

YOUR BENEFITS. YOUR LIFE.

Your 2026 COBRA Benefits Guide



In August 2025, we brought together two organizations into one team, Windstream and Uniti. We are offering a single Total Rewards program for all Uniti employees, beginning Jan. 1, 2026.

2026 Annual Enrollment is Oct. 8 – 22, 2025

Your current coverage will continue – both the plans and the dependents you current cover – unless you make an active election during the Annual Enrollment period. 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.

2026 MEDICAL PLAN OPTIONS

Uniti 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?

Most of the features below are included in all Uniti medical plans. The Surest Choice Copay Plan and Surest Select Copay Plan have no deductible or coinsurance.

- 1. Your choice of carriers – Skai Blue Cross Blue Shield (BCBS), UMR, or Surest.** See [page 5](#) for more details.
- 2. Prescription drug coverage.** Coverage for prescription medications comes with each medical plan and is provided by Express Scripts. Specialty medications are provided by specialty pharmacies, coordinated by Express Scripts. You can also utilize Rx Savings Solutions as a resource to potentially save money on prescriptions. See [page 8](#) for more details.
- 3. Free in-network preventive care.** Services such as annual physicals, immunizations, and routine screenings are fully covered at 100%. That means you pay \$0 for those services.
- 4. Free virtual care.** You have 24/7 access to U.S. board-certified doctors through phone, video, or mobile app visits. Virtual care doctors can provide primary care, ongoing care for chronic conditions, treatment for non-emergency conditions, and mental health services. See [page 7](#) for more details.
- 5. 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 in an HDHP plan.
- 6. 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.
- 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.** 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. See [page 6](#) for more details.





Summaries of Benefits & Coverage

You have access to a Summary of Benefits and Coverage (SBC) for each of your Uniti 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 unitibenefits.com.

COMPARE THE PLANS

A High Deductible Health Plan (HDHP)

- With an HDHP, offered through Skai BCBS or UMR, you'll pay the full cost of covered services before you meet the deductible. After you meet the deductible, you and the plan share the cost of services through coinsurance.
- These plans allow you to contribute tax-free to a Health Savings Account (HSA). These pre-tax contributions can be used to pay for qualified eligible out-of-pocket medical expenses, like doctor visits or prescriptions before you meet the deductible – and even dental and vision care. Money in your HSA rolls over year after year, so if you know about future expenses – or if you want to save for your health care costs in retirement – you can set aside a little extra each paycheck, so your balance grows over time.

A Surest Plan

- The Surest plans are designed to give you more control of your cost. You'll pay a copay or set dollar amount when you receive care or fill a prescription. There are no deductibles to meet and no coinsurance for services — you pay a copay from day one, up to an out-of-pocket maximum.
- Copays are based on the quality and cost-effectiveness of each provider. Choosing a healthcare provider is an important decision. Surest simplifies this by thoroughly evaluating providers based on a variety of metrics, including quality, appropriateness, cost, and efficiency. Providers who consistently offer higher-quality, more appropriate, and more efficient care result in lower copay costs for you. You have the flexibility to select from in-network providers based on your individual needs and preferences.
- With Surest, you have access to the UnitedHealthcare Choice Plus network of doctors, clinics, and hospitals — this is the same network used by Uniti's UMR plans.
- Using the Surest app or website, you'll see clear, upfront prices for treatments and doctors so you can compare options and make informed decisions. You also have access to a supportive member services team and online tools that provide instant answers to coverage questions, from cost and treatment to finding the doctors and clinics you need.

Want to learn more about the Surest Choice Copay Plan and Surest Select Copay Plan? Visit join.surest.com/unitigroup and enter code: **unitigroup2026** for quick and simple explanations of cost and coverage.

COMPARE YOUR COSTS

IN-NETWORK BENEFITS	1850 HDHP PLAN	3500 HDHP PLAN	6550 HDHP PLAN	SUREST SELECT COPAY PLAN	SUREST CHOICE COPAY PLAN
ANNUAL LIMITS					
INDIVIDUAL COVERAGE					
Deductible	\$1,850	\$3,500	\$6,550	N/A	N/A
Out-of-Pocket Maximum	\$3,500	\$5,500	\$6,550	\$3,500	\$7,000
EMPLOYEE + SPOUSE, EMPLOYEE + CHILD(REN), AND EMPLOYEE + FAMILY COVERAGE					
Embedded Individual Deductible*	N/A	\$3,500	\$6,550	N/A	N/A
Family Deductible	\$3,700	\$7,000	\$13,100	N/A	N/A
Embedded Individual Out-of-Pocket Maximum*	N/A	\$5,500	\$6,550	\$3,500	\$7,000
Family Out-of-Pocket Maximum	\$6,500	\$11,000	\$13,100	\$7,000	\$14,000
WHAT YOU PAY FOR MEDICAL SERVICES					
Preventive care	\$0	\$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)	\$10 - \$65 copay	\$20 - \$125 copay
Specialist visit				\$10 - \$65 copay	\$20 - \$125 copay
Fertility treatments				Office visit: \$250 copay Fertility Smart Cycles: \$500 - \$2,000 copay	Office visit: \$250 copay Fertility Smart Cycles: \$500 - \$2,000 copay
Urgent care visit				\$35 copay	\$110 copay
Emergency room visit				\$375 copay	\$1,000 copay
Hospital, laboratory, X-ray				\$200 - \$1,150 copay	\$200 - \$1,150 copay
Virtual care through Teladoc or other in-network virtual only provider				\$0	\$0

* 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.

USING YOUR MEDICAL PLAN

Expert medical guidance

Navigating the health care system can be challenging. If you are enrolled in a Uniti medical plan, you have access to expert health care assistance to help you save time, money, and worry. From basic checkups to chronic conditions, connect with a team of medical professionals, record specialists, and care coordinators to arrive at the best possible solution for you and your family.

Care coordinators can help you focus on your health when you need:

- **Expert second opinion.** A leading specialist can provide their expert medical opinion and answer your questions about a medical diagnosis, chronic condition, treatment, or surgery.
- **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.

Care management support

If you have a serious injury or medical diagnosis, your medical plan provides you with personalized support to help you coordinate the full spectrum of Uniti benefits available and guide you through a care plan.

A care team member will contact you directly via phone to help you get the right care, so you can:

- Find providers with a proven record of higher quality, efficiency, and effectiveness.
- Connect with an experienced registered nurse who assists with your specific care needs.
- Manage costs by taking care of your health before your condition becomes more complex and expensive to treat.

If your medical carrier is Skai BCBS or UMR, these services will be provided through Included Health. If you enroll in a Surest plan, these services will be provided through the Surest member services team. See [page 15](#) for contact information.

EVERYDAY DECISIONS YOU MAKE ON HEALTH CARE CAN HELP YOU AND UNITI SAVE MONEY

By taking an active role in managing your health care choices, you can make informed decisions that not only benefit your health but also lower costs for you and Uniti. Throughout the year, take advantage of the programs and resources available, such as:

- **Use virtual care**, when appropriate. Most visits are covered at 100%, and virtual care is a convenient option for quality health care outside a physician's office.
- **Sign up for Rx Savings Solutions** to find the best deals on your prescriptions.
- **Get to your preventive care visits annually.** They are no cost to you when you see your in-network doctor.
- **Rely on expert guidance and resources** from Hinge Health for physical therapy; Vida for diabetes, hypertension and weight management; or Included Health (for UMR and Skai BCBS plans) or Surest member services team for a second opinion on a new diagnosis or treatment plan.



FINDING 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:

Skai BCBS and UMR

To find a high-quality in-network provider, you have a few options:

- Visit includedhealth.com/windstream
- Call **855.524.8426** to talk to a Care Coordinator
- Download Included Health app from your app store

Surest

1. Visit join.surest.com/unitigroup and enter code: *unitigroup2026*
2. Select Search Coverage
3. Confirm your zip code
4. Enter your doctor's name, facility or specialty in the keyword search



NO COSTS FOR VIRTUAL CARE

All Uniti medical plans offer virtual care services, with anytime access—24 hours a day, 7 days a week—to U.S. board-certified doctors who can provide:

- Preventive care
- Ongoing care for chronic conditions
- Primary care
- Treatment for routine conditions
- Mental health services



All providers have experience building relationships with patients in a primary care setting and can write prescriptions, order lab work and screenings or vaccinations, and refer you to in-network specialists, if needed. Set up your account today so that when you need care, a doctor is just a call or click away. Visit unitibenefits.com to learn more.

Skai BCBS and UMR:

In the 1850 HDHP Plan, 3500 HDHP Plan, and 6550 HDHP Plan through Skai BCBS or UMR, virtual care through Teladoc is covered at 100%. With Teladoc you can establish a relationship with a virtual primary care doctor for your routine and ongoing care needs, including managing your prescriptions. You'll also have no cost care for urgent care, mental health care, and dermatology services with Teladoc.

Visit Teladoc.com or call **800.TELADOC (835.2362)**

Surest:

In the Surest Select Copay Plan and Surest Choice Copay Plan, you will also have \$0 copay options for virtual care.

Visit join.surest.com/unitigroup and enter code: *unitigroup2026*

Prescription Drug Coverage

EXPRESS SCRIPTS

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

2026 PRESCRIPTION DRUG PLANS										
	1850 HDHP PLAN		3500 HDHP PLAN		6550 HDHP PLAN		SUREST SELECT COPAY PLAN		SUREST CHOICE COPAY PLAN	
See IRS list for Preventive RX	Preventive Rx	All Other Rx	Preventive Rx	All Other Rx	Preventive Rx	All Other Rx	Preventive Rx	All Other Rx	Preventive Rx	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: \$10 copay		Generic: \$20 copay	
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%	Preferred Brand: \$40 copay		Preferred Brand: \$60 copay	
							Non-Preferred Brand: \$60 copay		Non-Preferred Brand: \$120 copay	
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%	You pay 0%	You pay 0%

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

Understand your out-of-pocket maximum

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

Ways to lower your prescription costs

Before you fill a prescription:

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



SUPPORTING YOUR PHYSICAL WELL-BEING

To meet the needs of our diverse workforce, we provide enhanced support to those with specific care needs to help make it easier to take care of your health and financial well-being.

Note: If you are enrolled in the Surest Choice Copay Plan or Surest Select Copay Plan, these health programs may be offered by different providers through your medical plan.

Weight management support

The Vida virtual weight management program takes a body and mind approach to help you get results—with dedicated human coaches, connected devices, and behavior change to drive changes that last. You'll complete a health and personal goal assessment, and be placed in one of the following programs:

- **Preventive Weight Loss:** You'll have your own dedicated health coach working with you to personalize eating and exercise plans that are a good fit for you and your goals. In addition to weekly coaching sessions, you have the option to in-app message your coach and group chat with other people committed to losing weight. You can also connect devices such as a smart scale to help you track your progress.
- **Medical Weight Loss:** This program is tailored for individuals at a higher weight who would benefit from additional clinical oversight and support. In addition to a health coach who is a registered dietitian, your care team may also include a medical provider who can support the needs of members who have co-occurring conditions (like high blood pressure, high cholesterol, or diabetes). Your care team may engage you in thoughtful discussion about and assessment for prescribing support, when appropriate.

Visit vida.com/Windstream or call [833.732.2242](tel:833.732.2242) to get started.

Diabetes and hypertension support

If you are living with pre-diabetes, Type 1, Type 1.5, or Type 2 diabetes, engage with Vida to get access to a health coach and registered dietitian who will create a plan to lower your A1C. You'll work with your coach to improve nutrition, manage medications, and make lifestyle adjustments. You will receive devices like a glucometer that includes test strips, lancing device, lancets, and control solution as well as the charger, carrying case, and user manual.

If you have a health condition like high blood pressure, regular lab tests and medical checks can help you and your care team see how you're doing. Vida's virtual health program lets you connect with a licensed clinician who can order lab tests you may be missing, check on your heart health risk, and more. If eligible, you'll receive a blood pressure monitor and cuff. Your health coach and/or registered dietitian will work with you on nutrition and lifestyle changes to improve your heart health.

Visit vida.com/Windstream or call [833.732.2242](tel:833.732.2242) to get started.

Virtual physical therapy

Hinge Health is a no cost virtual 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 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 with:

- 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.



Family building, pregnancy and post-partum, and menopause support

Progyny specializes in offering individuals and families support throughout their fertility, donor tissue, pregnancy and post-partum, and menopause journeys. Employees and covered family members enrolled in a Uniti medical plan have access to:

Fertility benefits

- Over 600 clinics with a wide network of specialists for fertility treatment
- Comprehensive fertility treatment coverage using the latest technology and treatments
- Unlimited smart cycles per family and fertility medication coverage
- Coverage for donor tissue expenses, including eggs, sperm, and donor embryos
- Personalized emotional support and guidance from dedicated Patient Care Advocates (PCA), online educational content, and expert-led webinars and podcasts—available for the member receiving care and spouses/partners

Pregnancy and post-partum support

- On-demand support from Patient Care Advocates who focus on pregnancy and post-partum care
- Personalized monthly outreach for each stage of pregnancy
- Access to online educational content, symptom tracking, and assessment tools
- All aspects of the program are available to the employee and their spouse/partner

Menopause support

- Personalized coaching, medical care coordination, and education throughout menopause
- Lifestyle support for nutrition, weight, sleep, and mood
- Referrals to providers for member-specific treatment plans
- Similar to fertility benefits, spouses/partners can access coaching from a PCA, educational content and emotional support, and tools for understanding symptoms, treatment options, and lifestyle changes

As part of your Uniti medical plan, Progyny will coordinate with your medical and pharmacy benefits when necessary and applicable. Some Progyny benefits through the Fertility and Menopausal programs may be subject to the deductible and coinsurance or copay based on your Uniti medical plan. See [page 4](#) for medical plan details and visit progyny.com to learn more.

100%-paid preventive care

A study found that the cost of hospital care makes up one-third of all health care costs in the U.S. Annual check-ups can identify health issues early — when they may be easier and less costly to treat.

That's why your Uniti medical plan covers **in-network preventive care and screenings at 100%**. Preventive care includes routine physical exams and health screenings, which are usually performed by your in-network primary care physician (PCP) or virtual care provider. In all Uniti medical plans, one colonoscopy per year, for either diagnostic or preventive reasons, is covered at 100%. The table below lists common preventive services, based on age and gender. For a complete list, visit includedhealth.com/windstream or join.surest.com/unitigroup.

100%-PAID PREVENTIVE CARE		
CHILDREN	FEMALE	MALE
<ul style="list-style-type: none"> • Well-baby care • Annual physicals • Immunizations 	<ul style="list-style-type: none"> • Annual physicals • Pap tests • Mammograms • Osteoporosis test • Immunizations • Blood pressure checks • Cholesterol checks • Colonoscopy 	<ul style="list-style-type: none"> • Annual physicals • Prostate cancer screening • Osteoporosis test • Immunizations • Blood pressure checks • Cholesterol checks • Colonoscopy

Fitness center discount program

To make it easier and more affordable to achieve your well-being goals, all Uniti medical plans offer fitness center discount programs. With one discounted monthly fee and no contract, you can access multiple gyms—with over 12,000 gyms participating nationwide. There are multiple packages to choose from, including unlimited online fitness programs.

- If you're enrolled in a Skai BCBS plan, learn more at Fitness Your Way on Blue365Deals.com.
- If you're enrolled in a UMR or Surest plan, visit One Pass Select on OnePassSelect.com.

SUPPORTING YOUR MENTAL WELL-BEING

We recognize that emotional well-being is a cornerstone of living a balanced life. Everything from making plans for big life changes to managing day-to-day issues can impact our well-being. You have access to resources that can help you manage your life, cope with stress, and make getting help more convenient.

These virtual resources are aimed at normalizing the need for professional help and making support more accessible for you and your family — whether it's learning new strategies to improve your mental health, setting you up with a licensed counselor you can talk to one-on-one, or connecting you to like-minded people simply to remind you that you're not alone.

Your Uniti medical plan

Your Skai BCBS, UMR, or Surest medical plan provides comprehensive coverage for behavioral health concerns and support for dealing with certain conditions, through in-person and telemedicine providers. You can schedule visits with a therapist or psychiatrist for challenges like depression, anxiety, stress, and many others. You also have access to high-quality facilities for substance use and/or eating disorders.

If you're enrolled in a Skai BCBS or UMR plan, visit arkansasbluecross.com/members/behavioral-health/behavioral-health-resources and teladoc.com for more information. If you're enrolled in the Surest Choice Copay Plan or Surest Select Copay Plan, join.surest.com/unitigroup and enter code: *unitigroup2026*.

Expert medical guidance

Your Skai BCBS, UMR, or Surest medical plan connects you to a team of specialists who will personally help you find trusted, in-network providers focused on mental health, answer questions about care or your Uniti benefits, and provide the support and advocacy you need and deserve. See [page 15](#) for contact information for your medical plan carrier.

- **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.
- **Clarity:** Understand your health benefits and when to use them.

BetterHelp

Available to all employees and family members, this app provides you access to a counselor by text message, phone, chat, or video conference. Through this program, you have access to five pre-paid counseling sessions lasting 30-60 minutes. Text messaging is in addition to live, scheduled sessions for continuity of care in between sessions. Download the BetterHelp app from your app store.

myStrength

Available to all employees and family members, the self-care program through the myStrength app can help you reduce stress, manage depression, control anxiety, be more mindful, and more. The app provides support through personalized self-guided tools, content, and videos. To get started, visit member. magellanhealthcare.com, click on "Explore", then find the "Self Care Programs" icon. Click on the "Get Started" button to register, then you can download the myStrength app.

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.

As part of your dental benefits, the **Right Start for Kids program** provides covered children 12 years old or younger with preventive and basic dental services at no cost to you when visiting a network dentist. Covered services—such as cleanings, x-rays, fluoride treatments, fillings, crowns, and tooth removal—are covered at 100% with no deductible to meet (up to the annual maximum), giving your child the right start in dental health.

2026 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 \$2,500 lifetime maximum)
TMJ Expenses	Not covered	50%	50%
Surgical Implants	Not covered	50%	50%

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.

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.

Instead of prescription glasses or contacts, you can choose to use a **\$200 allowance towards non-prescription sunglasses** or non-prescription blue light filtering eyewear from a VSP network doctor. This allows you to take advantage of the frame allowance benefit even if you do not need new prescription glasses or contacts in a calendar year.

2026 VISION PLANS		
YOUR IN-NETWORK COSTS		
	MATERIALS ONLY	ENHANCED
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
Lens enhancements		
Standard progressive lenses	\$0 copay	\$0 copay
Premium progressive lenses	\$95 - \$105 copay	\$95 - \$105 copay
Custom progressive lenses	\$150 - \$175 copay	\$150 - \$175 copay
Non-Prescription Eyewear Allowance (in lieu of glasses or contacts, from a VSP network doctor)	\$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.



MAKE THE MOST OF YOUR VISION COVERAGE

When you visit a designated VSP Premier Edge provider and purchase Featured Frame Brand eyeglasses, you'll get peace of mind with enhanced protection and coverage:

- Additional \$20 frame allowance
- No-cost replacement for damaged frames or prescription changes within 12 months from purchase

To locate a VSP Premier Edge provider, and a list of Featured Frame Brands, visit vsp.com or call **800.877.7195**.

Medical Plan Terms

Coinsurance: Your share of the costs after the deductible is met. You may receive an added coinsurance benefit for preventive prescription drugs. 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.

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

Preventive Medical Care: Uniti 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 an annual check-up, 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.

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



Who To Contact

Note: While some URLs may include the Windstream name, they will provide the correct information for the 2026 Annual Enrollment period as we continue integrating Windstream and Uniti into a single company.

BENEFIT	IF YOU NEED HELP WITH...	PROVIDER	CONTACT
Businessolver	benefits enrollment, life events, contact numbers	N/A	888.850.1712 unitibenefits.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
		Surest	866.683.6440 join.surest.com/unitigroup Enter code: unitigroup2026
Medical	finding in-network providers, understanding your medical coverage, etc.	Skai BCBS and UMR	855.524.8426 includedhealth.com/windstream Download Included Health app from your app store
		Surest	866.683.6440 join.surest.com/unitigroup Enter code: unitigroup2026
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	getting convenient, 24/7 access to primary care, urgent care, and mental health treatment by phone, video or app	Teladoc – Skai BCBS and UMR	800.Teladoc (835.2362) teladoc.com
		Surest	866.683.6440 join.surest.com/unitigroup Enter code: unitigroup2026
Prescription Drug Savings Program	saving money on prescriptions	RxSavings Solutions	800.268.4476 myrxss.com
Diabetes, Hypertension and Weight Management Programs	managing your diabetes, hypertension, and weight	Vida	833.732.2242 vida.com/Windstream
Fertility Benefits, Pregnancy/ Post-Partum & Menopause Support	having a baby or navigating menopause	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
Mental Health	managing stress, depression, anxiety and more	BetterHelp myStrength	Download the BetterHelp app: Apple Android 800.327.5569 (TTY 711) member.magellanhealthcare.com

Legal Notices

UNITI 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.

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Uniti Group, Inc 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 COVERAGE

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available at unitibenefits.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.

IMPORTANT NOTICE FROM UNITI 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 Uniti medical plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2026. 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 2026 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 Uniti 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 Uniti 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 2026. 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
- \$3,500 Deductible Plan
- \$6,550 Deductible
- Surest Choice Copay Plan
- Surest Select Copay 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 Uniti 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 Uniti 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 Uniti plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Uniti 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 Uniti coverage changes, or upon your request.

Legal Notices

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:

Uniti Benefits Department
4005 N. Rodney Parham Road, Little Rock, AR 72212
501-748-7000 | Benefits@Uniti.com

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 Uniti'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 Open 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 or 60 days after the birth, adoption or placement for adoption.

Uniti 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 from the date of the Medicaid/CHIP eligibility change to request enrollment in the Uniti group health plan.

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 Benefits@Uniti.com.

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.

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.

MICHELLE'S LAW NOTICE

EXTENDED DEPENDENT MEDICAL COVERAGE DURING STUDENT MEDICAL LEAVES

The Uniti 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 his or her coverage to be extended, call Businessolver at 888-850-1712 as soon as the need for the leave is recognized by Uniti. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Legal Notices

NOTICE REGARDING WELLNESS PROGRAM

Uniti 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.

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 Uniti 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. 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.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [1-877-KIDS NOW](tel: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](tel:1-866-444-EBSA) (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

Legal Notices

Alabama – Medicaid	Alaska – Medicaid
Website: http://myalhipp.com Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
Arkansas – Medicaid	California – Medicaid
Website: http://myarhipp.com Phone: 1-855-MyARHIPP (1-855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
Colorado – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	Florida – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/state relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
Georgia – Medicaid	Indiana – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 1-678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 1-678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ https://www.in.gov/fssa/df/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
Iowa – Medicaid and CHIP (Hawki)	Kansas – Medicaid
Medicaid Website: https://hhs.iowa.gov/medicaid Medicaid Phone: 1-800-338-8366 Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
Kentucky – Medicaid	Louisiana – 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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
Maine – Medicaid	Massachusetts – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US 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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
Minnesota – Medicaid	Missouri – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005
Montana – Medicaid	Nebraska – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

Legal Notices

<p align="center">Nevada – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">New Hampshire – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPPI program: 1-800-852-3345, ext. 5218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
<p align="center">New Jersey – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 1-609-631-2392 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p align="center">New York – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid Phone: 1-800-541-2831</p>
<p align="center">North Carolina – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov Phone: 1-919-855-4100</p>	<p align="center">North Dakota – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">Oklahoma – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">Oregon – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">Pennsylvania – Medicaid and CHIP</p> <p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: https://www.pa.gov/agencies/dhs/resources/chip CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">Rhode Island – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov Phone: 1-855-697-4347 or 1-401-462-0311 (Direct RlTe Share line)</p>
<p align="center">South Carolina – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">South Dakota – Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">Texas – Medicaid</p> <p>Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493</p>	<p align="center">Utah – Medicaid and CHIP</p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p align="center">Vermont – Medicaid</p> <p>Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427</p>	<p align="center">Virginia – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 (regionally-restricted); or 1-855-242-8282</p>
<p align="center">Washington – Medicaid</p> <p>Website: https://www.hca.wa.gov Phone: 1-800-562-3022</p>	<p align="center">West Virginia – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms http://mywvhipp.com Medicaid Phone: 1-304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">Wisconsin – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">Wyoming – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269</p>

Legal Notices

To see if any other states have added a premium assistance program since July 31, 2025, 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

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. (expires 1/31/2026)

UNITI 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 Uniti 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 Uniti, Inc 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 Uniti as an employer — that's the way the HIPAA rules work. Different policies may apply to other Uniti 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 UNITI

The Plan, or its health insurer or Health Maintenance Organization (HMO), may disclose your health information without your written authorization to Uniti for plan administration purposes. Uniti may need your health information to administer benefits under the Plan. Uniti agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Uniti employees in the Corporate Benefits, Human Resources, Central Records, Informational Technology, and Payroll Departments are the only Uniti 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.

Legal Notices

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

- The Plan, or its insurer or HMO, may disclose “summary health information” to Uniti, 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 Uniti 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 Uniti cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Uniti from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative 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

Legal Notices

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.

Legal Notices

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 harm.

CHANGES TO THE INFORMATION IN THIS NOTICE

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on January 1, 2026. 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 unitibenefits.com under the Resources/Important Notices section and distribute the revised version of this Notice or information about any 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, Uniti Benefits, at 4005 N. Rodney Parham Road, Mailstop 1170-B1F02-93, Little Rock, AR 72212 or Benefits@Uniti.com.

CONTACT

For more information on the Plan's privacy policies or your rights under HIPAA, contact the Plan's HIPAA Privacy Officer at Benefits@Uniti.com.