Your benefits. Your life.

Your Annual Enrollment Guide

Your Annual Enrollment Checklist

We want you to feel confident in the choices you're making, so Uniti offers resources to help you choose and use your benefits.

- ☐ **Explore your 2027 benefits** using your *What's Changing* brochure, this guide, and other resources on **unitibenefits.com**.
- ☐ **Enroll** in your 2027 benefits: **Oct. 7 – 21, 2026**.
- ☐ **Join the Benefits team** for *Ask Me Anything* sessions where you can participate in a live group Q&A. See **Ustream** for dates and times.
- ☐ Go to **unitibenefits.com** or call **888.850.1712** to make your selections.
- ☐ **Confirm eligibility** for your covered spouse and/or children in Uniti benefits.
- ☐ **Answer the tobacco status** and spouse coverage availability questions.
- ☐ **Review and save** your Benefit Summary.

Information in this document pertains to all full-time, U.S.-based employees. Participation in Uniti benefit plans by employees in bargaining units is subject to the terms of their collective bargaining agreement. Canadian employees should refer to Canada Life for coverage information and **unitibenefits.com** for additional information.

Uniti

You must take action

You must enroll Oct. 7 – 21, 2026 to have Uniti coverage in 2027.

Your 2026 benefit selections will not carry over. If you do not enroll during Annual Enrollment, you will not have Uniti medical, dental, vision, savings or spending account coverage in 2027. Once the enrollment window closes on Oct. 21, 2026, changes to benefits enrollment will only be allowed following a qualifying life event, such as marriage, divorce, birth of a child, or change in status (such as gain or loss of non-Uniti coverage).

Health care is personal, and what you need from your benefits can differ from one year to the next. Annual Enrollment is your once-a-year opportunity to stop, reflect, and enroll in the benefits that will be with you in the moments that matter.

Your Benefits at a Glance

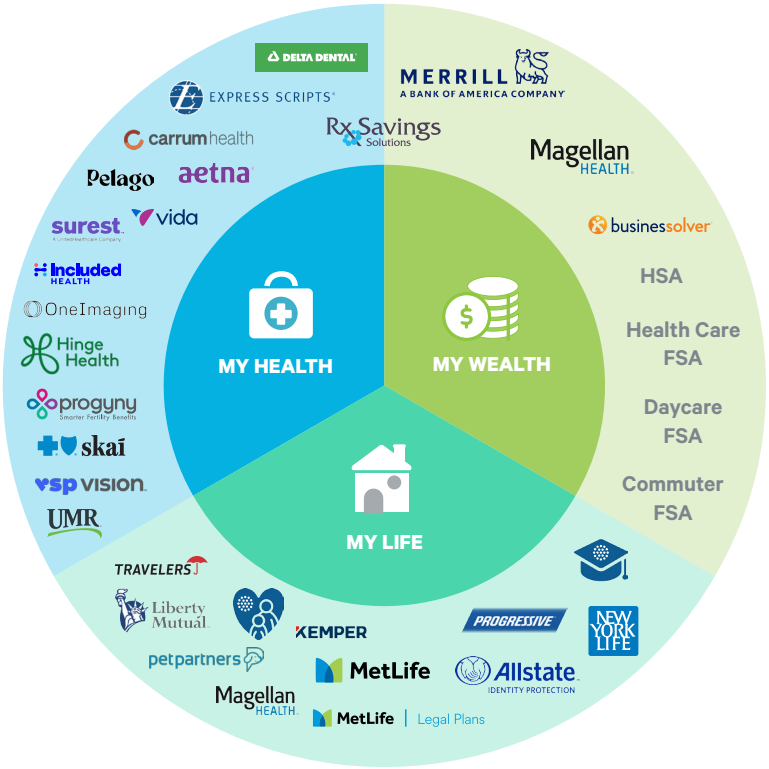
Check out what's new and changing for 2027 by reading your *What's Changing* brochure, available on **unitibenefits.com**.

Benefit	Key Highlights	Page
Medical	• Five plan options • Choice of three carriers: Skai Blue Cross Blue Shield, UMR, and Surest	**2 – 10**
Prescription	• Prescription coverage is provided through Express Scripts for all medical plans • Additional prescription savings possible through Rx Savings Solutions	**11**
Supplemental Medical	• Hospital Indemnity insurance, Accident insurance, and Critical Illness insurance administered through Aetna	**12**
Well-being	• Programs and resources to help you and your family live healthier, happier, and more fulfilling lives	**13 – 15**
Dental	• Three plan options from Delta Dental	**16**
Vision	• Two plan options from VSP	**17**
Health Savings & Spending Accounts	• If you enroll in a medical plan and an HSA, Uniti will contribute up to $600 into your HSA to help cover your out-of-pocket expenses • If you are not eligible for an HSA, or choose not to enroll in an HSA, you can enroll in a Health Care FSA • Per IRS limits, the amount you are allowed to roll over in your Healthcare FSA is $660 into 2027	**18 – 19**
Life & Accident Insurance	• Company-provided life and AD&D insurance as well as additional supplemental options	**20**
Disability Insurance	• Company-provided short-term and long-term disability	**21**
Additional Voluntary Benefits	• 401(k), identity theft protection, pet insurance, auto & home insurance, and a legal plan	**22 – 23**

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.

WELCOME TO YOUR 2027 BENEFITS

Uniti is committed to helping you and your family be healthy so that you can make the most of your life – at work, at home, and in your community. Providing access to a variety of valuable benefits that support your overall well-being is an important part of that commitment. Our benefits fall into these three categories:



MY HEALTH:
To Fit Your Budget and Keep You Healthy

- Medical (Skai BCBS, UMR, Surest)
- Prescription Drug Program (Express Scripts)
- Dental (Delta Dental)
- Vision (VSP)
- Personal Health Care Assistance (Included Health and Surest)
- Virtual Physical Therapy (Hinge Health)
- Cancer, Surgery, and Imaging Centers of Excellence (Carrum and OneImaging)
- Hospital Indemnity (Aetna)
- Accident (Aetna)
- Critical Illness (Aetna)
- Virtual visits for primary care, urgent care, and mental health
- RxSavings Solutions
- Tobacco Cessation and Substance Use Programs (Pelago)
- Diabetes, Hypertension, and Weight Management Programs (Vida)
- Fertility Benefits (Progyny)
- Pregnancy and Post-Partum Support (Progyny)
- Menopause Support (Progyny)
- BetterHelp (Magellan)
- myStrength (Magellan)

MY WEALTH:
To Invest in Yourself Now and in the Future

- Health Savings Account (HSA) (Businessolver)
- Health Care Flexible Spending Account (FSA) (Businessolver)
- Daycare/Eldercare FSA (Businessolver)
- Commuter FSA (Businessolver)
- 401(k) Plan (Merrill)
- NextGen College Investing Plan (Merrill)
- Financial Well-being (Merrill, Magellan)

MY LIFE:
To Protect Those You Love and Manage Personal Priorities

- Basic Group Life and Accidental Death & Dismemberment (AD&D) Insurance (New York Life)
- Supplemental Life and AD&D Insurance (New York Life)
- Short-Term Salary Continuance and Long-Term Disability Insurance (New York Life)
- Employee Assistance Program (Magellan)
- Legal Plan (MetLife)
- Identity Theft Protection (MetLife)
- Pet Insurance (PetPartners)
- Choice Auto & Home Insurance (Liberty Mutual, Farmer's GroupSelect℠, Kemper, Travelers, Progressive)
- Adoption Assistance
- REACH Educational Assistance
- Parental Leave

Medical

2027 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 Express Scripts specialty pharmacy. You can also utilize Rx Savings Solutions as a resource to potentially save money on prescriptions. See **page 11** 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 10** 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. **Tax-saving opportunity.** If eligible, you can contribute to an HSA on a before-tax basis to help pay for your eligible out-of-pocket health care costs – in 2027 and in the future. Your HSA funds roll over year after year; they are always yours to keep! Uniti will contribute up to $600 tax free to your HSA, deposited over the course of the year (per pay period).

   If you enroll in a Uniti medical plan and do not meet HSA eligibility requirements, or choose not to enroll in one, you can still enroll in a Health Care Flexible Spending Account (FSA).
8. **Out-of-pocket maximum.** Each plan protects you by capping the total amount you will pay each year for in-network medical care. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year. Medical premiums are not included in the out-of-pocket maximum.
9. **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 7** for more details.

Medical

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**.

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

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) and receive a contribution from Uniti. 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 Copay 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: **unitigroup2027** for quick and simple explanations of cost and coverage.

Medical

Compare Your Costs

In-Network Benefits	1850 HDHP Plan	3500 HDHP Plan	6550 HDHP Plan	Surest Select Copay Plan	Surest Choice Copay Plan
HEALTH SAVINGS ACCOUNT ELIGIBILITY					
Eligible for a Health Savings Account per IRS regulations	✓	✓	✓	✗	✗
Uniti Health Savings Account annual contribution prorated based on benefits start date	$600	$600	$600	N/A	N/A
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
Non-routine diagnostic testing				$10 – $800 copay	$40 – $1,800 copay
Imaging (MRI/CT/PET)				$75 – $950 copay	$200 – $1,150 copay
Outpatient hospital				$15- $2,500 copay	$80 – $5,500 copay
Inpatient hospital				$200 - $2,500 copay	$400 – $5,500 copay
Virtual care through Included Health or other in-network virtual only provider	$0	$0	$0	$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.*

Medical

Compare the Carriers

HDHP plans

If you enroll in the 1850 HDHP Plan, 3500 HDHP Plan, or the 6550 HDHP Plan, these plans are offered through your choice of Skai BCBS or UMR. In each State, one carrier has a lower cost than the other, referred to as Carrier 1. This represents the larger discount that doctors and facilities have with one carrier over the other in a State. No matter which Uniti medical plan you choose, the benefits covered by each option are the same.

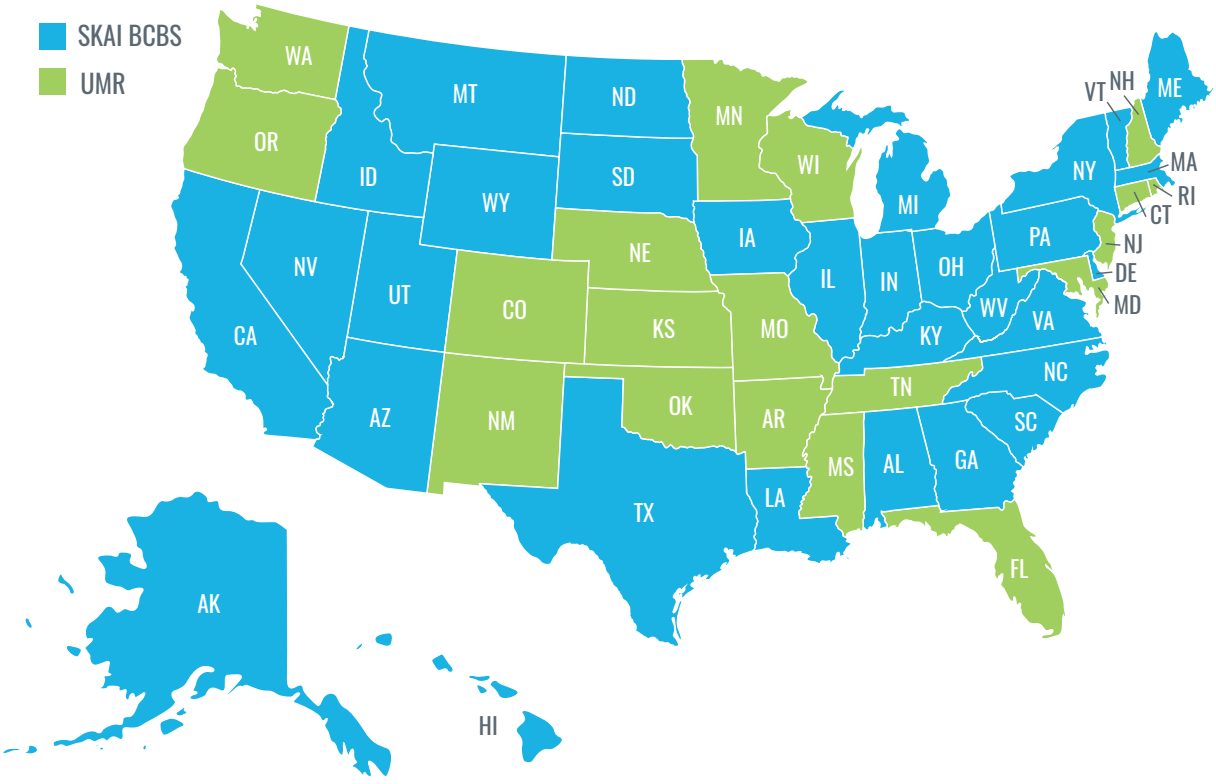
Surest plans

The Surest Choice Copay Plan and Surest Select Copay Plan use a single carrier; your network will be the UnitedHealthcare Choice Plus network, which is the same network as UMR.

All Uniti medical plans cover in-network preventive care such as blood pressure and cholesterol tests, mammograms, colonoscopies, screenings for osteoporosis, vaccines, and well-woman visits – all at no cost to you! Be sure to follow the recommended age guidelines outlined in the medical summary plan description when scheduling your preventive care.

Carrier 1 by State (Lower Premium)

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



Medical

Compare Your Costs

Your 2027 medical plan costs

Bi-weekly Premiums (based on 26 pay periods per year)	1850 HDHP Plan	3500 HDHP Plan	6550 HDHP Plan	Surest Select Copay Plan	Surest Choice Copay Plan
CARRIER 1					
Employee only	$139.45	$77.43	$55.98	$145.09	$76.90
Employee + spouse	$362.56	$201.32	$145.56	$377.24	$199.95
Employee + children	$257.97	$143.25	$103.57	$268.43	$142.27
Employee + family	$446.22	$247.78	$179.16	$464.30	$246.09
CARRIER 2					
Employee only	$170.16	$103.31	$80.19		
Employee + spouse	$442.42	$268.61	$208.50		
Employee + children	$314.80	$191.12	$148.35		
Employee + family	$544.52	$330.59	$256.62		

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

Spousal surcharge

Uniti has a spousal surcharge of $46.15 per pay period, applicable only if your spouse has coverage available through their employer but chooses to be on a Uniti medical plan. The surcharge does not apply if your spouse is not offered medical coverage through their employer, is not employed, or if your spouse is also employed by Uniti.

Tobacco use surcharge

A $23.08 per pay period surcharge will be applied to each employee and/or spouse who uses tobacco products, including e-cigarettes and vaping, and has not completed the tobacco cessation program. When you enroll, you will be asked to attest to your tobacco status and that of your enrolled spouse (if applicable). By completing the Pelago tobacco cessation program described on **page 13**, or by stopping your use of any tobacco products, the surcharge can be removed and refunded during the year by calling 888.850.1712.

Medical

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 27** for contact information.

High-value care partners

Guided surgery assistance with lower costs

If your doctor recommends surgery, Carrum can connect you with high-quality surgeons and facilities near you and can significantly lower your costs. When you use Carrum, the benefit covers eligible appointments, anesthesia, procedure, and facility fees—so you may have lower costs for your surgery, depending on your medical plan*.

Your Carrum care specialist provides guidance every step of the way by:

- Locating and choosing a high-quality, in-network surgeon.
- Collecting any necessary medical records and completing required paperwork.
- Scheduling pre- and post-op appointments and follow-up care, including coordinating physical therapy.
- Answering questions and providing resources along the way to help you make the best decisions regarding your care.

Carrum is available to support you with a wide range of surgeries, including:

- Knee and hip joint replacement: Enjoy the possibility of no/low-cost knee and hip replacements with top orthopedic specialists.
- Bariatric surgery: Planning for weight loss surgery? **If you need a bariatric surgery**, such as gastric bypass, it **must be arranged and services provided through the Carrum network** for coverage. Bariatric surgeries completed by a provider who is not in the Carrum network will not be covered by your Skai BCBS or UMR medical plan.
- Spine surgery: Thinking about spinal fusion or another back procedure? Carrum's program offers advanced spinal care.
- Cardiac care: Access life-saving procedures such as aneurysm repair, valve replacement, and other complex heart surgeries—with expert providers.

** If you're enrolled in an HDHP plan, you must first meet the IRS-defined deductible.*

Medical

Care advocacy through a cancer diagnosis

In the event of a cancer diagnosis, Carrum's Cancer Treatment program connects you with top-quality oncologists and cancer centers, providing support throughout your care journey — from diagnosis and treatment through recovery. Working closely with your local oncologist, top clinical specialists will provide expert medical opinions and assist with developing a personal care plan, for you and your covered family members (ages 18+).

With Carrum, certain services are provided at a lower cost to you, including:

- Guidance and support for all cancer diagnoses
- Comprehensive treatment for all types of cancers and at all stages
- Travel expenses to specialized facilities

Your Carrum Health personal care specialist will also provide guidance every step of the way:

- Choosing hospitals and physicians
- Collecting medical records
- Scheduling appointments
- Making travel reservations

Diagnostic imaging services

For non-emergency imaging services, OneImaging partners with high-quality facilities that can help you get imaging quickly and at lower costs, depending on your medical plan*.

- Use OneImaging's website or app to view upfront prices and schedule an appointment
- Save money with lower costs on covered imaging services including MRIs, CT scans, mammograms, X-rays, and ultrasounds
- Access high-quality care from over 4,000 trusted imaging centers nationwide
- Let the OneImaging care team take care of administrative tasks such as scheduling, billing, and paperwork—so you don't have to

If you need a non-emergency MRI or CT scan, it must be arranged through OneImaging to be covered by your Skai BCBS or UMR medical plan.

** If you're enrolled in an HDHP plan, you must first meet the IRS-defined deductible.*

Carrum also offers substance use disorder support. Get help for you or a loved one, including high-quality, nationally recognized treatment centers offering compassionate care and real recovery paths.

Medical

Get the *Right* Care at the *Right* Place

When you're sick or injured, it's difficult to focus on when and where to get care. But your choice can make a big difference to your budget. Refer to the chart below for help deciding where to get care when you need it.

Location of care	When to use	Cost	Typical wait time to see a medical provider
Virtual care on your phone, tablet, or computer • Skai & UMR medical plans: **Included Health** • Surest medical plans: **Virtual care provider**	• Primary care • Minor illnesses, such as colds, flu, or sore throat • Seasonal allergies • Rash or skin irritations • Mental health support	Free	1 hour or less Or make a virtual appointment in advance that fits into your schedule
Doctor's office	• Primary care • Procedures that require physical exams or specialized tests, such as ear infections, digestive issues, or sudden weight loss	$$	Under 30 minutes
Urgent care center	• Serious conditions that require immediate attention, such as vomiting, small cuts that may need stitches, or sprains/strains • Procedures that require physical exams or specialized tests	$$$	1 — 2 hours
Emergency room	• Serious, life-threatening conditions, such as trouble breathing or shortness of breath, serious head injury, broken bones, severe chest or abdominal pain, seizures, or uncontrolled bleeding	$$$$$	4+ hours

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.
  - If you enroll in an Accident or Critical Illness insurance plan, a preventive care visit earns you $50! See page 12 for more information.
- If your doctor recommends non-emergency imaging (such as MRIs, CT scans, mammograms or X-rays) or a surgery, OneImaging and Carrum can help you find high-quality facilities and doctors, with lower out-of-pocket costs.
- 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.
- Seek out **mental health support** from a variety of on-demand, no-cost resources available from the comfort of your home, such as BetterHelp, myStrength, and the Employee Assistance Program (EAP). The EAP offers virtual and in-person clinical support and coaching options with up to five visits per issue, each year.

Medical

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:

Skai BCBS and UMR

Before you've enrolled, you can make sure your doctors are in-network by visiting:

- **Skai BCBS website** and enter your zip code.
- **UMR website**, select Find a provider and search for the UnitedHealthcare Choice Plus Network.

Once you've enrolled, Included Health can help you find a high-quality in-network provider:

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

Surest

1. Visit **join.surest.com/unitigroup** and enter code: **unitigroup2027**
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
- Urgent care
- Mental health support

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 Included Health is covered at 100%. With Included Health you can establish a relationship with a virtual primary care doctor for your routine and ongoing care needs, including managing your prescriptions. You'll receive a Primary Care Kit that includes a digital blood pressure monitor and a thermometer to support at-home care. Doctors are also available for no-cost virtual urgent care, mental health care, and dermatology services.

Visit **includedhealth.com/uniti** or call **855.524.8426**

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: **unitigroup2027**

Prescriptions

Express Scripts

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

2027 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 **Preferred Brand:** $40 copay **Non-Preferred Brand:** $60 copay		**Generic:** $20 copay **Preferred Brand:** $60 copay **Non-Preferred Brand:** $120 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%				
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. You can find the lowest cost generic medications by using RxSavings Solutions at **myrxss.com**.
- 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.

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Supplemental Medical

Supplemental Medical Plans

Supplemental medical plans provided through Aetna help protect you from certain expenses, which may not be covered by your primary medical plan. These plans give you money to help pay out-of-pocket costs from your medical plan—such as copays, deductibles, and coinsurance—and other medical or living expenses.

You'll receive a cash benefit, to spend as you choose.

You pay the full cost of coverage through after-tax payroll deductions. Be sure to consider your anticipated medical needs for the coming year – for example, a major surgery – when deciding if supplemental coverage is right for you.

Uniti offers three different types of supplemental medical plans. You can choose any combination of the following, and enrollment in a Uniti medical plan is not necessary to enroll:

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

Earn a wellness benefit

- When you enroll in accident or critical illness insurance, you and your covered dependents can each earn a $50 wellness benefit every year by completing a health screening test, such as a preventive care visit, mammogram, chest X-ray, blood test, or colonoscopy.
- You can find a full list of the medical services that apply to the wellness benefit, as well as details on how to submit your documentation, in your Accident and/or Critical Illness benefit summaries.

KEEP IN MIND

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

Hospital indemnity insurance is a fixed indemnity policy that may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **800.318.2596** (TTY: 855.889.4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Supporting your physical well-being

For Uniti, healthy employees equal a healthy company. To meet the needs of our diverse workforce, we provide enhanced support to those with specific care needs such as fertility, diabetes, weight management, back and joint pain, and more. These programs 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/uniti** or call **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/uniti** or call **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/uniti/** to get started.

Tobacco cessation and substance use

Pelago's virtual tobacco cessation program, available to you at no cost, can help you gradually master the habits you'll need to quit smoking and sustain long term healthy living. You'll have access to tools to help you track your personal triggers and health progress as well as:

- Cognitive behavioral therapy to learn new techniques to deal with craving triggers
- Coaching to help you at every stage of your recovery journey
- Nicotine replacement therapy

With Pelago's virtual substance use program, you have access to professional support for alcohol and opiate use. You'll receive a personalized program from your care team with access to digital tools, live counseling, and medication-assisted treatment, if needed. Pelago resources are available to you at no cost and are completely confidential.

Visit **pelago.health/uniti** or call **877.349.7755** to get started.

Well-being

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/uniti** or **join.surest.com/unitigroup**.

100%-Paid Preventive Care		
Children	**Female**	**Male**
• Well-baby care • Annual physicals • Immunizations	• Annual physicals • Pap tests • Mammograms • Osteoporosis test • Immunizations • Blood pressure checks • Cholesterol checks • Colonoscopy	• 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**.

Well-being

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. At Uniti, we look beyond traditional benefits and experiences to provide you with innovative support to 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 medical plan also 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.

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.

- **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.

If you're enrolled in a Skai BCBS or UMR plan, visit **includedhealth.com/uniti** for virtual care or to find a network provider. Additionally, Skai BCBS members can visit **resources.lucet.health** to access a library of behavior health resources. If you're enrolled in the Surest Choice Copay Plan or Surest Select Copay Plan, visit **join.surest.com/unitigroup** and enter code: **unitigroup2027**.

Employee Assistance Plan (EAP)

EAP provides confidential support, online information and counseling on topics like well-being services, suicide prevention, legal assistance, financial coaching, identity theft resolution, and work-life services. All employees and their family members have access to five counseling visits per issue per year, regardless of enrollment in a Uniti medical plan.

Additionally, Magellan offers well-being coaching to help you navigate specific challenges in your life. Coaches engage you by listening and using motivational interviewing to help you identify your strengths, clarify your goals, and identify roadblocks. Six sessions are available per calendar year, with the same coach whenever possible. Coaching is confidential and available to you and your household members at no cost.

For more information visit **member.magellanhealthcare.com**.

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 to get started:
Apple | **Android**

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.

2027 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%

2027 Dental Premiums			
BI-WEEKLY PREMIUMS (26 pay periods)	BASIC	STANDARD	ENHANCED (ORTHODONTIA)
Employee Only	$5.85	$13.02	$14.71
Employee & Spouse	$10.95	$26.41	$31.04
Employee & Children	$10.38	$22.74	$26.64
Family	$17.34	$40.62	$47.45

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

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To search for providers in the Delta Dental network, go to **deltadentalar.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.

2027 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 Premium progressive lenses Custom progressive lenses	 $0 copay $95 - $105 copay $150 - $175 copay	 $0 copay $95 - $105 copay $150 - $175 copay
Polycarbonate lenses	$10 copay	$10 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.

2027 Vision Premiums		
BI-WEEKLY PREMIUMS (26 pay periods)	**MATERIALS ONLY**	**ENHANCED**
Employee Only	$2.34	$5.46
Employee & Spouse	$3.63	$8.45
Employee & Children	$3.70	$8.63
Family	$5.97	$13.92

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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**.

Health Savings & Spending Accounts

Uniti offers you opportunities to use tax-free dollars to pay for eligible health care and dependent care expenses. When you put money into these accounts, you don't pay taxes, so you keep more of your paycheck. Your savings and spending account options depend on which medical plan you choose.

Health Savings Account (HSA)

If you enroll in an HDHP plan, you can open an HSA. The HSA is a helpful, tax-advantaged tool to save on health care expenses—now or in the future—and the HSA is always yours, even if you leave Uniti.

- **Get a company contribution.** Uniti will contribute up to $600 tax-free to your HSA if you enroll in an HDHP plan and HSA for 2027. Uniti's contribution will be deposited over the course of the year (per pay period) and will be prorated for those starting medical coverage or HSA enrollment after Jan. 1, 2027, or for those who end coverage or enrollment before Dec. 31, 2027.

Even if you aren't planning to contribute, you must actively enroll in the HSA in order to receive Uniti's contributions.

Important reminder:

Know if you're HSA-eligible. Some people are disqualified from contributing to an HSA per IRS regulations. For example, those enrolled in TriCare or any part of Medicare are ineligible for an HSA but can enroll in a Health Care FSA.

- If you are moving from a Health Care FSA to an HSA, you will need to incur all claims for FSA dollars by Dec. 31, 2026, and submit them by March 31, 2027, or forfeit the remaining balance.

Health Care Flexible Spending Account (FSA)

The Health Care Flexible Spending Account (FSA) is available to those not enrolled in an HSA. You do not have to be enrolled in a Uniti medical plan to enroll in a Health Care FSA. Keep in mind that a Health Care FSA is a "use it or lose it" account, and any remaining balance over the IRS defined carryover amount will be forfeited when the plan year ends.

Daycare/Eldercare FSA

You can contribute up to $7,500* a year to help cover your qualified dependent care expenses, such as child daycare or eldercare. This does not apply to health care expenses. Unused money does not carry over at the end of each year – use it or lose it. You must submit all claims for 2027 by March 31, 2028, or the money is forfeited.

For Health Care and Daycare/Eldercare FSAs, highly-compensated employees as defined by the IRS (employees earning $160,000 or more as of 2026) can contribute up to two-thirds of the IRS limit due to non-discrimination requirements.

Commuter FSA

Use before-tax money to save on parking and transit expenses. You can contribute up to $325* a month for parking and up to $325* a month for transit, and unused money carries over at the end of each year. Contributions are deducted directly from your paycheck, and you can change or cancel your contribution month by month.

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

MORE INFORMATION

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

Health Savings & Spending Accounts

Comparing the HSA and FSA

Depending on which medical plan you choose, you have access to an account to help you pay for health care expenses: the HSA and the Health Care FSA. Each type of account offers tax advantages, but there are some key differences between the two accounts.

KEY FEATURES	HSA	HEALTH CARE FSA
Eligible medical plans	1850 HDHP Plan, 3500 HDHP Plan, 6550 HDHP Plan	• Surest Choice Copay Plan, Surest Select Copay Plan • 1850 HDHP Plan, 3500 HDHP Plan, 6550 HDHP Plan—if you're not enrolled in an HSA • Not enrolled in a Uniti medical plan
Eligible expenses	• Eligible medical, dental, vision, and prescription out-of-pocket expenses, over-the-counter medications • COBRA and retiree insurance premiums • Long-term care premiums	• Eligible medical, dental, vision, and prescription out-of-pocket expenses and over-the-counter medications
Uniti contributions	Up to $600 ($23.08 per pay period)	No company contribution
Your contribution* 2027 IRS maximum annual contribution includes employee and Uniti contributions	• Up to $4,400 employee-only • Up to $8,750 employee + family • If you are age 55 or older, you may contribute an additional $1,000 You can change your contribution at any time during the year and it will be effective on your next paycheck, subject to payroll processing deadlines.	• Up to $3,300 Outside of Annual Enrollment, you can only make changes to your contribution during the year with a qualifying life event.
When funds become available	Uniti and employee contributions are deposited per pay period, and funds are available as soon as money is in your account.	The total amount is available at the beginning of the year.
Using your funds	You will receive a debit card after you open your account, which you can use for direct payment at a doctor's office, pharmacy, or other health care facility. Your debit card can also be used to pay a bill you receive in the mail from a doctor's office or facility. You will receive a debit card only when you first enroll in an HSA or FSA or your existing card expires; otherwise, you will use the same card from year to year.	
Rollovers	Balance in your account rolls over year after year, with no limit on the amount you can accumulate. There is no deadline to submit claims for reimbursement.	Up to $660 can be rolled over to the next plan year if you again have a Health Care FSA; all other unused funds will be forfeited. The deadline to submit claims and receipts from the previous year (January 1 through December 31) is March 31.
Ownership and portability	You own the account, so you can take it with you if you leave or retire from Uniti.	You cannot take your FSA with you if you leave or retire from Uniti.
Growing your balance	Your account earns interest, and once you reach a $1,000 balance, you can invest your money.	FSAs do not earn interest or allow for investment.
Tax benefits**	• No federal tax on money contributed • No federal tax on interest or investment earnings • No federal tax on money withdrawn to pay for eligible healthcare expenses	• No federal tax on money contributed • No federal tax on money withdrawn to pay for eligible healthcare expenses

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

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

Life & AD&D Insurance

Basic Life and AD&D Insurance

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

Supplemental Life Insurance

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

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

Supplemental AD&D Insurance

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

Supplemental Employee Life Rates

AGE-BAND	BI-WEEKLY (per $1000 of coverage)	SAMPLE PREMIUM (per $50,000 of coverage)
<25	$0.021	$1.06
25-29	$0.025	$1.25
30-34	$0.030	$1.48
35-39	$0.033	$1.66
40-44	$0.038	$1.89
45-49	$0.059	$2.93
50-54	$0.084	$4.18
55-59	$0.162	$8.12
60-64	$0.238	$11.88
65-69	$0.459	$22.96
70+	$0.743	$37.13

Supplemental Spouse Life Rates

AGE-BAND	BI-WEEKLY (per $1000 of coverage)	SAMPLE PREMIUM (per $50,000 of coverage)
<25	$0.023	$1.15
25-29	$0.028	$1.38
30-34	$0.037	$1.85
35-39	$0.042	$2.08
40-44	$0.046	$2.31
45-49	$0.069	$3.46
50-54	$0.106	$5.31
55-59	$0.198	$9.92
60-64	$0.305	$15.23
65-69	$0.586	$29.31
70+	$0.951	$47.54

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Disability Insurance

Short-term Disability

Uniti provides short-term disability coverage at no cost to you, allowing income continuance in the event of an illness or injury. Short-term disability provides up to six weeks at full pay and up to 20 weeks at 66% of your pay.

Long-term Disability

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

Important reminders

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

Additional Benefits

Variety of Options

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

MetLife® Legal Plan

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

Give yourself, your spouse, your dependents, and your parents access to a nationwide network of 18,000 attorneys.

- Legal advice is a phone call away, and representatives will help you find an attorney in your area.
- You can choose between the High Plan and Low Plan based on your needs.
- Only available to enroll during new hire enrollment or Annual Enrollment.

MetLife® Identity Protection

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

- Get peace of mind with identity and credit monitoring alerts to uncover fraud quickly.
- A digital wallet for securely storing documents and credit cards with a lost wallet replacement service.
- You can choose between the Protection Plan and Protection Plus Plan based on your needs.
- Only available to enroll during new hire enrollment or Annual Enrollment.

PetPartners Insurance

PetPartners provides coverage for veterinary expenses related to accidents and illnesses, with the option to add wellness benefits. **To have coverage in 2027**, you must enroll your cat or dog during Annual Enrollment unless you experience a qualifying life event, such as pet adoption or birth.

If you prefer to keep your current MetLife pet insurance plan, MetLife offers an option to keep your existing plan policy directly with them. Contact MetLife before Jan. 1, 2027 to update your payment method to direct bill.

	PetPartners OnePack Plan	PetPartners OnePack Plan with Wellness
Biweekly premium, regardless of pet's age or breed	Dog: $14.69 Cat: $7.54	Dog: $21.98 Cat: $13.20
Coverage includes	Accidents and illnesses	Accidents, illnesses, routine and preventive care and medications (annual exams, vaccinations, bloodwork, dental cleaning, spay/neuter, and more)
Deductible, reduced by $50 each year pet is claim free	$300	
Coinsurance	30%	
Annual limit	$5,000	
Pre-existing conditions	Covered with no waiting period if your pet had prior pet insurance	
Enrollment	Enroll through the Businessolver enrollment platform during Annual Enrollment	

Choice Auto & Home Program

Choice Auto & Home Program is available with multiple carriers such as Liberty Mutual, Farmer's GroupSelect℠, Kemper, Travelers, and Progressive. Save on your auto, home, and renters insurance by comparison-shopping coverages, rates, and discounts from up to six of the leading auto and home insurance companies in the nation.[1, 2]

- You'll also have access to Bolt, which connects you to more auto and home insurance providers in hard-to-quote areas.
- As part of your home insurance, you can also enroll in Recoup, offering extra coverage for natural disasters not fully covered by standard home insurance.

You can get an estimate and enroll in either auto or home insurance at any time throughout the year online at **https://personal-plans.com/auto/Application?clientID=589**. This will be a separate from your standard enrollment process with Businessolver. Payment for auto and home insurance can be made through payroll deduction. Call **855.978.2934** to get more information on auto and home insurance.

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

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

Additional Benefits

Uniti 401(k) Plan

Tax-advantaged savings for retirement

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

4% company matching contributions

Uniti matches non-bargaining participants' 401(k) contributions dollar-for-dollar on the first 3% of pay, and then $0.50 on the dollar on the next 2% of pay. For example, if you contribute 5% of your eligible pay, you'll get another 4% from Uniti (3% + half of 2% = 4%). Uniti (employer) matching contributions are made each pay period.

Make a stronger connection to your future

Every connection matters—including the one you're making to your financial future. The Uniti 401(k) Plan helps you build more than retirement savings; it can also give you greater flexibility and more choices down the road.

- Not enrolled in the Uniti 401(k) Plan? Start with 1%.
- Already enrolled? Increase your contribution by 1%.
- Contribute at least 5% to get the full Company match.
- Review your investment lineup to ensure it still aligns with your goals.
- Update your beneficiaries, if needed.

Student debt support

As part of your Uniti 401(k) Plan, you have access to student debt support through Candidly®. Take advantage of no-cost tools and guidance to help you manage student debt—including understanding your loans and comparing repayment options and programs—so you can make confident decisions. Visit **go.ml.com/studentdebt** and login with your Benefits OnLine® User ID and password.

How to Enroll

Take Action Oct. 7 - 21, 2026

Before enrolling

- Visit **unitibenefits.com** to learn more about your benefit options for 2027. This site can be viewed at work or at home and by employees and family members.
- **Be on the lookout** for emails and other communication in the coming weeks. You will also have access to a 2027 Benefits Overview video available on **unitibenefits.com**.
- Carefully consider your family's goals and health care needs for 2027.

Enroll online from Oct. 7 - 21, 2026

Visit **unitibenefits.com** and click the button to enroll in your benefits. This will take you into the Businessolver enrollment platform.

- If you are coming from within the Uniti network, no login will be required.
- If you are coming from outside the Uniti network, you will be asked to enter your Uniti SSO username and password to log in to Businessolver.
- If you have issues logging in, please contact Businessolver at **888.850.1712** for assistance.
- The Businessolver website will guide you through the benefits enrollment process every step of the way.

YOUR ACTION IS REQUIRED!

Annual Enrollment is Oct. 7 – 21, 2026. You must enroll during this window in order to have Uniti benefits coverage in 2027. If you do not enroll, you will not have Uniti medical, dental, vision, savings or spending account coverage in 2027. Your current selections will not carry over to next year.

Make your selections

1. Review and update your profile

- Review your personal information.
- Enter information for any dependents you wish to cover. You will need to provide Social Security numbers and dates of birth for dependents who are not already enrolled in Uniti benefits.

2. Shop for benefits

- Use the decision support option to help you choose the right medical plan with confidence. If you opt in, the tool can use your personal medical and prescription claims history to recommend the plan that best fits your real health needs. It's completely optional and confidential.
- Select the benefits you want to enroll in.
- Answer the tobacco status and spouse coverage availability questions.
- Confirm eligibility for your covered spouse and/or children in Uniti benefits. If you add a new dependent, you will need to provide the required documentation within 30 days of enrollment.

3. Confirm & finish

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

QUESTIONS?

When you need to talk to a real person, call the Businessolver Benefits Center. They can help you review your coverage options, answer your benefit questions, and walk you through the enrollment process at 888.850.1712 Monday through Friday, 7 a.m. – 7 p.m. CT.

You can also reach them through secure, live online chat when you are logged in to Businessolver.

Benefits Eligibility

Who Can Enroll

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

When enrolling, you will need to have your dependents' Social Security numbers and birth dates available if they are not already enrolled in a Uniti plan. You will also need to provide required documentation, like birth certificate, marriage certificate, and tax return, to enroll dependents. You will have 30 days from the day you elect your benefits to submit documentation electronically. Since you may need to order documents from vital records/your local clerk's office, please begin collecting these documents immediately. Uniti does not retain copies of documents submitted.

What to do if you experience a life event

Qualifying events such as a marriage, death, birth, or divorce are effective on the date of the event. Should you have a qualifying event, before the end of 2026, you will need to make the change with your current 2026 benefits carrier within 30 days of the event (60 days for birth or adoption) and you must provide dependent eligibility documentation within 30 days of changing your benefits. Premium changes are made as of the effective date of the life event. Uniti does not provide refunds for premium differences.

Should the event occur during or after Annual Enrollment, you will need to update your benefits for BOTH 2026 and 2027. If you need to make benefit changes to your 2026 coverage as the result of a life event, visit the Businessolver website through **unitibenefits.com** or call **888.850.1712**.

Keep in mind

When changing your benefits due to a qualifying life event, the changes you make must be consistent with that event. For example, after having a baby you can add your new child to your medical coverage, but you cannot drop other family members from coverage during that event change.

MORE INFORMATION

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

Medical Plan Terms

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

This brochure provides an informal overview of the benefits programs effective as of January 1, 2026, for eligible employees of Uniti. Program details are provided in the applicable Uniti practices, plans or document summaries (collectively, the "Plan Documents"). Uniti reserves the right to amend, modify, terminate, or partially terminate any portion of its benefits programs at any time by action of its officers subject to applicable collective bargaining agreements. If there is any conflict between this brochure and the Plan Documents, the Plan Documents shall control.

Who to Contact

Please visit **unitibenefits.com** for a current list of services and providers.

Benefit	If You Need Help With...	Provider	Contact
Businessolver	benefits enrollment, life events, leaving the company, retiring, COBRA, contact numbers	N/A	**888.850.1712** **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/uniti**
		Surest	**866.683.6440** **join.surest.com/unitigroup** **Enter code: unitigroup2027**
Medical	finding in-network providers, understanding your medical coverage, etc.	Skai BCBS and UMR	**855.524.8426** **includedhealth.com/uniti** Download Included Health app from your app store
		Surest	**866.683.6440** **join.surest.com/unitigroup** **Enter code: unitigroup2027**
Cancer and surgery support	connecting with high-quality providers and facilities and lower-cost care	Carrum	**888.855.7806** **carrum.me/uniti**
Diagnostic imaging services	non-emergency imaging services	OneImaging	**833.619.0837** **join.oneimaging.com/uniti**
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** **deltadentalar.com**
Vision	finding in-network providers, understanding your vision plan coverage, etc.	VSP	**800.877.7195** **vsp.com**
Hospital Indemnity	supplementing your medical plan and covering expenses related to hospital stays	Aetna	**800.607.3366** **myaetnasupplemental.com**
Accident	supplementing your medical plan and covering expenses related to treatment/hospitalization from an accident	Aetna	**800.607.3366** **myaetnasupplemental.com**
Critical Illness	supplementing your medical plan and covering expenses for certain conditions, such as heart attack, stroke, cancer, organ transplant	Aetna	**800.607.3366** **myaetnasupplemental.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: unitigroup2027**
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/uniti**
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/uniti** **hello@hingehealth.com**

Who to Contact

Please visit **unitibenefits.com** for a current list of services and providers.

Benefit	If You Need Help With...	Provider	Contact
MY HEALTH			
Mental Health	managing stress, depression, anxiety and more	BetterHelp myStrength	**Download the BetterHelp app: Apple | Android** **800.327.5569 (TTY 711)** **member.magellanhealthcare.com**
Tobacco Cessation and Substance Use Support	quitting smoking or managing alcohol and opiate use to sustain long-term healthy living	Pelago	**877.349.7755** **pelago.health/uniti**
MY WEALTH			
Health Savings Account (HSA)	setting aside money for medical, prescription drug, dental and vision expenses and saving for retirement	Businessolver	**888.850.1712**
Health Care Flexible Spending Account (FSA)	setting aside money for medical, prescription drug, dental and vision expenses (if not enrolled in the HSA)	Businessolver	**888.850.1712**
Daycare/Eldercare FSA	setting aside money for dependent care or eldercare expenses	Businessolver	**888.850.1712**
Commuter FSA	setting aside money for transit and parking expenses	Businessolver	**888.850.1712**
401(k) Plan	saving for retirement	Merrill	**800.228.4015** **benefits.ml.com**
NextGen College Investing Plan	saving for your children's or grandchildren's educational future	Merrill	**877.463.9843** **benefits.ml.com**
Financial Well-being	assessing your current financial state	Merrill, Magellan	**800.228.4015** **benefits.ml.com**
MY LIFE			
Basic Group Life and Accidental Death & Dismemberment (AD&D) and Life and Accident Insurance	getting protected and preserving your income from the unexpected	New York Life	**888.842.4462** **myNYLGBS.com**
Short-Term and Long-Term Disability	getting protected and preserving your income while disabled and away from work	New York Life	**888.842.4462** **myNYLGBS.com**
Employee Assistance Program (EAP)	reducing stress, strengthening relationships, increasing productivity, improving quality of life and more	Magellan	**800.327.5569** **member.magellanhealthcare.com**
Legal Plan	getting legal advice	MetLife	**800.821.6400** **members.legalplans.com**
Identity Theft Protection	protecting and restoring your identity	MetLife	**833.552.2123** **https://my.aura.com/sign-in**
Pet Insurance	paying for your pet's medical expenses	PetPartners	**800.956.2495** **mypolicy@petpartners.com**
Choice Auto & Home Program	saving on home or auto insurance with premiums taken through payroll	Liberty Mutual, Farmer's GroupSelect℠, Kemper, Travelers, Progressive	**855.978.2934** **https://personal-plans.com/auto/Application?clientID=589**
Adoption Assistance	adopting a child	Human Resources Solution Center	**855.411.MYHR**
REACH Educational Assistance	covering additional education	Human Resources Solution Center	**855.411.MYHR**
Parental Leave	bonding with a new child	Human Resources Solution Center	**855.411.MYHR**

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 Services LLC Welfare Benefit Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

SUMMARY OF BENEFITS 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 2027. 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 2027 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 2027. 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 Plan
- 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.

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.

Legal Notices

- 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
2101 Riverfront Drive, Little Rock, AR 72202
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 yourself 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 Services LLC 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.

Legal Notices

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.

NOTICE REGARDING WELLNESS PROGRAM – TOBACCO CESSATION & SURCHARGE

Uniti offers a voluntary tobacco cessation program available to all employees and spouses enrolled in the Uniti medical plan. The program is administered according to federal rules permitting tobacco cessation programs, 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 do not attest that you and/or your covered spouse are tobacco free, you can qualify for the non-tobacco premium for the full 2027 plan year if each covered tobacco user completes the Pelago tobacco cessation program by November 30, 2027. If all tobacco users complete the Pelago tobacco cessation program by November 30, 2027, your premium will be reduced to the non-tobacco rate and you will receive a refund of the difference between the premiums you paid in 2027 at the tobacco user rate and the premiums you would have paid in 2027 if you had attested to being tobacco free. The premium reduction and refund will be completed as soon as administratively practicable after November 30, 2027. If all tobacco users complete the Pelago tobacco cessation program after November 30, 2027, but before December 31, 2027, your premium will be reduced to the non-tobacco rate as soon as administratively practicable after the last tobacco user completes the program, but you will not be entitled to a refund.

If a covered tobacco user's doctor determines that Pelago tobacco cessation program is not medically appropriate for the tobacco user, call Businessolver at **888-850-1712** to open a case. We will work with you (and, if you wish, the tobacco user's doctor) to find a different way for you to earn the non-tobacco premium rate for the full 2027 year.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA** (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. 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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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/dfr/** 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: **KIHIPP.PROGRAM@ky.gov** KCHIP Website: **https://kynect.ky.gov** Phone: 1-877-524-4718 Kentucky Medicaid Website: **https://chfs.ky.gov/agencies/dms**	Louisiana Medicaid Website: **https://www.ldh.la.gov/healthy-louisiana** Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: **healthy@la.gov** Louisiana Health Insurance Premium Program (LaHIPP) Website: **https://www.ldh.la.gov/lahipp** LaHIPP phone: 1-877-697-6703 LaHIPP email: **La.HIPP@la.gov** LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
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

Legal Notices

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
Nevada – Medicaid	**New Hampshire – Medicaid**
Medicaid Website: **http://dhcfp.nv.gov** Medicaid Phone: 1-800-992-0900	Website: **https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program** Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 Email: **DHHS.ThirdPartyLiabi@dhhs.nh.gov**
New Jersey – Medicaid and CHIP	**New York – Medicaid**
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)	Website: **https://www.health.ny.gov/health_care/medicaid** Phone: 1-800-541-2831
North Carolina – Medicaid	**North Dakota – Medicaid**
Website: **https://medicaid.ncdhhs.gov** Phone: 1-919-855-4100	Website: **https://www.hhs.nd.gov/healthcare** Phone: 1-844-854-4825
Oklahoma – Medicaid and CHIP	**Oregon – Medicaid**
Website: **http://www.insureoklahoma.org** Phone: 1-888-365-3742	Website: **http://healthcare.oregon.gov/Pages/index.aspx** Phone: 1-800-699-9075
Pennsylvania – Medicaid and CHIP	**Rhode Island – Medicaid and CHIP**
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)	Website: **http://www.eohhs.ri.gov** Phone: 1-855-697-4347 or 1-401-462-0311 (Direct RIte Share line)
South Carolina – Medicaid	**South Dakota – Medicaid**
Website: **https://www.scdhhs.gov** Phone: 1-888-549-0820	Website: **http://dss.sd.gov** Phone: 1-888-828-0059
Texas – Medicaid	**Utah – Medicaid and CHIP**
Website: **https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program** Phone: 1-800-440-0493	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/**
Vermont – Medicaid	**Virginia – Medicaid and CHIP**
Website: **https://dvha.vermont.gov/members/medicaid/hipp-program** Phone: 1-800-250-8427	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
Washington – Medicaid	**West Virginia – Medicaid and CHIP**
Website: **https://www.hca.wa.gov** Phone: 1-800-562-3022	Website: **bms.wv.gov** or **mywvhipp.com** Medicaid Phone: 1-304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin – Medicaid and CHIP	**Wyoming – Medicaid**
Website: **https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm** Phone: 1-800-362-3002	Website: **https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility** Phone: 1-800-251-1269

Legal Notices

To see if any other states have added a premium assistance program since January 31, 2026, 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 1/31/2027).

UNITI HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This is your Notice of Privacy Practices from the Uniti Services LLC Welfare Benefit Plan ("Plan"). Under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), the Plan is required by law to maintain the privacy of health information that identifies you called protected health information ("PHI"). The Plan is also required by law to provide you with notice of its legal duties and privacy practices regarding your PHI. The Plan is committed to the protection of your PHI, and your privacy is a priority of the Plan.

If any of your group health benefits under the Plan are insured or are provided through a health maintenance organization ("HMO"), an additional notice regarding the insurance company or HMO's privacy practices is required by law to be sent directly to you by the insurance company or HMO. Thus, in some circumstances you may receive more than one notice regarding privacy practices regarding your group health benefits.

PHI is any information that:

- is individually identifiable (i.e., contains your name or other distinguishing information);
- is created, transmitted, or maintained by the Plan, whether in oral, written, or electronic form; and
- relates to (i) your past, present, or future physical or mental health or condition, (ii) the provision of healthcare to you, or (iii) the past, present or future payment for the provision of healthcare to you.

The Plan may use or disclose your PHI (including to the Plan Sponsor, Uniti Services LLC), as described below.

How The Plan May Use and Disclose Medical Information About You

The Plan may use or disclose PHI without an authorization in the following circumstances:

- **For Treatment.** The Plan may use or disclose your PHI in connection with your medical treatment. For example, your primary care physician may send us information about your diagnosis and treatment plan so we can arrange for additional services.
- **For Payment.** The Plan may use or disclose your PHI in connection with obtaining or arranging payment for your health care. This includes, but is not limited to, making coverage determinations and administering tasks such as billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and preauthorizations. For example, the Plan may tell a hospital whether you are covered by the Plan or the percentage of your costs that will be paid by the Plan.
- **For Health Care Operations.** The Plan may use or disclose your PHI in connection with the administration of the Plan. Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, activities relating to creating or renewing insurance contracts, and other administrative activities necessary to operate the Plan. For example, the Plan Administrator may examine claims history to project future benefit costs. However, the Plan may not use or disclose any PHI that is genetic information to determine whether you are eligible for coverage or to determine the price of your coverage.
- **To Family Members and Friends.** In limited circumstances, the Plan may disclose PHI to your friends or family members if: (1) you are present and do not object to the disclosure, or (2) you are not present and the Plan determines that the disclosure would be in your best interest.
- **To Business Associates.** 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.

Legal Notices

- **To Personal Representatives.** The Plan may also disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative (such as your legal guardian), so long as you provide the Plan with a written notice or authorization and any supporting documents (i.e., healthcare power of attorney or designation of personal representative). The Plan will make sure a personal representative is authorized and able to act for you before disclosing your PHI. However, the Plan does not have to disclose information to a personal representative if the Plan has a reasonable belief that (1) you have been, or may be subjected to domestic violence, abuse or neglect by such person; (2) treating such person as your personal representative could endanger you; or (3) it is not in your best interest to treat the person as your personal representative.
- **To the Plan Sponsor.** The Plan may disclose your PHI without your written authorization to Uniti Services LLC in certain circumstances. First, the Plan may disclose enrollment information to Uniti Services LLC. Second, the Plan may disclose summary health information to Uniti Services LLC so that Uniti Services LLC can obtain premium bids or modify, amend or terminate the Plan. Third, the Plan may disclose PHI to Uniti Services LLC to perform Plan administration functions, and Uniti Services LLC will not further use or disclose that PHI except as permitted or required by the Plan documents and by law. Only employees involved in the administration of the Plan will have access to your PHI to perform Plan administration functions, including (but not limited to) evaluating potential new insurers or service providers to the Plan, assisting participants with claims disputes or questions, and coordinating COBRA continuation coverage.
- **In Additional Circumstances.** Although less likely, the use or disclosure of your PHI is permitted without your written authorization under the following circumstances:

Required by law	When required by law
Public health purposes	When permitted for certain public health purposes, such as product recalls, control of communicable diseases, and reporting adverse reactions to medications, or to otherwise prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
Victims of abuse, neglect or domestic violence	When authorized by law to report information about abuse, neglect, or domestic violence when the Plan reasonably believes you are a victim of abuse, neglect, or domestic violence and that the disclosure is necessary to prevent serious harm to you or other potential victims. Generally, you must be informed if the Plan makes a disclosure like this.
Public health oversight activities	To a public health oversight agency for oversight activities authorized by law, such as audits, investigations, inspections and licensure necessary for the government to monitor the health care system, government programs, and compliance.
Judicial and administrative proceedings	When required for judicial or administrative proceedings in response to a court or administrative order, or in response to a subpoena, discovery request or other lawful process, but if the requesting party is not the court, the requesting party must have made a good faith attempt to inform you of the proceeding and permit you to raise an objection or obtain an order protecting the information requested.
Law enforcement purposes	When required or permitted for law enforcement purposes or specialized government functions such as military activities.
Decedents	To coroners, medical examiners, funeral directors, and organ procurement organizations in accordance with such entities' needs for PHI about a particular decedent.
Specialized government functions	To military command authorities and authorized officials for national security purposes, such as protecting the President of the United States, conducting intelligence, counter-intelligence, other national security activities and when requested by foreign military authorities (only in compliance with U.S. law) and to correctional institutions when requested by a correctional institution or law enforcement for health, safety and security purposes.
Research purposes	For research (subject to approval by institutional or private privacy review boards and subject to other certain conditions).
Workers' compensation	When authorized by and to the extent necessary to comply with a workers' compensation law or other similar programs established by law.
HHS investigations	When required by the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining compliance with the HIPAA Privacy Rule.
Serious threat to health or safety	When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or, under certain circumstances, when necessary for law enforcement authorities to identify or apprehend an individual who has admitted to participation in a violent crime or who has escaped from legal custody.

Legal Notices

SUBSTANCE USE DISORDER TREATMENT RECORDS

Federal regulations known as the Part 2 regulations require special privacy protections for substance use disorder records held by certain treatment programs ("Part 2 Programs"). If you give a Part 2 Program a general consent to use and disclose your Part 2 Program records for purposes of treatment, payment, or health care operations, and if the Plan receives some or all of your Part 2 Program records as a result of that consent, the Plan may use and disclose those records for treatment, payment, and health care operations purposes as described in this notice.

If the Plan receives or maintains Part 2 Program records about you through specific consent you provide to the Plan or another third party, the Plan will use and disclose your Part 2 Program records only as described in the consent you provided.

The Plan will not use or disclose a Part 2 Program record about you, or testimony that describes the information contained in a Part 2 Program record about you, in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your written consent or a court order that is issued after you are given notice and an opportunity to be heard as provided for in the Part 2 regulations. If the use or disclosure is appropriately authorized by a court order, the Plan will not use or disclose the Part 2 Program record, or testimony about such record, unless the court order authorizing use or disclosure is accompanied by a subpoena or other legal requirement compelling disclosure. You can provide a single consent for all future uses and disclosures of Part 2 Program records for purposes of treatment, payment, and health care operations that do not permit use for civil, criminal, administrative, or legislative proceedings.

Although the Plan does not anticipate using any Part 2 Program records for fundraising purposes, you will be given an opportunity to opt out of receiving any fundraising communications from the Plan before the Plan will use your Part 2 Program records for fundraising purposes.

Other Restrictions on the Use and Disclosure of PHI

Certain other federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information. If a use or disclosure of PHI described above in this notice is prohibited or materially limited by other laws that apply to the Plan, the Plan intends to meet the requirements of the more stringent law.

Uses and Disclosures that Require Your Authorization

Other than disclosures to you, the Plan will ask you for your written authorization before using or disclosing your PHI for any purpose not described above, including uses and disclosures of PHI for marketing purposes, disclosures that would constitute a sale of PHI, and most uses and disclosures of psychotherapy notes. If you signed an authorization form, you may revoke it in writing at any time, except to the extent that action has been taken in reliance on the authorization before the Plan Administrator received your written notice revoking your authorization.

Minimum Necessary Standard

The Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request. The "minimum necessary" standard will not apply, however, to certain disclosures, such as disclosures of your PHI to you.

YOUR RIGHTS REGARDING YOUR PHI

You have certain rights with respect to your PHI, including:

- **Right to Inspect and Copy Your PHI.** You have the right to inspect and receive a copy of your PHI that is used to make decisions about your treatment or payment for your care, such as your health and claims records. For PHI for which you have a right of access, you have the right to receive your PHI in an electronic format if it is readily producible in such format, and to direct the Plan to transmit a copy of your PHI to an entity or person you designate, provided the designation is clear, conspicuous and specific. The Plan typically will provide you with your requested records within 30 days of your request. The Plan may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to Amend Your PHI.** You have the right to request, in writing, that an amendment be made to your PHI if you believe any part of your PHI is incorrect or incomplete. Your request must include a reason to support your request. If your request is denied, the Plan will provide you with a written explanation of the reason for the denial within 60 days. The Plan may deny your request if you ask the Plan to amend information that: (i) is not part of the medical information kept by or for the Plan; (ii) was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is already accurate and complete. If the Plan denies your request for an amendment, you have the right to file a statement of disagreement with the Plan, and any future disclosures of the disputed information will include your statement of disagreement.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of PHI made by the Plan. The accounting will not include disclosures (1) that were made for treatment, payment or health care operations purposes; (2) that were authorized by you; (3) that were made to friends or family members in your presence or because of an emergency; (4) that were made for national security purposes, or (5) that were incidental to otherwise permissible disclosures. Your request must be in writing and state a time period, which may not be longer than six (6) years nor start more than six (6) years before the date of your request. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first list you request within a 12 month period will be provided free of charge. Additional lists will be subject to a reasonable charge.
- **Right to Receive Notification of a Breach of Unsecured PHI.** You have the right to receive notice if there is a breach of your unsecured PHI (i.e., your PHI is disclosed in violation of HIPAA and there is more than a low probability that the PHI has been compromised). If it is determined from the Plan's risk assessment that a breach has occurred, you will be notified without unreasonable delay and no later than 60 days after discovery of the breach. The notification will include information about what happened and what may be done to mitigate any harm.
- **Right to Request Restrictions.** You have the right to request that the Plan limit the PHI the Plan uses or discloses about you for treatment, payment or healthcare operations. You also have the right to request a restriction or limit on your PHI that the Plan discloses to someone who is involved in your care or involved in the payment for your care, like a family member or friend. The Plan will consider your request, but it is not required to agree to your request for restrictions. To request restrictions, your request must be in writing and you must provide the Plan (i) with the information you want to limit; (ii) whether you want to limit the Plan's use, disclosures, or both; and (iii) to whom you want the limits to apply (for example: your spouse).

Legal Notices

- **Right to Request Confidential Communications.** You have the right to receive, upon your request, communications of your PHI in a confidential and alternative manner or at an alternative address if you would be endangered by the usual method of communication. To request PHI in a confidential and alternate way, you must make your request in writing and specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your PHI could endanger you. You do not have to provide the specific reason that you believe the disclosure of your PHI could endanger you.
- **Right to Receive a Paper Copy of this Notice of Privacy Practices.** You have the right to receive a paper copy of the Plan's Notice of Privacy Practices at any time by contacting the Plan's Privacy Officer at the address or phone number listed below. This notice will also be posted on the Uniti benefits website at www.unitibenefits.com.
- **Right to Choose Someone to Act For You.** You have the right to choose someone to act on your behalf (i.e., designation of a healthcare power of attorney or personal representative) by exercising your rights and making decisions about your health information.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

This Plan is required to abide by the terms of the Notice of Privacy Practices currently in effect. This notice took effect on February 16, 2026. However, the Plan reserves the right to change the terms of this notice and the Plan's privacy policies from time to time. Changes to this notice will apply to all PHI that the Plan maintains. If the Plan makes a material change to this notice, the revised version of the notice will be available upon request and on the web site which provides information about the Plan benefits (**www.unitibenefits.com**). Additionally, either the revised version of this notice or information about the material change will be mailed to persons covered under the Plan.

PRIVACY OFFICER AND FURTHER INFORMATION

For more information about your rights described in this Notice of Privacy Practices, you may contact the HIPAA Privacy Officer, Uniti Services LLC Welfare Benefit Plan at 2101 Riverfront Drive, Little Rock, AR 72202 or 501-748-7000.

HOW TO FILE A COMPLAINT

If you have questions or comments about the Plan's Notice of Privacy Practices or the Plan's privacy policies and procedures, please contact the Plan's HIPAA Privacy Officer at the address or phone number listed above. If you would like to file a complaint with the Privacy Officer about the Plan's use or disclosure of your PHI or the Plan's privacy policies and procedures (including its breach notification policies and procedures), please submit your complaint in writing to the Privacy Officer at the address listed above.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by submitting a detailed written description of the issue via mail to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; via email to OCRComplaint@hhs.gov; or through the OCR Complaint portal at ocrportal.hhs.gov/ocr/smartscreen/main.jsf. Your written description must name the covered entity (the Plan) and what action (or lack of action) you believe has violated HIPAA. Your complaint must be submitted within 180 days of when you knew or should have known of the issue, unless this deadline is waived by the Office for Civil Rights.

You will not be penalized or retaliated against for filing a complaint about the Plan's privacy practices.