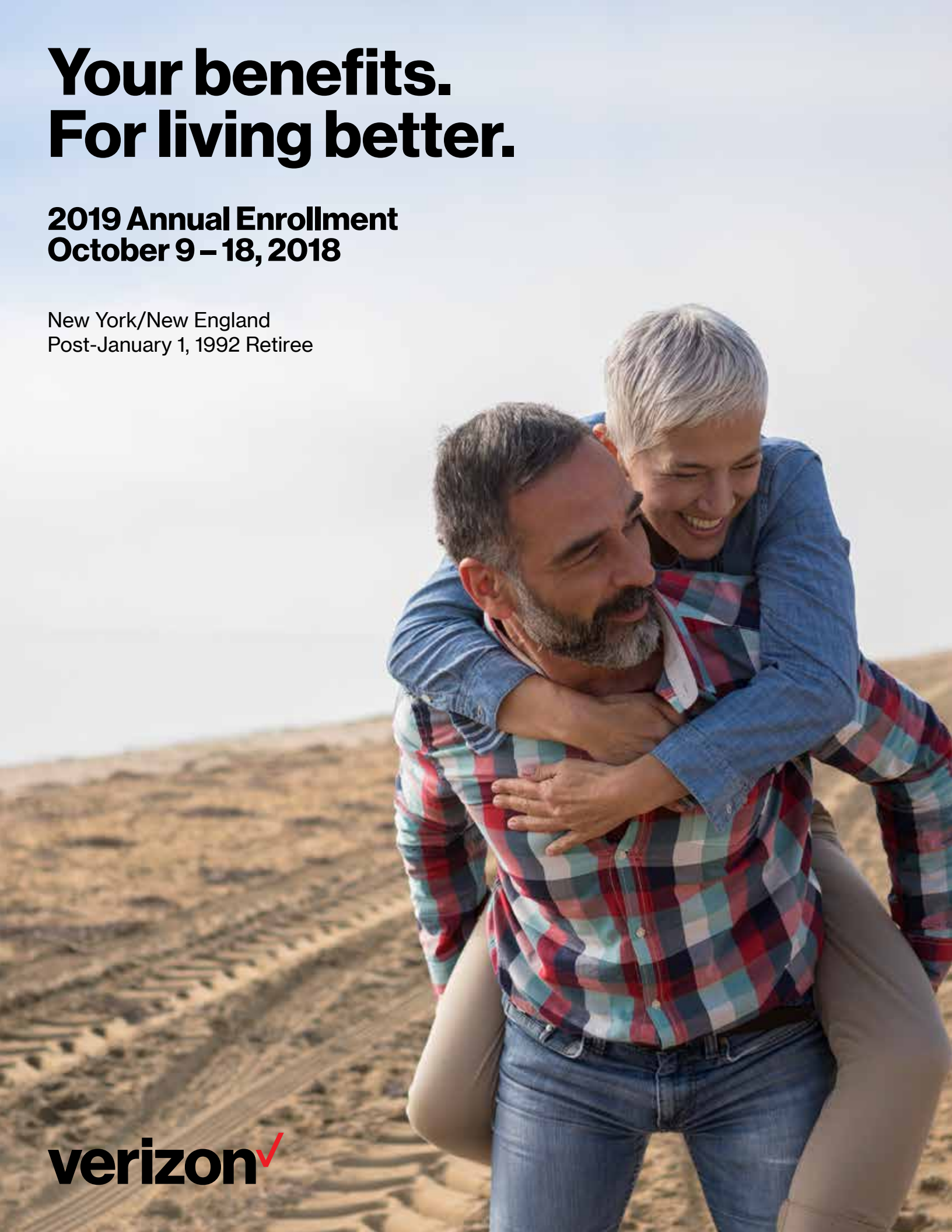
Your benefits.
For living better.

2019 Annual Enrollment
October 9 – 18, 2018

New York/New England
Post-January 1, 1992 Retiree



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Your benefits. For living better.

Annual Enrollment begins October 9 and ends October 18 at 11:59 PM Eastern time.

This guide reflects the terms that were agreed upon in the labor contracts. Read it carefully to ensure you are aware of what is changing on January 1, 2019. The guide is meant to summarize the main points of your benefit plans. More detailed information about these plans is included in the Summary Plan Descriptions (SPDs) and corresponding plan and/or insurance documents (for example, Summary of Material Modification) under the Library page on BenefitsConnection.

2019 Annual Enrollment

This is your annual opportunity to review and update your health and insurance coverage for you and your family. Take time to review this guide and use the tools and resources to help you select the coverage that best meet your needs.

Enrollment is simple.

Go to verizon.com/benefitsconnection. From the home page, in the Annual Enrollment section under Suggestions for you, select Enroll Now. From there, you can make election changes, add or drop dependents and verify your beneficiaries.

You can also change your elections anytime using Anytime Enrollment. Simply go to BenefitsConnection > Life Events > Anytime Enrollment. Your change will be effective the first of the month following a 30-day waiting period.

Your current benefits elections will automatically continue unless you make a change during Annual Enrollment. No action on your part is required.

Accessing tools and resources to help you select your coverage is easy:

BenefitsConnection tools & resources	Go to:
Estimate your health care costs and compare medical and dental plan options	BenefitsConnection > I want to > See Next Year's Health Plan Comparison Charts
Review more detailed information on your benefit plans, Summary Plan Descriptions (SPDs) and vendor contact information	BenefitsConnection > Library

If you have questions or need assistance, please call the Verizon Benefits Center at 855.4vz.bens (855.489.2367). Representatives are available Monday – Friday, 9 AM – 5 PM Eastern time.

Requesting paper documents

You can request copies of your benefits information, including SPDs, health plan comparisons, confirmation statements and other materials be mailed to you by calling the Verizon Benefits Center.

To print a confirmation statement, go to BenefitsConnection > My benefits > Health & Insurance > View Next Year's Coverage > Print.

2019 Changes

Pre-Medicare medical plan options

The contracts require that the Company and the Unions discuss annually the potential for creating additional pre-Medicare retiree medical plan options and discuss annually the potential for establishing a Health Reimbursement Account (HRA) for pre-Medicare retirees who opt out of Company-sponsored coverage. For 2019, the cost of coverage for the pre-Medicare MEP HCP is less than the applicable retiree cap for all coverage categories as detailed on page 7, and after discussion with the Unions these additional potential options will not be offered for the 2019 plan year.

There are some changes to the deductible, out-of-pocket maximums and emergency room copay amounts in the pre-Medicare MEP HCP for 2019. Please refer to the following chart for details.

At a glance – pre-Medicare MEP HCP		
Plan provision	**2018 MEP HCP**	**2019 MEP HCP**
Deductible:	Deductible is based on year of retirement.	
Out-of-pocket maximum: **In-network and out-of-network**	**Individual:** $1,700 in-network and out-of-network combined, plus an additional $1,100 out-of-network	**Individual:** $1,815 in-network and out-of-network combined, plus an additional $1,175 out-of-network
	Employee + 1 or more: Two-and-a-half times the individual out-of-pocket maximum amount; an individual will never need to exceed his or her own individual amount	
Emergency room	$120 copay (waived if admitted)	$130 copay (waived if admitted)

Health Reimbursement Account (HRA)

In accordance with the 2016 labor contract, any unused HRA balance as of December 31, 2018 will be forfeited. In addition, per plan rules, you must first exhaust your 2018 HCSA balance before you can use your HRA balance to obtain reimbursement for claims. You will have until March 31, 2019 to submit claims incurred through December 31, 2018 in order to exhaust your HRA balance. HRA claims with a date of service after December 31, 2018 will be denied.

Other medical plan options

The pre-Medicare EPO medical plan option will continue to be available to those currently enrolled in it.

If a pre-Medicare HMO is currently available to you, it will also continue to be available to you in 2019 as long as you live in a ZIP Code where the HMO is offered. If you have a change in address, please review the options available to you on BenefitsConnection.

If you participate in an HMO or the EPO medical plan option, your emergency room copay amount will be $130 in 2019 (waived if admitted).

Medicare-eligible medical plan options

If you are a Medicare-eligible participant, your current benefits elections will automatically continue unless you make a change. Medicare-eligible retirees who are enrolled in the Verizon Advantage Plan will receive additional information about the plan each year, as required by Medicare.

Prescription drug coverage

The annual prescription drug mail order out-of-pocket maximum for the MEP HCP pre-Medicare medical plan is changing, as outlined in the chart below. There are no additional changes to the pre-Medicare prescription drug program in 2019.

At a glance – prescription drug changes		
Plan provision	**2018**	**2019**
Annual mail order out-of-pocket maximum (MEP HCP pre-Medicare medical plan option only)	$833.71 per person	$883.73 per person

Consistent with prior years, Express Scripts will be making changes to their prescription drug formulary effective January 1. Certain drugs may be excluded from the pre-Medicare formulary. In most cases, if you fill a prescription for one of these drugs without adhering to the formulary, you will pay the full retail price. Also, other drugs may change between preferred and non-preferred status. If you fill a prescription for a non-preferred drug you will pay a higher cost than if you switched to a preferred drug. Express Scripts will notify you directly if you are taking one of these drugs. A list of the excluded drugs for 2019 can be found on the Express Scripts member website, express-scripts.com/2019drugs. Some exclusions, restrictions or limitations will not apply if you are enrolled in an Express Scripts Medicare Part D prescription drug plan. Please contact Express Scripts for additional details.

Prescription drug coverage for most Medicare eligible Verizon retirees or their Medicare eligible dependents is provided through a Verizon-sponsored group Medicare Part D plan. This benefit consists of an enhanced Medicare Part D benefit that preserves a comprehensive level of prescription drug benefits.

Medicare-eligible retirees who have moved to the enhanced Medicare Part D plan will receive additional information about the program each year, as required by Medicare. Retirees and family members who become eligible for Medicare will receive additional information at that time.

Important reminders

You should consider the following valuable information when reviewing and updating your coverage.

Adding a dependent to coverage

To enroll a spouse or a dependent into coverage during Annual Enrollment, or at any time during the year, follow the prompts to add a new dependent and select the appropriate dependent relationship.

You will need to provide documentation to verify eligibility. Instructions for completing the dependent verification will be sent to your home address on file after you have enrolled your dependent.

If you do not submit appropriate documentation in a timely manner, your dependent will be dropped from coverage.

Dependent child coverage age limit

Medical

A dependent child is eligible for medical coverage through the end of the month in which he/she attains age 26 regardless of student status. Coverage may be extended beyond age 26 for a dependent child who meets the conditions of being disabled.

Dental

In order for a dependent child to be eligible for dental coverage after the end of the calendar year in which he/she attains age 19, he/she must be a full-time student at an accredited institution, or meet the conditions of being disabled.

Dental coverage can continue through the end of the calendar year in which a dependent child attains age 25 as long as the child maintains full-time student status. If the child is between the ages of 19 and 25, is not a full-time student, and does not meet the conditions of being disabled, you must remove him/her from dental coverage during Annual Enrollment. If you would like to continue coverage for your dependents through COBRA, please contact the Verizon Benefits Center at 855.4vz.bens (855.489.2367) by December 31, 2018.

Similar to last year, Verizon will work with the National Student Clearinghouse in early 2019 to confirm student eligibility for dependents between the ages of 19 and 25 that are enrolled in dental coverage. If full-time student status cannot be verified, instructions will be sent to your home address on file. If you do not comply with the instructions provided, your dependent will be dropped from dental coverage.

Life Insurance

Verify your beneficiary information

It's important to verify that your beneficiary information on BenefitsConnection is both accurate and up to date. In the event of your death, the insurance plan administrator will pay proceeds based on your beneficiary information on record.

Supplemental Life Insurance rates

The rates for supplemental life insurance are based on age ranges. As you age and move into a new age band, your costs could increase. Your costs for 2019 are based on age as of December 31, 2019.

Retiree medical contributions

Your contributions depend on your retirement date, your net credited service date and the medical plan option you select.

For all retirees who retired after January 1, 1992 with a net credited service date before August 3, 2008

The 2012 labor contracts provide for limits on the amount the Company will contribute toward retiree medical coverage in 2016 and later plan years. These limits are referred to as retiree medical caps which are listed below. The retiree medical caps limits were not changed by the 2016 or 2018 labor contracts.

Retiree medical caps				
Coverage category	**MEP HCP (pre-Medicare)**	**MEP HCP (Medicare)**	**All other plan options (pre-Medicare)**	**All other plan options (Medicare)**
Retiree Only	$15,447	$6,330	$12,580	$6,330
Retiree + 1	$30,893	$12,660	$25,160	$12,660
Retiree + Family	$38,639	$18,990	$31,450	$18,990

In the 2019 plan year, the cost of coverage of each of the plan options for Medicare retirees is less than the applicable retiree medical caps.

In the 2019 plan year, the cost of coverage of the MEP HCP plan option for pre-Medicare retirees will not exceed the applicable retiree caps. The cost of coverage of the pre-Medicare EPO plan option will exceed the applicable retiree medical caps, and this excess amount over the retiree medical caps is greater than the annual minimum contribution for the EPO for all retirees. The cost of coverage of the NY/NE pre-Medicare HMOs will either not exceed the retiree caps, or will exceed the retiree caps by an amount not greater than the minimum retiree contribution applicable to that plan option.

Consistent with the labor contracts and the previously described provisions, the 2019 retiree medical contributions that are payable each month for post-January 1, 1992 retirees are as follows:

2019 Pre-Medicare MEP HCP monthly retiree contributions		
Coverage category	**Retired before January 1, 2013**	**Retired on or after January 1, 2013**
Retiree Only	$0	$39.33
Retiree + 1	$0	$67.42
Retiree + Family	$0	$67.42

2019 Pre-Medicare EPO and NY/NE HMO monthly retiree contributions		
Coverage category (retired before, on or after January 1, 2013)	**EPO**	**Other NY/NE HMOs (varies by plan option)**
Retiree Only	$235.17	$137.50 – $165.00
Retiree + 1	$470.33	$208.33 – $250.00
Retiree + Family	$587.92	$275.00 – $330.00

2019 Medicare-eligible monthly retiree contributions		
Coverage category	**MEP HCP and HCN Advantage Plan options**	**NY/NE HMOs**
Retiree Only	$0	$20.00 – $82.50
Retiree + 1	$0	$34.00 – $125.00
Retiree + Family	$0	$34.00 – $125.00

In plan years after 2019, additional plan options may exceed the applicable retiree medical caps and require contributions pursuant to the caps. If you would like more information about the retiree caps and how they affect retiree contributions, go to BenefitsConnection > Library > Documents for all retirees > Retiree Medical Contributions Supplemental Guide.

For retirees with a net credited service date of August 3, 2008 or later (and did not previously qualify for Company-provided retiree medical benefits)

For the 2019 plan year, the Company will provide the following contributions toward the cost of retiree medical coverage for eligible retirees:

- **Not eligible for Medicare:** $480 for each full year of net credited service that commences on or after August 3, 2008, up to a maximum of 30 years
- **Medicare-eligible:** A reduced amount that is not less than half of the amount provided for pre-Medicare retirees with the same net credited service

Additional information

To be eligible for retiree medical benefits, you must meet applicable retirement eligibility requirements (30 years of net credited service; 25 years at age 50; 20 years at age 55; 15 years at age 60 or 10 years at age 65). Retiree medical benefits are subject to change in the future.

Important legal notices

Summaries of Benefits and Coverage (SBCs) required by the Patient Protection and Affordable Care Act

Summaries of Benefits and Coverage (SBCs) required by the Affordable Care Act are available on BenefitsConnection at verizon.com/benefitsconnection. If you would like a paper copy of the SBCs (free of charge), you may contact the Verizon Benefits Center at 855.4vz.bens (855.489.2367).

Verizon is required to make SBCs, which summarize important information about health benefit plan options in a standard format, available to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family in the case of illness or injury and choosing a health benefit option is an important decision. SBCs are being made available in addition to other information regarding your health benefits including Health Plan Comparison Charts which also can be found on BenefitsConnection.

Notice informing individuals about Nondiscrimination and Accessibility Requirements with respect to Verizon's Group Health Plans that are covered entities

Discrimination is against the law.

Verizon's group health plans that are "covered entities" (referred to in this notice as "Verizon's group health plans") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Verizon's group health plans do not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Verizon's group health plans:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Verizon Benefits Center at 855.4vz.bens (855.489.2367).

If you believe that Verizon's group health plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Lucy Romeo, Verizon's Civil Rights Coordinator, is available to help you.

Civil Rights Coordinator address and contact information

Lucy Romeo
Attn: Civil Rights Coordinator
One Verizon Way
Basking Ridge, NJ 07920

Phone: 908.559.3342
(Note: This number is for filing a grievance only.)
Fax: 908.630.2639
Email: lucy.romeo@verizon.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Notice informing individuals about Nondiscrimination and Accessibility Requirements with respect to Verizon's Group Health Plans that are covered entities – continued

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855.489.2367 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855.489.2367（TTY：711）。

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 855.489.2367 (تله تایپ: 711) تماس بگیرید.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855.489.2367 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855.489.2367 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 855.489.2367 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 855.489.2367 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。855.489.2367（TTY: 711）まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855.489.2367 (TTY: 711)번으로 전화해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855.489.2367 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 855.489.2367 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855.489.2367 (телетайп: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855.489.2367 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855.489.2367 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855.489.2367 (TTY: 711).

Actual plan provisions for Company benefits are contained in the appropriate plan documents or applicable Company policies. This Annual Enrollment guide provides updates to your existing Summary Plan Description (SPD) as of January 1, 2019. Please keep this guide and any additional Summary of Material Modification (SMM) with your SPDs until Verizon provides you with SPDs that have been updated to reflect the changes to your benefits. As always, the official plan documents determine what benefits are provided to Verizon employees, former employees eligible for COBRA, retirees and their dependents. Please note you may not be eligible to participate in or receive benefits from all plans and programs referenced in this guide. Your SPDs and corresponding documents (for example, SMM) are available at verizon.com/benefitsconnection, or you can call the Verizon Benefits Center and request a printed copy. As explained in your SPD, Verizon reserves the right to amend or terminate any of its plans or policies at any time with or without notice or cause, subject to applicable law and any duty to bargain collectively.

VZN R7A NYNE Post-91