

Frequently asked questions

Lumen MAPD + Dental plan insured by UnitedHealthcare[®]

1. Why is Lumen offering this retiree option?

We regularly review and evaluate Lumen-provided retiree benefits against the retiree marketplace. With Medicare Advantage gaining popularity within the retiree space, Lumen wanted to provide a group-sponsored option available only to our eligible retirees and dependents. This Lumen MAPD + Dental option delivers generous, market-competitive benefits, confidence in continuing to see your chosen provider, and a formulary (drug list) covering 97% of Medicare Part D eligible drugs with \$0 catastrophic pharmacy coverage. There is no underwriting requirement to enroll in this plan.

2. If I enroll in this plan, will I still have Original Medicare?

Yes. Original Medicare is provided by the federal government and includes Medicare Part A (helps pay for hospital stays, inpatient care) and Medicare Part B (helps pay for provider visits, outpatient care). Once you have Original Medicare, you can look at additional coverage options offered by private insurance companies.

- One option is a Medicare Supplement plan with a separate Prescription Drug (Part D) plan
- Another option is a Medicare Advantage plan (Part C), which combines Original Medicare Part A & Part B coverage in one plan. Many Medicare Advantage plans also include Prescription Drug (Part D) coverage

You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan.

3. What is the premium for the MAPD + Dental Plan?

To confirm your premium and enroll in this plan, log in at lumen.com/healthbenefits. Or, you can call the Lumen Health and Life Service Center at Businessolver toll-free at **833-925-0487**, Monday–Friday, 7 a.m.–7 p.m. CST.

4. What is the maximum medical out-of-pocket and what applies to it?

This plan includes a **\$1,500** annual medical out-of-pocket maximum which is the most you will pay during a calendar year. All Medicare covered copays and coinsurances accumulate towards the out-of-pocket maximum.

5. Is this a UnitedHealthcare Medicare Advantage plan that's advertised on TV?

No. This is a custom Group Medicare Advantage PPO plan designed exclusively for eligible Lumen retirees and dependents with additional benefits and features; available on a national basis, including all U.S. territories. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in your area.

6. How does this plan work with Veterans Affairs (VA) benefits or Tricare?

The Lumen MAPD + Dental plan is separate from VA benefits. If retirees seek care from a VA facility, they should continue to use their VA identification. If retirees choose to seek care from a private facility, they would use their Lumen MAPD + Dental plan ID card. Tricare will coordinate with the Lumen MAPD + Dental plan as a secondary payer. Retirees will need notify their provider during the visit that they have Tricare coverage. The provider will bill UHC primary and then Tricare secondary.

Lumen-specific enrollment

7. If I enroll in the Lumen MAPD + Dental plan, what will happen to my other Lumen medical HRA?

If you are Medicare-eligible and enroll in the Lumen MAPD + Dental plan, all other Lumen benefit plans, i.e. medical HRA, will be suspended.

8. If I enroll in the Lumen MAPD + Dental plan this year, can I go back to HRA the following year?

Yes, each year during Annual Enrollment you will have the choice between the Lumen MAPD + Dental plan and the HRA benefit.

9. What happens to my eligible dependent's coverage if he/she is under 65 and/or not eligible for Medicare?

Lumen eligible dependents who are currently enrolled in a Lumen health plan but are not Medicare-eligible will remain in their current group plan.

10. Will a surviving dependent continue to be covered under this plan if something happens to the retiree?

A surviving dependent should contact the Lumen Health and Life Service Center at Businessolver at **833-925-0487** or Internationally at **317-671-8494**, Monday–Friday, 7 a.m.–7 p.m. (CST).

11. Can I keep my Lumen Retiree Dental plan?

No. The Lumen Retiree Dental plan is no longer offered to Medicare-eligible retirees/dependents. However, the Lumen MAPD + Dental plan is offered exclusively to Medicare-eligible retirees/dependents and includes comprehensive dental coverage. If you choose this plan, your previous Lumen Retiree Dental plan will be cancelled.

HRA/SHARE subsidy

For SHARE and Legacy Qwest Occupational populations, out-of-pocket expenses can still be submitted for reimbursement against your HRA/SHARE balance.

12. If I enroll in the Lumen MAPD + Dental plan, what happens to my SHARE account?

If you have a SHARE balance, you may pay for the Lumen MAPD +Dental premiums directly from your Share account. Go to lumen.com/healthbenefits or contact the Lumen Health and Life Service Center at Businessolver at **833-925-0487** or Internationally at **317-671-8494**, Mon.-Fri., 7 a.m.-7 p.m. (CST) for details. You can also continue to submit eligible expenses for reimbursement from your SHARE account.

13. If I enroll in the Lumen MAPD + Dental plan, what happens to my Legacy Qwest Occupational HRA account?

Effective as of the 2024 plan year, no new funding was loaded into your LQ Occ HRA account. You still have the option to submit eligible expense claims for reimbursement from the previous balances that have accrued over time and rolled over year-after-year.

14. Can I cover my eligible dependents on this Lumen MAPD + Dental plan while I take the HRA/SHARE (or vice versa)?

No, if both retiree and eligible dependents are Medicare-eligible, then both must enroll in the same plan. However, if one member of the household is not Medicare-eligible, i.e. under age 65, then that person would remain on their current plan, while the Medicare-eligible person could choose this plan.

Medicare Supplement

15. Should I keep my Medicare Supplement plan?

Medicare Supplement plans do not work with Medicare Advantage plans, and you would not be able to use your Medicare Supplement to pay for any health care coverage.

If you choose to enroll in the Lumen MAPD + Dental plan, you will need to actively disenroll from any Medicare Supplement plan when you receive your Medicare Advantage member ID card, otherwise, you will be paying for two different plans that do not coordinate payment. UnitedHealthcare will remind you about disenrolling from your Medicare Supplement plan. To disenroll in your Medicare Supplement plan, please call your Medicare Supplement insurance company.

If you are currently enrolled in a Medicare Supplement plan and new to Medicare Advantage, you can try the Lumen MAPD + Dental plan for one (1) year and still have the option to go back to your former Medicare Supplement plan and carrier during Lumen's next Annual Enrollment period on a guaranteed issue basis².

You may receive/have received Medicare Supplement billing materials or drug list for the coming year. If you choose to enroll in the Lumen MAPD + Dental plan, you may disregard any Medicare Supplement billing materials for the upcoming year after you have disenrolled from your Medicare Supplement plan.

Prescription Drug Coverage

To find out if your prescriptions are covered, or for any other questions about this plan, please call UnitedHealthcare Customer Service at **844-588-5873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.

16. Will my current medications continue to be covered at my local pharmacy?

The Lumen MAPD + Dental plan has a large formulary (drug list) uniquely designed for Lumen retirees and eligible dependents to cover nearly all eligible Medicare Part D medications. The majority, if not all your current medications would continue to be covered.

Additionally, this plan includes an expanded pharmacy network with thousands of national chain, regional and independent local retail pharmacies across the 50 United States, the District of Columbia and U.S. territories. This pharmacy network is substantially larger than many offered on the individual market, which may result in your current pharmacy continuing to be in-network.

17. Will I need to change my prescriptions?

In most cases, you will not need to change your prescriptions. This plan covers all Medicare Part D eligible drugs except some medications that are considered high risk for a Medicare population. You or your physician may request an exception for review to be covered.

18. Will the cost of my prescriptions change with the plan?

Your cost for prescriptions may change. What you pay will depend on what drug cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled.

19. Will my current prescriptions be covered under this plan?

The plan guide will provide information on your formulary (drug list) and plan design. We also recommend calling UnitedHealthcare Customer Service at **844-588-5873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.

20. Will my mail order/home delivery prescriptions transfer?

If you are currently enrolled in a Part D plan provided by Optum Rx through UnitedHealthcare, your mail order/home delivery prescriptions will transfer automatically.

We are not able to transfer your prescriptions from your current mail order pharmacy. We encourage you to have your provider write you a new prescription to be filled at Optum® Home Delivery through Optum Rx® Pharmacy.

Once coverage begins, your Preferred Mail Order Provider will be Optum Rx Pharmacy. Right after your enrollment is confirmed, you will receive your member ID card and a welcome letter with important contact information, including Optum Rx® Pharmacy.

21. What is Medicare Part D IRMAA and does it apply to me?

IRMAA stands for Income-Related Monthly Adjustment Amount. Similar to Medicare Part B, high-income earners will pay more for their Medicare Part D coverage. If you are subject to IRMAA, Social Security will send you a letter. The letter will explain how they determined the amount you must pay and the actual IRMAA amount.

Neither Lumen nor your Health Plan determine who will be subject to IRMAA.

Therefore, if you disagree with the amount you must pay, contact the Social Security Administration. You can:

- Go online to **ssa.gov**
- Call Social Security toll-free at **800-772-1213**, TTY **800-325-0778**
- Visit your local Social Security office

22. What if I have trouble paying for my prescription drugs?

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying, and you can re-apply every year. Call Social Security toll-free at **800-772-1213**, TTY **800-325-0778**.

23. Will I be penalized if I did not previously have drug coverage?

It depends on whether or not you had "creditable" prescription drug coverage from the time you first became eligible for Medicare Part D. Creditable coverage means that your prescription drug coverage was at least as good as, or better than, what Medicare requires. If you had a Medicare Part D plan, you had creditable coverage. If you had creditable prescription drug coverage through another source, such as a spouse's employer plan, you should have received a certificate of creditable coverage. If you were eligible for Medicare Part D and you did not have any prescription drug coverage for more than 63 days, Medicare will determine if you need to pay a Late Enrollment Penalty (LEP) for the length of time you were eligible but did not have Medicare Part D coverage.

Network and Service Area

24. Can I continue to see my current provider?

The Lumen MAPD + Dental plan is a unique Preferred Provider Organization (PPO) plan that allows you to see any Medicare-willing provider (in-network or out-of-network) at the same cost share, as long as the provider accepts the plan. More than 99.9% of members continue to have access to their chosen providers.¹

25. How do I find a dental provider that is in-network?

Go to lumen.com/MAPD and click on the “Find a provider” page. No additional premium is required for dental coverage within the Lumen MAPD + Dental plan.

26. What is the difference between in-network and out-of-network providers?

In-network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract with UnitedHealthcare. With this PPO plan, you can see any provider (in-network or out-of-network) at the same cost share. Members of the Lumen MAPD + Dental plan have access to 1.1 million in-network providers and any other Medicare provider accepting the plan.

27. How are out-of-network claims processed?

Whether your provider is in-network or out-of-network, your provider can submit claims to UnitedHealthcare online. If needed, the UnitedHealthcare claim address information is provided on your UnitedHealthcare member ID card which, if you enroll, you will receive once your enrollment has been accepted by the Centers for Medicare and Medicaid Services (CMS). UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations.

28. Are there any situations when a provider bills me directly for the difference between what UnitedHealthcare pays and the total charges (also known as ‘balance billing’)?

No. Under this plan, you are protected from any balance billing. When you go out-of-network for care, this plan pays providers just as much as Medicare would have paid (up to the Medicare Limiting Charge), and you pay the same copayment as if you had stayed in the network. If your provider tries to balance bill you, please contact UnitedHealthcare. Please note that UnitedHealthcare cannot pay more than what Medicare would have paid.

Supplemental programs and features (#29–36)

29. The Lumen MAPD + Dental plan's dental benefits include:

- Access to a large network of dentists
- 100% coverage for preventive care when you see a network dentist — including exams, 2 cleanings in a 12-month period, X-rays and periodontal maintenance
- Freedom to see out-of-network providers; you may pay more when going out-of-network
- 80% coverage for basic services, such as fillings and pulp protection
- 50% coverage for major services, such as crowns, bridges, root canals and dentures
- \$1,000 annual out of pocket maximum
- \$50 deductible, excluding preventive & diagnostic services

To find a dental provider in-network, go to **lumen.com/MAPD** and click on the “Find a provider” page. No additional premium is required for dental coverage within the Lumen MAPD + Dental plan.

30. What is the Renew Active® program?

Renew Active® is a Medicare fitness program for body and mind. You'll receive a free gym membership with access to the Medicare fitness network of gyms and fitness locations. This includes access to many premium gyms, on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit® Community for Renew Active and access to an online brain health program from AARP® Staying Sharp® (no Fitbit device is needed).

To find gyms that participate in the Renew Active® program, visit **uhcrenewactive.com/location**

31. What is the Optum® HouseCalls program?

Optum® HouseCalls program is an annual preventive care visit at no additional cost to you. It is designed to complement your provider's care and offered to you and your eligible dependents. The program sends a licensed health care practitioner to visit you at your home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that they have this additional information regarding your health.

32. What is the post-discharge meal delivery program?

The post-discharge meal delivery program provides freshly-made meals to your home after you or your eligible dependent have been discharged from the hospital or skilled nursing facility. The program provides up to 28 home-delivered meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare clinical advocate.

33. What is the post-discharge transportation program?

The transportation program gives you and your eligible dependents a lift to and from medically-related visits such as provider appointments following inpatient hospital discharges or skilled nursing facility stays. The program offers 12 one-way rides per 30 days to medically-related appointments and the pharmacy, upon referral from a UnitedHealthcare clinical advocate. Call UnitedHealthcare Customer Service at **844-588-5873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday to request a referral for each discharge.

34. How are diabetic supplies covered under this plan?

- Monitoring supplies are \$0 copay to retirees who use ACCU-CHEK and Contour brands
- Continuous glucose monitors are covered at 100%
- Insulin pumps and supplies are covered at 80% coinsurance; retirees pay 20%
- Diabetic shoes and inserts are covered at 80% coinsurance; retirees pay 20%

35. Is macular degeneration coverage included within the Lumen MAPD + Dental plan?

Yes, macular degeneration is covered under the plan. Retirees will pay a \$35 specialist copay for their Medicare covered vision exam. Separately, eye refraction for glasses or contacts constitute “routine eye exams” and are covered at 100% as part of the Lumen MAPD + Dental plan.

36. Is Durable Medical Equipment covered under this plan?

The Lumen MAPD + Dental plan covers all medically necessary Durable Medical Equipment, or DME, at 80% coinsurance. Retirees pay 20% coinsurance. DME includes equipment such as IV infusion pumps, oxygen equipment, C-PAP machines, walkers, wheelchairs, nebulizers, etc.

Member ID card

37. Do I still need to use my red, white and blue Medicare card if I enroll in the Lumen MAPD + Dental plan?

No, you will only use your UnitedHealthcare member ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safe keeping. It is important that you use your UnitedHealthcare member ID card each time you or your eligible dependents receive medical services or fill a prescription. Because UnitedHealthcare pays all claims directly, the claims no longer go to Medicare first. By always showing your UnitedHealthcare member ID card, you can help make sure that your claims get processed correctly, timely and accurately.

38. When will I get my UnitedHealthcare member ID card?

Once your enrollment in the Lumen MAPD + Dental plan is approved by the Centers for Medicare and Medicaid Services (CMS), a welcome letter and your member ID card will be mailed to you. Please note that your member ID card will be attached to your welcome letter.

¹2025 UnitedHealthcare Group member and provider reporting data, member utilization and individual market plan premiums

²2025 Medicare.gov, <https://www.medicare.gov/supplements-other-insurance/when-can-i-buy-medigap/guaranteed-issue-rights>

Benefits, features and/or devices may vary by area. Limitations, exclusions and/or network restrictions may apply. Dental Provider Network may vary in local market. Other diabetic suppliers/vendors/providers are available in our network. HouseCalls may not be available in all areas.

Optum Rx[®] is an affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Rx home delivery for a 90-day supply of your maintenance medication. If you have not used Optum Rx home delivery, you must approve the first prescription order sent directly from your doctor to Optum Rx before it can be filled. New prescriptions from Optum Rx should arrive within seven business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact Optum Rx anytime at 888-279-1828, TTY 711.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Lumen MAPD + Dental plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Participation in the Renew Active[®] program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, activities and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

A new referral is required after every discharge to access the post-discharge meal and transportation benefit.

The Company, Lumen, and its delegate, the Plan Design Committee, each has reserved the right in its sole discretion, to change, modify, discontinue or terminate the Plan and/ or any of the benefits under the Plan and/or contribution levels, with respect to all participants classes, retired or otherwise, and their beneficiaries at any time without prior notice or consultation, subject to applicable law, specific written agreement and the terms of the Plan Document.

This information is not a complete description of benefits. Call 844-588-5873, TTY 711 for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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