network preventive care.** Services such as annual physicals, immunizations and routine screenings are fully covered at 100%. That means you pay nothing for those services.
- 4. Annual deductible.** You pay for initial medical and prescription drug costs until you meet your annual deductible.
- 5. Coinsurance.** After meeting your deductible, you pay a percentage of eligible costs through coinsurance, then the plan pays the rest. *Keep in mind: With the 1850 Plan – per IRS regulations – coinsurance for any person covered under an employee plus dependent plan begins only after the entire family deductible has been met. This means you will have to pay \$3,700 to meet the deductible.*
- 6. Telemedicine.** Both BCBS and UMR provide 24/7 access to doctors through phone, video or mobile-app visits. This service is available in all states. Set up your account today so when you need care, a doctor is just a call or click away. Visit windstreambenefits.com to learn more on fees.
Virtual Visits. Coverage for office visits has been expanded to virtual visit coverage for all providers offering this service. Virtual visits will be covered by your plan's office visit benefit level for primary care or specialist.
- 7. Tax-saving opportunity.** If eligible, you can contribute to an HSA on a before-tax basis to help pay for your eligible out-of-pocket health care costs – in 2021 and in the future. Your HSA funds roll over year after year; they are always yours to keep! In 2021, Windstream will contribute up to \$600 tax-free to your HSA, deposited over the course of the year (per pay period).
If you enroll in a Windstream medical plan and do not meet HSA eligibility requirements, or choose not to enroll in one, you can still enroll in a Health Care Flexible Spending Account (FSA).
- 8. Out-of-pocket maximum.** Each plan protects you by capping the total amount you will pay each year for in-network medical care. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year. Medical premiums are not included in the out-of-pocket maximum.
- 9. New! Grand Rounds.** Grand Rounds specialists can provide personalized medical support, connect you with trusted doctors and specialists, give you a list of questions to ask your physician, schedule appointments for you and answer your questions. This service is available at no extra cost to you and your family if you are enrolled in a Windstream sponsored medical plan.

MEDICAL (CONTINUED)

COMPARE THE PLANS

All plans are offered through your choice of Blue Cross Blue Shield (BCBS) or UMR. In each state, one carrier has a lower cost than the other, referred to as Carrier 1. This represents the larger discount that doctors and facilities have with one carrier over the other in a state. No matter which Windstream medical plan you choose, the benefits covered by each option are the same. All plans cover in-network preventive care such as blood pressure and cholesterol tests, mammograms, colonoscopies, screenings for osteoporosis, vaccines and well-woman visits – all at no cost to you! Be sure to follow the recommended age guidelines outlined in the medical summary plan description when scheduling your preventive care.



Carrier 1 by State (Lower Premium)

BCBS	AL, AK, AZ, CA, DC, DE, GA, HI, IA, ID, IL, IN, KY, LA, MA, ME, MI, MT, NC, ND, NV, NY, OH, PA, SC, SD, TX, UT, VA, VT, WV, WY
UMR	AR, CO, CT, FL, KS, MD, MN, MO, MS, NE, NH, NJ, NM, OK, OR, RI, TN, WA, WI



New! Grand Rounds



We're proud to introduce Grand Rounds, your new enhanced health care specialists.

Navigating the health care system can be frustrating and complicated. Save time, money, and worry by contacting Grand Rounds to receive personal expert assistance for your medical needs. Beginning January 1, 2021, at no cost to you if enrolled in a Windstream medical plan, Grand Rounds provides confidential advice and support from medical specialists so you can be a wise health care consumer. From basic checkups to chronic conditions, connect with your Grand Rounds personal team of medical professionals, record specialists and care coordinators to arrive at the best possible solution for you and your family.

Grand Rounds specialists can help you focus on your health when you need:

- **Information.** Get questions answered about your medical plan, including what's covered.
- **Guidance.** Manage claims, track progress towards meeting your deductible and fix billing errors.
- **Answers.** Get personalized health care recommendations for any new or existing condition.
- **Doctors.** Find trusted, in-network doctors and specialists that match your preferences.
- **Clarity.** Understand your health benefits and when to use them.

Beginning January 1, 2021, visit grandrounds.com/windstream to start taking advantage of this resource. Until then, please continue to use Health Advocate for your personal health care needs. See callout to the right for Health Advocate contact information.

NEW! GRAND ROUNDS

Starting in 2021, Grand Rounds will be replacing Health Advocate and Advance Medical as your new enhanced health care specialists.

However, through December 31, 2020, you will still contact Health Advocate for specialized health care services and Advance Medical for expert second opinions.

For Health Advocate services in 2020, visit

HealthAdvocate.com/windstream, call 866.695.8622 or email answers@HealthAdvocate.com. For Advance Medical services in 2020, call 866.901.2672.

GRAND
ROUNDS
COMING IN
2021!



MEDICAL (CONTINUED)

COMPARE YOUR COSTS

Your 2021 medical plan costs

	Bi-Weekly Premium Carrier 1	Bi-Weekly Premium Carrier 2	Annual Embedded In-Network Individual Deductible ¹	Annual In-Network Deductible
EMPLOYEE ONLY				
1850 Plan	\$78.90	\$97.24	n/a	\$1,850
2850 Plan	\$47.76	\$63.61	n/a	\$2,850
4500 Plan	\$32.44	\$46.96	n/a	\$4,500
6550 Plan	\$24.30	\$38.14	n/a	\$6,550
EMPLOYEE + SPOUSE				
1850 Plan	\$197.44	\$243.29	none ²	\$3,700
2850 Plan	\$119.56	\$159.22	\$2,850	\$5,700
4500 Plan	\$81.27	\$117.59	\$4,500	\$9,000
6550 Plan	\$60.95	\$95.53	\$6,550	\$13,100
EMPLOYEE + CHILDREN				
1850 Plan	\$138.12	\$170.21	none ²	\$3,700
2850 Plan	\$83.60	\$111.36	\$2,850	\$5,700
4500 Plan	\$56.80	\$82.21	\$4,500	\$9,000
6550 Plan	\$42.57	\$66.78	\$6,550	\$13,100
EMPLOYEE + FAMILY				
1850 Plan	\$233.47	\$287.74	none ²	\$3,700
2850 Plan	\$141.26	\$188.20	\$2,850	\$5,700
4500 Plan	\$95.92	\$138.90	\$4,500	\$9,000
6550 Plan	\$71.85	\$112.80	\$6,550	\$13,100

¹ With an embedded deductible, a single member of your family can meet the embedded deductible and enter the coinsurance phase without all covered members reaching the full plan deductible.

² The 1850 Plan does not meet the IRS requirements to have an embedded deductible. Coinsurance on all tiers except Employee Only begins only after the \$3,700 deductible has been met.

Due to rounding, some costs may vary by a cent in the enrollment system versus what's printed above. The premium cost in the enrollment system will be the amount that is payroll deducted.

Spousal surcharge

When reviewing the costs for medical coverage, keep in mind that Windstream has a spousal surcharge of \$100 per month. The spousal surcharge is applied if your spouse has coverage available through his/her employer but chooses to be on a Windstream medical plan. If your spouse is not offered medical coverage through his/her employer or is not employed, the surcharge does not apply. If your spouse is employed by Windstream, the surcharge also does not apply.

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	In-Network Medical Coinsurance	Annual In-Network Embedded Individual Out-of-Pocket (OOP) Maximum ¹	Annual In-Network OOP Maximum
EMPLOYEE ONLY			
1850 Plan	You pay 20%	n/a	\$3,500
2850 Plan	You pay 30%	n/a	\$5,500
4500 Plan	You pay 30%	n/a	\$6,550
6550 Plan	You pay 0%	n/a	\$6,550
EMPLOYEE + SPOUSE			
1850 Plan	You pay 20%	none ²	\$6,500
2850 Plan	You pay 30%	\$5,500	\$11,000
4500 Plan	You pay 30%	\$6,550	\$13,100
6550 Plan	You pay 0%	\$6,550	\$13,100
EMPLOYEE + CHILDREN			
1850 Plan	You pay 20%	none ²	\$6,500
2850 Plan	You pay 30%	\$5,500	\$11,000
4500 Plan	You pay 30%	\$6,550	\$13,100
6550 Plan	You pay 0%	\$6,550	\$13,100
EMPLOYEE + FAMILY			
1850 Plan	You pay 20%	none ²	\$6,500
2850 Plan	You pay 30%	\$5,500	\$11,000
4500 Plan	You pay 30%	\$6,550	\$13,100
6550 Plan	You pay 0%	\$6,550	\$13,100

¹ With an embedded out-of-pocket maximum, a single member of your family can meet the embedded out-of-pocket maximum and have the plan begin paying 100% of costs for that covered person before all covered members reach the full plan out-of-pocket maximum.

² The 1850 Plan does not meet the IRS requirements to have an embedded out-of-pocket maximum. Having the plan pay all expenses on all tiers except Employee Only begins after the \$6,550 out-of-pocket maximum has been met.

Medical surcharge

Employees and spouses who enroll in a Windstream medical plan must complete the confidential biometric screening by the deadline to avoid a \$500 annual surcharge. The deadline to complete the biometric screening will be announced in 2021.

Tobacco use surcharge

A \$50 monthly surcharge will be applied to each employee and/or spouse who uses tobacco products and has not completed the tobacco cessation program. During Annual Enrollment, you will be asked to attest to your tobacco status and that of your enrolled spouse. By completing the Clickotine tobacco cessation program described on page 10, the surcharge can be stopped and removed prospectively during the year by calling **866.553.9409**.

PRESCRIPTION

EXPRESS SCRIPTS

Express Scripts will provide prescription coverage and is included with each of the Windstream medical plans.

- Obtaining your prescriptions through a preferred network pharmacy such as Walgreens, CVS, Walmart, K-Mart, Kroger, Target, Costco, Safeway, Albertsons and Rite Aid as well as many others can save you money.
- In addition to using the mail order service for your long-term prescriptions, you can also receive a 90-day supply of medication at the same cost as mail order through your local Walgreens pharmacy.

Prescription Plan Rates	2021 PLANS					
	1850 Plan		2850 and 4500 Plan		6550 Plan	
	Preventive Rx (see IRS list)	All Other Rx	Preventive Rx (see IRS list)	All Other Rx	Preventive Rx (see IRS list)	All Other Rx
Before Deductible is Met	You pay coinsurance (20%)	You pay 100%	You pay coinsurance (30%)	You pay 100%	You pay coinsurance (30%)	You pay 100%
After Deductible is Met	You pay coinsurance (20%)	You pay coinsurance (20%)	You pay coinsurance (30%)	You pay coinsurance (30%)	You pay 0%	You pay 0%
After Out-of-Pocket Max is Met	You pay 0%	You pay 0%	You pay 0%	You pay 0%	You pay 0%	You pay 0%

* Certain medications are defined by the IRS as preventive. A complete preventive medication list is available at windstreambenefits.com.

Your costs are capped when you use in-network providers

Your medical plan's out-of-pocket maximum includes prescription costs. If you reach the out-of-pocket maximum, Windstream pays 100% of your prescription costs for the rest of the year. All prescription costs filed with your insurance card will apply toward meeting your deductible.

Ways to lower your prescription costs

Before you fill a prescription:

- Ask your doctor about your options. Generic prescriptions are usually less expensive than name brand medications.
- Consult with your pharmacist about the cost, as many retailers offer generic discount programs that may save you more.
- Research the cost of prescriptions by logging in to your Express Scripts account at express-scripts.com.
- Take advantage of **RxSavings Solutions** at myrxss.com, a free price comparison online tool accessible through your computer or mobile device that can show your potential prescription savings.

Don't forget to contact your Grand Rounds specialist in 2021 to get help finding prescription options that best fit your needs.

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SUPPLEMENTAL MEDICAL

VOLUNTARY INSURANCE OPTIONS THROUGH AETNA

Supplemental medical plans help protect you from certain expenses, which may not be covered by your primary medical plan. You pay the full cost of coverage through after-tax payroll deductions. Be sure to consider your anticipated medical needs for the coming year – for example, a major surgery – when deciding if supplemental coverage is right for you.

Keep in mind: Supplemental medical plans are intended to work with a primary medical plan. They do not provide medical coverage and do not, on their own, meet health care reform requirements.

Windstream offers three different types of supplemental medical plans. You can choose any combination of the following:

- **Hospital indemnity insurance.** Provides cash payments for hospital stays (due to childbirth, illness, injury, etc.) that you can use to cover expenses your medical plan does not cover, such as deductibles, coinsurance and other out-of-pocket costs.
- **Accident insurance.** Provides cash benefits in cases of eligible accidental injuries to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses.
- **Critical illness insurance.** Protects against the financial impact of certain illnesses, such as a heart attack or cancer. You receive a lump-sum benefit, which can be used to pay for your treatment costs or for everyday living expenses like housekeeping services, special transportation services and daycare.



WELL-BEING

For Windstream, healthy employees equal a healthy company. We offer well-being programs to provide our employees with the tools and resources to live healthier, happier and more fulfilling lives – great for you and your wallet. Take note of all of the programs available to you.

- **Clickotine Tobacco Cessation Program.** Tobacco cessation program available to all employees, but only to spouses who are enrolled in a Windstream medical plan. Clickotine provides professional health coaches to help you set specific and measurable goals including a quit date. Call Windstream’s Magellan Employee Assistance Program to get started at **800.327.5569**. Take advantage of its app to also receive personal messages of support, monitor your breathing and track how much money you’ve saved since quitting. Click on the Smoking Cessation Program tile through **MagellanAscend.com** for more information.

- **Magellan Employee Assistance Program (EAP).** Confidential support, online information and counseling on topics like well-being services, legal assistance, financial coaching, identity theft resolution and work-life services, for all employees and family members regardless of enrollment in a Windstream medical plan. Call Magellan at **800.327.5569** to get the support you need.

- **Progyny.** Progyny specializes in offering families a variety of options in fertility treatment – with proven success. With over 450 clinics, Progyny offers a wide network of specialists. Available to those who enroll in a Windstream medical plan, Progyny will coordinate with your medical and pharmacy benefits.
- **Weight Watchers.** Weight loss program available to all employees, but only to spouses who are enrolled in a Windstream medical plan. Visit **ww.com/us/Windstream** and log in using the following information:
Employer ID **1121696**
Employer Passcode **WW11216946**
- **Livongo.** Weight (Livongo StepIn), diabetes and hypertension management programs available to employees, spouses and dependents who are enrolled in a Windstream medical plan. Get started at **welcome.livongo.com/windstream.com**.
- **Quest Biometric Screening.** Know your blood pressure, cholesterol, glucose and BMI through local designated labs or through your doctor’s office if you are enrolled in a Windstream medical plan. Employees and spouses who enroll in a Windstream medical plan **must complete the confidential biometric screening** by the deadline to avoid a \$500 annual surcharge. Visit **windstreambenefits.com** to learn more.

CONNECT WITH YOUR DOCTOR, TODAY

FIND A DOCTOR

Using in-network providers saves you money. You can easily find doctors in your medical plan network by visiting your provider’s website or contacting a benefits counselor once the enrollment window opens:

Blue Cross Blue Shield

1. Visit **windstream.blueadvantagearkansas.com**.
2. Scroll down to the appropriate category: **Georgia Employees, Florida Employees** or **All Other Employees**.
3. Update your location and start searching!

UMR/UnitedHealthcare

1. Visit **UMR.com**.
2. Enter Provider Network: **UnitedHealthcare Choice Plus Network**.
3. Click **View Providers**.
4. Enter your doctor’s name, facility or specialty in the keyword search.

SEE A DOCTOR FROM ANYWHERE, ANYTIME WITH TELEMEDICINE

Both BCBS and UMR provide 24/7 access to doctors through phone, video or mobile-app visits. This service is available in all states. Set up your account today so when you need care, a doctor is just a call or click away. Visit **windstreambenefits.com** to learn more on fees.

MDLIVE

- Offered through BCBS.
- Visit **mdlive.com/blueadv** or call **888.995.1049**.

Teladoc

- Offered through UMR.
- Visit **teladoc.com** or call **800.teladoc (835.2362)**.

VIRTUAL VISITS!

Coverage for office visits has been expanded to virtual visit coverage for all providers offering this service. Virtual visits will be covered by your plan’s office visit benefit level for primary care or specialist.

DENTAL

DELTA DENTAL

You have a choice of three dental plans through Delta Dental. While you can choose any dental provider you want, you will save through reduced contract fees when you see an in-network dentist. Delta Dental will not mail you an ID card. Your provider can find your coverage online. To search for providers in the Delta Dental network, go to deltadental.com. You can also download an ID card if you like to carry one with you.

2021 DENTAL PLANS			
	Basic Plan	Standard Plan	Enhanced Plan
Calendar Year Maximum	\$750	\$1,500	\$2,000
Annual Deductible (individual/family)	\$50/\$150	\$50/\$150	\$50/\$150
Plan coverage for in-network services			
Preventive & Diagnostic Care	90%	100%	100%
Basic Restorative Care	70%	80%	80%
Major Restorative Care	Not covered	50%	50%
Orthodontia Expenses	Not covered	Not covered	50% (up to \$1,500 lifetime max; adults and children to age 19)
TMJ Expenses	Not covered	50%	50%
Surgical Implants	Not covered	50%	50%

2021 DENTAL PREMIUMS – Per Bi-Weekly Pay Period			
Delta Dental	Basic	Standard	Enhanced (Orthodontia)
Employee Only	\$3.87	\$8.62	\$9.38
Employee & Spouse	\$7.25	\$17.50	\$19.77
Employee & Children	\$6.89	\$15.06	\$16.98
Family	\$11.48	\$26.91	\$30.24

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VISION

VSP

You have the choice of two vision plans through VSP – a Materials Only Plan and an Enhanced Plan. You will not receive an ID card from VSP. Your provider can find your coverage online. To search for providers in the VSP network, go to vsp.com.

2021 VISION PLANS		
	Materials Only	Enhanced
Your in-network costs		
Exam (once every 12 months)	Not covered	\$10 copay
Materials	\$10 copay	\$10 copay
Lenses	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months
Contact Lenses (in lieu of glasses)	Every 12 months	Every 12 months
Frame Allowance	\$175	\$175
Contact Lens Allowance (in lieu of glasses)	\$175	\$175

The Materials Only Plan does not cover exams. As the name implies, the Materials Only Plan covers either contact lenses or frame lenses. If you choose glasses, you are eligible for new frames every other year.

2021 VISION PREMIUMS – Per Bi-Weekly Pay Period		
VSP	Materials Only	Enhanced
Employee Only	\$2.34	\$5.46
Employee & Spouse	\$3.63	\$8.45
Employee & Children	\$3.70	\$8.63
Family	\$5.97	\$13.92

Due to rounding, some costs may vary by a cent in the enrollment system versus what's printed above. The premium cost in the enrollment system will be the amount that is payroll deducted.

More Information

Visit windstreambenefits.com for more detailed benefits information, summary plan descriptions, provider contacts and important legal notices.

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HEALTH SAVINGS AND SPENDING ACCOUNTS

DISCOVERY BENEFITS

Through Discovery Benefits, you can take advantage of the savings offered by using tax-free money to pay eligible health and dependent care expenses. The following accounts are available to you in 2021.

Health Savings Account (HSA):

- **Get a company contribution.** Windstream will contribute up to \$600 tax-free to your HSA if you enroll in a Windstream medical plan and HSA for 2021. Windstream's contribution will be deposited over the course of the year (per pay period) and will be prorated for those starting medical coverage or HSA enrollment after Jan. 1, 2021, or for those who end coverage or enrollment before Dec. 31, 2021.
- **Make individual contributions.** In 2021, the IRS limits* on total contributions to your account (from both you and Windstream) are:
 - Up to \$3,600 for employee-only coverage (including \$600 Windstream contribution)
 - Up to \$7,200 for family coverage (including \$600 Windstream contribution)
 - If you are age 55 or older, you may contribute an additional \$1,000
- **Make contribution changes any time.** You can change your contribution amount at any time during the year and it will be effective the first of the following month.
- **Never pay taxes.** Contributions are made from your paycheck on a before-tax basis, and the money will never be taxed when used for eligible expenses.**
- **It is your money.** Unused money can be carried over each year and invested for the future – with the potential to gain interest or earnings tax-free. You can even take it with you if you leave Windstream.
- **If you are moving from an FSA, use your FSA by Dec. 31.** If you are moving from a Health Care FSA to an HSA, you will need to incur all claims for FSA dollars by Dec. 31, 2020, or forfeit the remaining balance.
- **Know if you're HSA-eligible.** Some people are disqualified from contributing to an HSA per IRS regulations. For example, those enrolled in TriCare or any part of Medicare are ineligible for an HSA but can enroll in a medical FSA.

* Most recent IRS limit available at the time of publishing.

** Money in an HSA can be withdrawn tax-free as long as it is used to pay for qualified health-related expenses. If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn, plus a 20% penalty tax if you withdraw the money before age 65.

Health Care FSA:

- The Health Care Flexible Spending Account (FSA) is available to those not enrolled in an HSA. You do not have to be enrolled in a Windstream medical plan to enroll in a Health Care FSA.
- Your full annual election is available to use at the beginning of the year. You can only make changes to your contribution during the year with a qualified life event.
- Keep in mind that a Health Care FSA is a “use it or lose it” account – you may only carry over up to \$550* each year. Any remaining balance over that amount will be forfeited when the plan year ends.
- The maximum contribution amount allowed in 2021 is \$2,650.*

Daycare/Eldercare FSA:

- Contribute up to \$5,000 a year to help cover your qualified dependent care expenses, such as child daycare or eldercare. This does not apply to health care expenses.*
- Unused money does not carry over at the end of each year – use it or lose it.

Commuter FSA:

- You can use before-tax money to save on parking and transit expenses.
- Contribute up to \$265* a month for parking and up to \$265* a month for transit.*
- You can change or cancel your contribution month by month.
- Contributions are deducted directly from your paycheck on a monthly basis.
- Unused money carries over at the end of each year.

Daycare/Eldercare FSA and commuter FSA enrollment is not restricted by HSA enrollment.

* Most recent IRS limit available at the time of publishing.

BASIC LIFE AND AD&D INSURANCE

BASIC LIFE AND AD&D INSURANCE

Windstream provides basic life insurance through The Standard Insurance Company at no cost to you. A death benefit equal to 50% of your annual eligible compensation is provided. Accidental death and dismemberment insurance (AD&D) is automatically included in the plan and provides an additional benefit if you die or suffer serious injuries as a result of a covered accident.

SUPPLEMENTAL LIFE INSURANCE

As a full-time employee, you can choose to purchase optional life insurance for yourself, your spouse and your child(ren). You pay the full cost of any supplemental life insurance coverage. You must purchase coverage for yourself first to purchase coverage for your dependents.

- Employee life insurance coverage, in increments of your annual earnings up to a maximum benefit of \$1.5 million, may be purchased, subject to the Statement of Health (SOH) process.
- Spouse life insurance coverage up to a maximum benefit of \$250,000 (not to exceed 100% of employee coverage) may be purchased, subject to the SOH process.
- Please note that if you choose to increase your coverage, you will not see that premium increase until the increase has been approved by The Standard.

Windstream's Group Number for SOH submission is **755555**.

SUPPLEMENTAL AD&D INSURANCE

As a full-time employee, you can also choose to purchase supplemental AD&D insurance for yourself and your family. You pay the full cost of supplemental AD&D insurance coverage. You must purchase coverage for yourself first to purchase coverage for your dependents.

Supplemental Employee Life Rates		
Age-Band	Bi-Weekly (per \$1000 of coverage)	Sample Premium (per \$50,000 of coverage)
<=24	\$0.02	\$1.00
25 - 29	\$0.02	\$1.00
30 - 34	\$0.02	\$1.00
35 - 39	\$0.03	\$1.50
40 - 44	\$0.03	\$1.50
45 - 49	\$0.05	\$2.50
50 - 54	\$0.07	\$3.50
55 - 59	\$0.14	\$7.00
60 - 64	\$0.20	\$10.00
65 - 69	\$0.38	\$19.00
70+	\$0.62	\$31.00

Supplemental Spouse Life Rates		
Age-Band	Bi-Weekly (per \$1000 of coverage)	Sample Premium (per \$50,000 of coverage)
<=24	\$0.02	\$1.00
25 - 29	\$0.03	\$1.50
30 - 34	\$0.04	\$2.00
35 - 39	\$0.04	\$2.00
40 - 44	\$0.05	\$2.50
45 - 49	\$0.07	\$3.50
50 - 54	\$0.11	\$5.50
55 - 59	\$0.20	\$10.00
60 - 64	\$0.30	\$15.00
65 - 69	\$0.59	\$29.50
70+	\$0.95	\$47.50

Information in this document pertains to all full-time, U.S.-based employees. Participation in Windstream's benefit plans by employees in bargaining units is subject to the terms of their collective bargaining agreement. Canadian employees should refer to Great West for coverage information and windstreambenefits.com for supplemental information.

SHORT-TERM DISABILITY INSURANCE

Windstream provides short-term disability insurance through Cigna at no cost to you, allowing income continuance in the event of an illness or injury. You will receive six weeks at full pay and up to 20 weeks at 66% of your pay.

LONG-TERM DISABILITY INSURANCE

Windstream provides long-term disability insurance through Cigna that begins after the conclusion of your short-term disability benefits. LTD benefits replace a percentage of your lost income if your illness or injury causes you to miss work for more than 26 weeks. Your company-paid long-term disability insurance coordinates with other Windstream and government-sponsored benefits to provide a benefit of 60% of your basic monthly earnings.

PARENTAL LEAVE

Windstream offers 10 days of additional paid parental leave to full-time, eligible birth and adoptive parents (mothers and fathers) who have continuous employment for the previous 12 months and meet FMLA requirements. Parental leave is paid in addition to other paid time such as short-term disability and may be used during the first 12 weeks following the birth or adoption of a child.



IMPORTANT REMINDERS

- Life and AD&D coverage provided by Windstream is term insurance from The Standard Insurance Company. The coverage lasts as long as you are employed by Windstream. You have the option to convert or port your coverage should you leave the company.
- Enrolling in life insurance over a certain amount may require Evidence of Insurability by submission of a Statement of Health (SOH), which involves answering questions about your health. After electing coverage, you will receive more information if SOH is required. SOH is not required at any time to enroll in AD&D insurance.
- It is important to choose a beneficiary or beneficiaries to receive the policy's benefit payment in the event of the insured person's death. Make plans to designate your beneficiary(ies) during Annual Enrollment.

ADDITIONAL BENEFITS

VARIETY OF OPTIONS

Windstream offers you additional benefits to make everyday life easier and provide financial protection.

MetLife® Legal Plan

The MetLife® Legal Assistance Plan offers economical access to attorneys for legal services such as will preparation, financial matters, real estate and certain traffic offenses.

- Give yourself, your spouse and your dependents access to a nationwide network of 14,000 attorneys.
- Legal advice is a phone call away, and representatives will help you find an attorney in your area.
- The cost is \$9 each pay period.
- Only available to enroll during annual enrollment, visit Mercer Marketplace 365+ or call **800.821.6400** to learn more.

Identity theft protection

Allstate Identity Protection provides industry-leading, proactive identity and credit monitoring, offering you the most comprehensive solution to fight today's identity fraud issues.

- Get peace of mind with its identity and credit monitoring alerts to uncover fraud quickly.
- A digital wallet for securely storing documents and credit cards with a lost wallet replacement service.
- The cost is \$4.59 per pay period for employee coverage and \$8.28 for family.
- Only available to enroll during annual enrollment, visit Mercer Marketplace 365+ or www.myaip.com/mercemarketpp to learn more.

Pet insurance

My Pet Protection through Nationwide provides coverage for veterinary expenses related to accidents, illnesses and hereditary problems. Policies are available for dogs, cats, birds, reptiles and other exotic pets. Optional CareGuard® wellness coverage is also available for dogs and cats, providing reimbursement for the preventive care necessary to keep pets healthy year after year. Only available to enroll during annual enrollment, visit Mercer Marketplace 365+ to learn more.

Choice Auto & Home Program^{1,2}

Choice Auto & Home Program is available through Mercer with multiple carriers such as, Liberty Mutual, MetLife, Kemper, Safeco, Travelers and Progressive. Save on your

auto, home and renters insurance by comparison-shopping coverages, rates and discounts from up to six of the leading auto and home insurance companies in the nation.^{1,2} You may enroll in either auto or home insurance at any time throughout the year. Get quick estimates online at <https://personal-plans.com/auto/Application?clientID=589>. Payment for auto and home insurance can be made through payroll deduction. Call **866.553.9409** to enroll or get more information on auto and home insurance.

WINDSTREAM 401(K) PLAN

Tax-advantaged savings for retirement

The Windstream 401(k) Plan is a tax-advantaged way for you to save for retirement through payroll deductions and/or Roth dollars and earn the company's matching contribution, if eligible. You can enroll in or change your 401(k) contributions anytime during the year, but Annual Enrollment is a good time to consider your savings to ensure your deduction rate and investment choices align with your financial needs in retirement. Go to benefits.ml.com to assess your current investments or call **800.228.4015**.

4% company matching contributions

Windstream matches non-bargaining participants' 401(k) contributions dollar for dollar up to 3% of eligible pay and \$0.50 on the dollar for the contributions you make on the next 2% of eligible pay (maximum match is 4% of eligible pay). Windstream (employer) matching contributions are made in cash per pay period.



¹ Home insurance is not available in FL from the carriers offered in this program and may not be part of MetLife Auto & Home's benefit offering in MA.

² Employee discounts are not available from all carriers and only available to those who qualify. Coverages, discounts and billing options are subject to state availability, individual qualification and/or the insuring company's underwriting guidelines. Individual savings may vary and are not guaranteed.

HOW TO ENROLL

TAKE ACTION OCT. 14 – 28, 2020

Before enrolling

- Visit windstreambenefits.com to learn more about your benefit options for 2021. This site can be viewed at work or at home and by employees and spouses.
- **Be on the lookout** for emails and other communication in the coming weeks. You will also have access to a *2021 Benefits Overview* video available on windstreambenefits.com.
- Carefully consider your family's needs for 2021 and how the selection of Windstream benefits may provide valuable financial protection and support for your well-being.

Enroll online from Oct. 14 – 28, 2020

Beginning Oct. 14, the Mercer Marketplace 365+ website will guide you through the benefits enrollment process every step of the way. Start by visiting windstreambenefits.com.

- Failure to enroll in Windstream medical, dental, vision or savings and spending account coverage will result in no coverage for 2021. Note that supplemental medical plans and voluntary benefits will continue without enrolling.
- Review and save (or print) your Benefit Summary to make sure you enrolled yourself and intended family members in the plans you want.

Log in

Visit windstreambenefits.com and click the button to enroll in your benefits. This will take you into the Mercer Marketplace 365+ platform. If you are coming from within the Windstream network, no login will be required. If you are coming from outside the Windstream network, you will be asked to enter your Windstream SSO username and password to log in to the Mercer Marketplace 365+. If you have issues logging in, please contact Mercer at **866-553-9409** for assistance.

IF YOU PREFER TO ENROLL BY PHONE: OCT. 14 – 28, 2020

When you need to talk to a real person, just call a licensed Mercer Marketplace 365+ benefits counselor. They can help you review your coverage options, answer your benefit questions and walk you through the enrollment process. You can also reach them through secure, live online chat when you are logged in to Mercer Marketplace 365+.

Mercer Marketplace 365+: 866.553.9409,
Monday through Friday, 6 am – 9 pm CT,
Saturday 9 am – 1 pm CT

Make your elections

To select your benefits, click the button found on the homepage of windstreambenefits.com, and then follow the simple enrollment steps.

1. PROFILE

- Review your personal information.
- Enter information for any dependents you wish to cover, if needed. You will need to provide Social Security numbers and dates of birth for dependents who are not already enrolled in Windstream benefits.
- Answer a few questions about your health needs and personal priorities. This helps the enrollment tool, MM365+, guide you toward “best match” benefit options for your needs.

2. SHOP FOR BENEFITS

- Review plan features and costs.
- Use online tools and educational resources to learn more.
- Access health care cost comparisons based on national averages for your planned activity for 2021 by clicking the **Compare plans & estimate your cost** button at the top of the Medical Plan page.
- Select the benefits you want to enroll in. If you enroll in a Windstream medical plan, you will be asked to attest to tobacco status (for you and your spouse) and coverage availability (for your spouse) and acknowledge the biometric screening surcharge for non-completion. You will also be required to verify dependents you're enrolling for medical coverage if they were not enrolled in the plan in 2020.

3. CONFIRM & FINISH

- Once you are satisfied with your selections, review your benefits summary for accuracy, then click the **Complete Enrollment** button.
- Choose to print a summary of your enrollment details. Be sure to verify your enrollment details outlined on your Benefit Summary and download and save a copy for reference.

Your action is required!

Annual Enrollment is Oct. 14 - 28, 2020. **You must enroll during this window in order to have Windstream benefits coverage in 2021.** If you don't take action, you will not have access to Windstream medical, dental, vision, savings or spending accounts coverage in 2021 unless you experience a life event, such as a marriage, divorce or birth of a child, or change in status (gain or loss in coverage).

BENEFITS ELIGIBILITY

WHO CAN ENROLL

Windstream health benefits are available to all U.S.-based employees – regularly scheduled to work at least 30 hours per week – and their eligible dependents. Eligible dependents include spouses and dependent children.

When enrolling, you will need to have your dependents' Social Security numbers (SSNs) and birth dates available if they are not already enrolled in a Windstream plan. You will also need to provide required documentation, like birth certificates and marriage licenses, to enroll dependents who were not enrolled in 2020. You will have **30 days from the day you elect your benefits** to provide documentation. Documents will not be returned to you. Since you may need to order documents from vital records/your local clerk's office, please begin collecting these documents immediately. Windstream does not retain copies of documents submitted.

What to do if you experience a life event

Qualifying events such as a marriage, death, birth or divorce are effective on the date of the event. Should you have a qualifying event before the end of 2020, you will need to make the change with your current 2020 benefits carrier **within 30 days of the event** and provide dependent eligibility documentation within 30 days of changing your benefits. Premium changes are made prospectively as the life event is approved and processed. Windstream does not provide refunds for premium differences.

Should the event occur during or after Annual Enrollment, you will need to update your benefits for **BOTH** 2020 and 2021. If you need to make benefit changes to your 2021 coverage as the result of a life event, visit the Mercer Marketplace 365+ website through windstreambenefits.com or call a Mercer Marketplace 365+ benefits counselor at **866.553.9409**. Changes must be made **within 30 days of the life event**, and you must provide dependent eligibility documentation within 30 days of the new election.

KEEP IN MIND

When changing your benefits due to a life event, the changes you make must be consistent with that event. For example, you cannot add a spouse to your medical coverage after having a baby; you can, however, add your new child to your coverage.

MORE INFORMATION

Visit windstreambenefits.com for more detailed benefits information, summary plan descriptions, provider contacts and important legal notices.



MEDICAL PLAN TERMS

Coinsurance. Your share of the costs after the deductible is met. You may receive an added coinsurance benefit for preventive prescriptions. See description below.

Deductible. The amount you owe before your health insurance plan begins to pay. The deductible may not apply to all services.

Embedded Deductible. For all plans except the 1850 Plan, this is equal to the employee only plan deductible for any covered person on an employee + family member plan. This means a single member of your family can meet the embedded deductible and enter the coinsurance phase without all covered members reaching the full plan deductible.

In-Network. A provider who has a contract with your health insurer or plan to provide services or prescriptions to you at a discount. You will likely pay extra for out-of-network usage and can be billed the balance by the provider.

Out-of-Pocket Maximum. The most you pay during the year before Windstream begins to pay 100% of the allowed amount.

Preventive Medical Care. Windstream medical plans cover a set of preventive services at no cost to you through an in-network provider even if you haven't met your deductible. Covered preventive care services include biometric screenings, mammograms, colonoscopies, vaccines, well-woman and well-child visits. Be sure to follow the recommended age guidelines outlined in the medical summary plan description when scheduling your preventive care. For a complete list, visit healthcare.gov/coverage/preventive-care-benefits.


Preventive Prescription Drugs. Certain medications are defined by the IRS as preventive. A complete preventive medication list is available at windstreambenefits.com. Preventive prescription medications are available at a coinsurance rate whether or not you have met the deductible on all plans.



This brochure provides an informal overview of the benefits programs effective as of January 1, 2021, for eligible employees of Windstream. Program details are provided in the applicable Windstream practices, plans or document summaries (collectively, the "Plan Documents"). Windstream reserves the right to amend, modify, terminate or partially terminate any portion of its benefits programs at any time by action of its officers. If there is any conflict between this brochure and the Plan Documents, the Plan Documents shall control.



WHO TO CONTACT

Note: Please visit windstreambenefits.com for a current list of services and providers.

Benefit	If you need help with...	Provider	Contact
Mercer Marketplace 365+	benefits enrollment, life events, leaving the company, retiring, COBRA, contact numbers	N/A	866.553.9409 windstreambenefits.com
MY HEALTH 			
Health Advocacy Service (through 12/31/20)	understanding your medical plan coverage, choosing providers, resolving claims and billing issues, etc.	Health Advocate	866.695.8622 HealthAdvocate.com/windstream
Grand Rounds (starting 1/1/21)	providing personalized medical support, connecting you with trusted doctors and specialists, giving you a list of questions to ask your physician, scheduling appointments for you and answering questions	Grand Rounds	(starting 1/1/21) grandrounds.com/windstream
Medical	finding in-network providers, understanding your medical coverage, etc.	BCBS UMR	844.662.2279 blueadvantagearkansas.com/ 800.464.4000 umr.com
Prescription Drug Program	refilling your prescriptions and comparing prescription drug costs	Express Scripts	866.804.7613 express-scripts.com
Dental	finding in-network dentists, understanding your dental plan coverage, etc.	Delta Dental	800.462.5410 deltadental.com
Vision	finding in-network providers, understanding your vision plan coverage, etc	VSP	800.877.7195 vsp.com
Hospital Indemnity	supplementing your medical plan and covering expenses related to hospital stays	Aetna	888.772.9682 aetnavoluntaryforms.com
Accident	supplementing your medical plan and covering expenses related to treatment/hospitalization from an accident	Aetna	888.772.9682 aetnavoluntaryforms.com
Critical Illness	supplementing your medical plan and covering expenses for certain conditions, such as heart attack, stroke, cancer, organ transplant	Aetna	888.772.9682 aetnavoluntaryforms.com
Telemedicine	a non-urgent condition outside of business hours/on the weekend	MDLIVE – BCBS Teladoc – UMR	888.995.1049 mdlive.com/blueadv 800.Teladoc (835.2362) Teladoc.com
Prescription Drug Savings Program	saving money on prescriptions	RxSavings Solutions	800.268.4476 myrxss.com

Benefit	If you need help with...	Provider	Contact
MY HEALTH 			
Weight Management Programs	managing your weight	Livongo StepIn	800.945.4355 welcome.livongo.com
		Weight Watchers	866.204.2885 ww.com/us/Windstream
Diabetes and Hypertension Program	managing diabetes, hypertension	Livongo	800.945.4355 welcome.livongo.com
Fertility Benefits	having a baby	Progyny	833.505.6171 progyny.com
MY WEALTH 			
Health Savings Account (HSA)	setting aside money for medical, prescription drug, dental and vision expenses and saving for retirement	Discovery Benefits	877.248.0510
Health Care Flexible Spending Account (FSA)	setting aside money for medical, prescription drug, dental and vision expenses (if not enrolled in the HSA)	Discovery Benefits	877.248.0510
Daycare/Eldercare FSA	setting aside money for dependent care or eldercare expenses	Discovery Benefits	877.248.0510
Commuter FSA	setting aside money for transit and parking expenses	Discovery Benefits	877.248.0510
401(k) Plan Roth IRA	saving for retirement	Merrill	800.228.4015 benefits.ml.com
NextGen College Investing Plan	saving for your children's or grandchildren's educational future	Merrill	877.463.9843 benefits.ml.com
Financial Well-being	assessing your current financial state	Merrill, Magellan	800.228.4015 benefits.ml.com
MY LIFE 			
Basic Group Life and Accidental Death & Dismemberment (AD&D) and Life and Accident Insurance	getting protected and preserving your income from the unexpected	Standard Insurance Company	800.997.1654
Short-Term and Long-Term Disability Insurance	getting protected and preserving your income while disabled and away from work	Cigna	cigna.com
Employee Assistance Program (EAP)	reducing stress, strengthening relationships, increasing productivity, improving quality of life and more	Magellan	800.327.5569
Legal Plan	getting legal advice	MetLife Hyatt	legalplans.com
Identity Theft Protection	protecting and restoring your identity	Allstate Identity Protection	800.821.6400 myaip.com/mercercmarketpp
Pet Insurance	paying for your pet's medical expenses	Nationwide	800.540.2016
Choice Auto & Home Program	saving on home or auto insurance with premiums taken through payroll	Liberty Mutual, MetLife, Kemper, Safeco, Travelers, Progressive	866.553.9409 https://personal-plans.com/auto/Application?clientID=589
Adoption Assistance	adopting a child	Human Resources Solution Center	metlife.com/mybenefits
Educational Assistance	covering additional education	Human Resources Solution Center	855.411.MYHR

LEGAL NOTICES

WINDSTREAM RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY. THESE NOTICES DO NOT APPLY TO ANY BENEFITS WINDSTREAM OFFERS OUTSIDE OF MERCER MARKETPLACE 365+.

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern, and this Benefits Decision Guide is not, and should not be relied upon, as a governing document. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

WINDSTREAM HIPAA PRIVACY NOTICE

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Windstream health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium or as an oral communication. This notice describes the privacy practices of the Windstream Services, LLC Welfare Benefit Plan (the “Plan”). The plans covered by this notice may share health information with each other to carry out treatment, payment or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

THE PLAN'S DUTIES WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Windstream as an employer — that's the way the HIPAA rules work. Different policies may apply to other Windstream programs or to data unrelated to the Plan.

HOW THE PLAN MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities,

claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.

- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

HOW THE PLAN MAY SHARE YOUR HEALTH INFORMATION WITH WINDSTREAM

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Windstream for plan administration purposes. Windstream may need your health information to administer benefits under the Plan. Windstream agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Windstream employees in the Corporate Benefits, Human Resources, Central Records, Informational Technology, and Payroll Departments are the only Windstream employees who will have access to your health information for plan administration functions. Certain employees in the Procurement Department may conduct analysis using PHI data to determine global cost-saving opportunities for the Plan.

Here's how additional information may be shared between the Plan and Windstream, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Windstream, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Windstream information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Windstream cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Windstream from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative, as long as you provide the Plan with written notice or authorization and any supporting documents (i.e., healthcare power of attorney or designation of personal representative). The Plan may disclose PHI to its business associates to perform certain plan administration functions. For example, business associates may include claims administrators, consultants, accountants, and attorneys. Business Associates may receive, create, maintain, and/or disclose your PHI without your authorization, but only after the Business Associate agrees in writing with the Plan to limit its uses and disclosures to proper purposes and to implement appropriate safeguards regarding your PHI. The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

- **Workers' compensation:** Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
- **Necessary to prevent serious threat to health or safety:** Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
- **Public health activities:** Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
- **Victims of abuse, neglect, or domestic violence:** Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
- **Judicial and administrative proceedings:** Disclosures in response to a court or administrative order, subpoena, discovery request or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
- **Law enforcement purposes:** Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises

- **Decedents:** Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
- **Organ, eye or tissue donation:** Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
- **Research purposes:** Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
- **Health oversight activities:** Disclosures to health agencies for activities authorized by law (audits, inspections, investigations or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
- **Specialized government functions:** Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
- **HHS investigations:** Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the Contact section at the end of this notice for information on how to submit requests.

RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION AND THE PLAN'S RIGHT TO REFUSE

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

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The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF YOUR HEALTH INFORMATION

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested.
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint.
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

RIGHT TO AMEND YOUR HEALTH INFORMATION THAT IS INACCURATE OR INCOMPLETE

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested.
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint.
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the Other Allowable Uses or Disclosures of your Health Information section earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment or health care operations.
- To you about your own health information.
- Incidental to other permitted or required disclosures.
- Where authorization was provided.
- To family members or friends involved in your care (where disclosure is permitted without authorization).
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM THE PLAN UPON REQUEST

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

RIGHT TO RECEIVE NOTIFICATION OF A BREACH OF UNSECURED PHI

You have the right to receive notice if your unsecured PHI is disclosed in violation of HIPAA unless there is a low probability that the PHI has been compromised. If it is determined from the Plan's risk assessment that a breach has occurred, you will be notified without unreasonable delay and no later than 60 days after discovery of the breach. The notification will include information about what happened and what may be done to mitigate any harm.

CHANGES TO THE INFORMATION IN THIS NOTICE

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on September 1, 2020. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, the Plan will post its revised Notice on windstreambenefits.com under the Resources/Important Notices section and distribute the revised version of this Notice or information about the material change to affected individuals.

COMPLAINTS

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, send it in writing to HIPAA Privacy Officer, Windstream Benefits, at 4001 Rodney Parham Road, Mailstop 1170-B1F02-93, Little Rock, AR 72212.

CONTACT

For more information on the Plan's privacy policies or your rights under HIPAA, contact the Windstream Benefits Department at windstreambenefits@windstream.com.

NOTICES REGARDING WELLNESS PROGRAM

Windstream offers a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include height and weight measurements, waist measurement, blood pressure, and a blood test measuring cholesterol, triglycerides and glucose levels.

You are not required to participate in the blood test or other medical examinations. However, employees and spouses who are on Windstream's medical plan and participate in the biometric screening between February 1 and May 1 of each year will maintain lower premiums for medical coverage. Although you are not required to participate in the biometric screening, there is a \$500 annual surcharge for employees and spouses on Windstream's medical plan who do not complete those activities. The surcharge will be applied in July. New hires are excluded from the surcharge in their first calendar year.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to maintain lower premiums, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Windstream Benefits at windstreambenefits@windstream.com.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as diabetes management. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION:

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Windstream Benefits at windstreambenefits@windstream.com.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a

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currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA SPECIAL ENROLLMENT NOTICE - NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR HEALTH PLAN COVERAGE

If you have declined enrollment in Windstream's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next Annual Enrollment period, provided you request enrollment within 30 days after your other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Windstream will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Windstream group health plan. Note that this 60-day extension does not apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another medical plan.

To request a HIPAA special enrollment based on the events described above or obtain more information, contact Mercer Marketplace at 866.553.9409.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

CHIP/MEDICAID NOTICE PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility.

Alabama – Medicaid	Kansas – Medicaid
Website: http://myalhipp.com Phone: 1-855-692-5447	Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884

Alaska – Medicaid	Kentucky – Medicaid
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>
Arkansas – Medicaid	Louisiana – Medicaid
<p>Website: http://myarhipp.com Phone: 1-855-MyARHIPP (1-855-692-7447)</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
California – Medicaid	Maine – Medicaid
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-916-440-5676</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>
Colorado – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	Massachusetts – Medicaid and CHIP
<p>Health First Colorado website: https://www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/state relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/state relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>	<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth Phone: 1-800-862-4840</p>
Florida – Medicaid	Minnesota – Medicaid
<p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
Georgia – Medicaid	Missouri – Medicaid
<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 1-678-564-1162, ext. 2131</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005</p>
Indiana – Medicaid	Montana – Medicaid
<p>Healthy Indiana Plan for low-income adults 19–64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid: Website: https://www.in.gov/medicaid Phone 1-800-457-4584</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
Iowa – Medicaid and CHIP (Hawki)	Nebraska – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/hawki Phone: 1-800-257-8563</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178</p>

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Nevada – Medicaid	South Carolina – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
New Hampshire – Medicaid	South Dakota – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 1-603-271-5218 Toll-free number for the HIPP program: 1-800-852-3345, ext. 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
New Jersey – Medicaid and CHIP	Texas – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 1-609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://www.gethipptexas.com Phone: 1-800-440-0493
New York – Medicaid	Utah – Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
North Carolina – Medicaid	Vermont – Medicaid
Website: https://medicaid.ncdhhs.gov Phone: 1-919-855-4100	Website: http://www.greenmountaincare.org Phone: 1-800-250-8427
North Dakota – Medicaid	Virginia – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825	Website: https://www.coverva.org/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
Oklahoma – Medicaid and CHIP	Washington – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov Phone: 1-800-562-3022
Oregon – Medicaid	West Virginia – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://mywvhipp.com Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
Pennsylvania – Medicaid	Wisconsin – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
Rhode Island – Medicaid and CHIP	Wyoming – Medicaid
Website: http://www.eohhs.ri.gov Phone: 1-855-697-4347 or 1-401-462-0311 (direct Rlte Share line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

IMPORTANT NOTICE FROM WINDSTREAM ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Windstream medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as “creditable coverage.”

Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2021 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Windstream and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

NOTICE OF CREDITABLE COVERAGE

You may have heard about Medicare's prescription drug coverage (called Part D) and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Windstream prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plan is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- 400 Plan
- 850 Plan
- 2850 Plan
- 4500 Plan
- 6550 Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Windstream plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Windstream coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Windstream plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Windstream and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this Windstream coverage changes, or upon your request.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Windstream Benefits Department
4001 Rodney Parham Road, Little Rock, AR 72212
501-748-7000
windstreambenefits@windstream.com

LEGAL NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your medical carrier at the phone number listed on the back of your ID card.



Windstream Benefits
4001 N. Rodney Parham Rd.
Little Rock, AR 72212

2021 Annual Enrollment
is coming soon:
Oct. 14 – 28, 2020.

You must take action!