

Your Benefits. **YOUR LIFE.**

Your 2023 COBRA Benefits Guide



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the creditable prescription drug coverage and Medicare notice in the legal notices at the back of this booklet for more details.

WHAT'S NEW IN 2023?



If you are currently enrolled in the 2850 Plan or 4500 Plan, you and the dependents you currently cover will automatically be enrolled in the 3000 HDHP Plan beginning Jan. 1, 2023.

If you'd like to enroll in a different medical plan for 2023, you can do so during Annual Enrollment, Oct. 5 – 19, 2022. Simply contact Businessolver by visiting mywindstreambenefits.com or by calling 888.850.1712 during this window.

NEW MEDICAL PLAN OPTION

We're committed to providing you a benefits package that offers you choices, meets your needs, and reflects what's important to you and your family. You will have the opportunity to enroll in a new medical plan for 2023, the 4000 Copay Plan. With this plan, you will pay a copay – or set dollar amount – for more predictable costs when you get routine care or fill a prescription.

MEDICAL PLAN CHANGES

- We are expanding our existing benefits to ensure Windstream provides comprehensive coverage to all of our employees. Transgender coverage will now include additional transformational benefits in the medical plan.
- The IRS sets guidelines on high deductible health plans, and for 2023 they have increased the minimum annual embedded deductible amount. For this reason, the 2850 Plan will become the 3000 HDHP Plan, and the individual deductible will increase from \$2,850 to \$3,000.
- The previous 4500 HDHP Plan option has been discontinued due to the introduction of the new 4000 Copay Plan as outlined above.

TRAVEL AND LODGING BENEFITS

Windstream is committed to providing valuable benefits and to ensuring that you can access these benefits wherever you are located. We are expanding our travel and lodging benefits to make all types of medical care more accessible if services are not available within 100 miles of your home. Travel benefits provide reimbursement of up to \$5,000 of eligible expenses annually, and apply to all procedures that are covered under our medical plans.

2023 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 money on prescriptions. See page 10 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. This may be the full cost of the service or prescription on an HDHP plan or the copay if applicable on the 4000 Copay Plan.
- 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 HDHP 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.
- 7. 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.
- 8. Expert medical guidance.** With Included Health, a team of care coordinators 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.



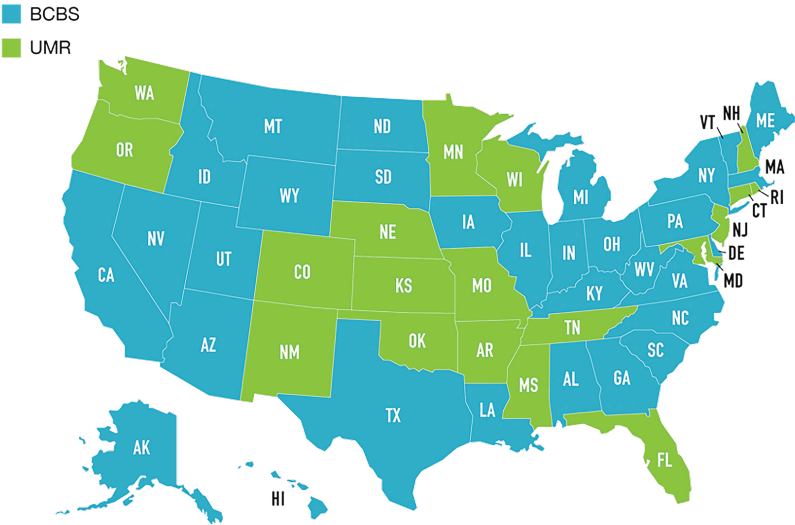
SUMMARIES OF BENEFITS AND COVERAGE

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 mywindstreambenefits.com.

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



EXPERT MEDICAL GUIDANCE

Included Health

Navigating the health care system can be frustrating and complicated. Save time, money, and worry by contacting Included Health to receive personal expert assistance for your medical needs. Included Health is available at no cost to you if enrolled in a Windstream medical plan. Included Health 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 Included Health personal team of medical professionals, record specialists and care coordinators to arrive at the best possible solution for you and your family.

Included Health 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.

Visit includedhealth.com/windstream to take advantage of this resource.



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.

MEDICAL (CONTINUED)

COMPARE THE PLANS

In-network benefits	1850 HDHP Plan	3000 HDHP Plan	6550 HDHP Plan	4000 Copay Plan
Annual limits				
Individual coverage				
Deductible	\$1,850	\$3,000	\$6,550	\$4,000
Out-of-Pocket Maximum	\$3,500	\$5,500	\$6,550	\$6,550
Employee + Spouse, Employee + Child(ren), and Employee + Family coverage				
Embedded Individual Deductible*	n/a	\$3,000	\$6,550	\$4,000
Family Deductible	\$3,700	\$6,000	\$13,100	\$8,000
Embedded Individual Out-of-Pocket Maximum*	n/a	\$5,500	\$6,550	\$6,550
Family Out-of-Pocket Maximum	\$6,500	\$11,000	\$13,100	\$13,100
What you pay for medical services				
Preventive care	\$0	\$0	\$0	\$0
Office visit and virtual care	20% coinsurance, after deductible is met	30% coinsurance, after deductible is met	0% coinsurance, after deductible and out-of-pocket maximum are met (which are the same)	\$40 copay
Specialist visit				\$80 copay
Emergency room visit				\$300 copay
Hospital, laboratory, X-ray				30% coinsurance

* With an embedded deductible or out-of-pocket maximum, a single member of your family can meet the embedded amount – and enter the coinsurance phase or have the plan begin paying 100% of costs for that covered person – without all covered members reaching the full plan deductible or out-of-pocket maximum. The 1850 HDHP Plan does not meet the IRS requirements to have an embedded deductible or out-of-pocket maximum.

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.

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).

PRESCRIPTION

EXPRESS SCRIPTS

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

Prescription Plan Rates	2023 PLANS							
	1850 HDHP Plan		3000 HDHP Plan		6550 HDHP Plan		4000 Copay 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	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%	Generic: \$20 Preferred Brand: \$60 Non-Preferred Brand: \$120	
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%	Generic: \$20 Preferred Brand: \$60 Non-Preferred Brand: \$120	
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%	You pay 0%	You pay 0%

* Certain medications are defined by the IRS as preventive.

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. Outside of copays on the 4000 Copay Plan, 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](https://www.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.
- 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.

Don't forget to contact your Included Health care coordinator to get help finding prescription options that best fit your needs.

WELL-BEING

We offer well-being programs to provide you with the tools and resources to live healthier, happier and more fulfilling lives.

- **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.

- **Hinge Health.** Hinge Health is a no cost digital physical therapy program that helps you overcome chronic back, knee, hip, neck or shoulder pain without drugs or surgery. Hinge Health accomplishes this by uniquely delivering education and exercise therapy to promote long-term success and to avoid unnecessary surgeries – all from the comfort of your home. Hinge Health provides access to a free tablet, wearable sensors and a personal coach in addition to exercise therapy tailored to your condition and a personal care team of experts. You can get help for:

- Conquering pain or limited movement
- Recovering from a recent or past injury
- Preparing for and recovery from surgery
- Getting a second opinion on your treatment plan

Visit hingehealth.com/windstream to get started.

- **Livongo.** Livongo offers no cost diabetes and hypertension support for employees and spouses who are enrolled in a Windstream medical plan and meet clinical requirements. When you enroll in either program you will receive:

- The latest technology to simplify living with diabetes and/or hypertension
- Real-time support from health coaches
- Unlimited test strips and lancets with the diabetic program

- **Omada.** A clinical weight management program is available at no cost to employees, spouses and dependents who are enrolled in a Windstream medical plan and meet clinical requirements. Get started at by calling Omada at **888.409.8687**.

- **Progyny.** Progyny specializes in offering families a variety of options in fertility treatment – with proven success. With over 600 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.

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.

2023 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%



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.

2023 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	\$200	\$200
Contact Lens Allowance (in lieu of glasses)	\$200	\$200

The Materials Only Plan does not cover exams. As the name implies, the Materials Only Plan covers either contact lenses or frame lenses.

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.

Copay. A copay is a fixed fee that you pay at the time of service, for doctor visits and prescriptions.

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 HDHP 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.

More Information

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

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 express-scripts.com. Preventive prescription medications are available at a coinsurance rate whether or not you have met the deductible on all plans.



WHO TO CONTACT

Note: Please visit [windstreambenefits.com](https://www.windstreambenefits.com) for a current list of services and providers.

Benefit	If you need help with...	Provider	Contact
Businessolver	benefits enrollment, life events, leaving the company, retiring, COBRA, contact numbers	N/A	888.850.1712 mywindstreambenefits.com
MY HEALTH 			
Expert medical guidance	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	Included Health	855.524.8426 includedhealth.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
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
Weight Management Programs	managing your weight	Omada	888.409.8687
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
Physical Therapy	chronic back, knee, hip, neck or shoulder pain	Hinge Health	855.902.2777 hingehealth.com/Windstream hello@hingehealth.com

This brochure provides an informal overview of the benefits programs effective as of January 1, 2023, 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 subject to applicable collective bargaining agreements. If there is any conflict between this brochure and the Plan Documents, the Plan Documents shall control.

LEGAL NOTICES

WINDSTREAM RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON SUBJECT TO APPLICABLE COLLECTIVE BARGAINING AGREEMENTS. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY.

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 unless specified as such in the official plan documents. 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 (PHI), 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”) and its incorporated medical/pharmacy (including care management/advocacy/navigation), dental, vision, health care flexible spending account, wellness, and employee assistance plans. The plans covered by this notice may share health information with each other to carry out treatment, payment or healthcare 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 healthcare treatment, payment activities and healthcare operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing healthcare by one or more healthcare 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 healthcare. 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.

- **Healthcare 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. Healthcare 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 Health Maintenance Organization (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 de-identified 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

LEGAL NOTICES

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 if you have provided 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 healthcare 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 healthcare 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.

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 healthcare provider) or its business associate must comply with your request that health information regarding a specific healthcare item or service not be

disclosed to the Plan for purposes of payment or healthcare 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 healthcare 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 healthcare 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 rules 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. The notification will include information about what happened and what may be done to mitigate any harm.

LEGAL NOTICES

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 January 1, 2023. 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 the 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 the Plan's HIPAA Privacy Officer, Windstream Benefits, at 4001 N. Rodney Parham Road, Mailstop 1170-B1F02-93, Little Rock, AR 7221 or windstreambenefits@windstream.com.

CONTACT

For more information on the Plan's privacy policies or your rights under HIPAA, contact the Plan's HIPAA Privacy Officer 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 June 30 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 August. 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

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (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 these plans 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 **windstreambenefits@windstream.com**.

During the COVID National Emergency declaration, under certain circumstances, you may be able to request a HIPAA special enrollment outside the 30 day window mentioned above. If you have experienced a HIPAA special enrollment event (as described above) and would like to request a HIPAA special enrollment outside of the 30 day window, please contact Windstream Benefits at **windstreambenefits@windstream.com**. Note that the ability to request a HIPAA special enrollment outside of the 30 day window is temporary and may no longer apply based on the status of the COVID National Emergency declaration. In addition, the extended enrollment opportunity is individually determined and may not apply based on your specific circumstances.

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.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for

Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **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 state is current as of January 31, 2022. Contact your State for more information on eligibility.

Alabama – Medicaid	California – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
Alaska – Medicaid	Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	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
Arkansas – Medicaid	Florida – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

LEGAL NOTICES

Georgia – Medicaid	Minnesota – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	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
Indiana – Medicaid	Missouri – Medicaid
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
Iowa – Medicaid and CHIP (Hawki)	Montana – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Phone: 1-888-346-9562 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
Kansas – Medicaid	Nebraska – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Kentucky – Medicaid	Nevada – Medicaid
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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 KY Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
Louisiana – Medicaid	New Hampshire – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
Maine – Medicaid	New Jersey – Medicaid and CHIP
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	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
Massachusetts – Medicaid and CHIP	New York – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

North Carolina – Medicaid	Texas – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
North Dakota – Medicaid	Utah – Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
Oklahoma – Medicaid and CHIP	Vermont – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
Oregon – Medicaid	Virginia – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmass.virginia.gov
Pennsylvania – Medicaid	Washington – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
Rhode Island – Medicaid and CHIP	West Virginia – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
South Carolina – Medicaid	Wisconsin – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
South Dakota – Medicaid	Wyoming – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	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 January 31, 2022, 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

MICHELLE'S LAW NOTICE – EXTENDED DEPENDENT MEDICAL COVERAGE DURING STUDENT MEDICAL LEAVES

The Windstream plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary, and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's

physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want the child's coverage to be extended, call Businessolver at 888-850-1712 as soon as the need for the leave is recognized by Windstream. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to the child's benefits.

LEGAL NOTICES

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 plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2023. 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 2023 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 2023. 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.

- \$1,850 Deductible Plan
- \$3,000 Deductible Plan
- \$4,000 Copay Plan
- \$6,550 Deductible 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 N. Rodney Parham Road, Little Rock, AR 72212
501-748-7000
windstreambenefits@windstream.com

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Windstream Services, LLC Welfare Benefit Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

SUMMARY OF BENEFITS AND COVERAGE

A Summary of Benefits and Coverage (SBC) for each of the employer-sponsored medical plans is available at windstreambenefits.com. You may also request a paper copy by calling Businessolver at 888-850-1712.

TAXATION OF BENEFITS

The taxation of certain benefits may vary at the local, state and federal level. You should consult your tax advisor if you have any questions about the proper treatment of any benefits.

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.