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MY HEALTH

Medical Plans

Q. What medical coverage options do I have as a T-Mobile employee?

A. T-Mobile offers four medical plans:

- PPO Plan with Health Reimbursement Account (HRA)
- High Deductible Health Plan with Health Savings Account (HSA)
- Exclusive Provider Organization (EPO) Plan
- Surest Copay Only Plan

Employees living in Hawaii have two plans available to them:

- HMSA Health Maintenance Organization (HMO) plan
- HMSA Preferred Provider Organization (PPO) plan

Q. Do all medical plans have a deductible?

A. The PPO Plan with HRA, High Deductible Health Plan with HSA and EPO Plan contains a deductible that may apply to some or all services. The Surest Copay Only Plan does not require a deductible to be met for any services. See the below chart for detailed information:

	Plan Year (1/1/2025 – 12/31/2025)	Surest Copay Only Plan	PPO Plan with Health Reimbursement Account (HRA)	Exclusive Provider Organization (EPO) Plan	High Deductible Health Plan with Health Savings Account (HSA)
Calendar Year Deductible The amount you must pay before the Plan begins to pay for most services		\$0	\$2,250/individual or \$4,500/family	\$750/individual or \$1,500/family	\$2,250/individual or \$4,500/family
Calendar Year Out-of-Pocket Maximum (includes deductible) The most that you will pay in coinsurance in one plan year, after which the Plan pays 100%		\$6,500/individual or \$13,000/family	\$4,250/individual or \$8,500/family	\$3,750/individual or \$7,500/family	\$4,250/individual or \$8,500/family
T-Mobile Account Funding (for coverage effective on Jan. 1; if hired mid-year see the next row)		N/A	\$500 Individual \$1,000 Family Entire T-Mobile funding is available on first day of coverage	N/A	\$500 Individual \$1,000 Family T-Mobile contributions are prorated and funded each pay date
T-Mobile Account Funding (for coverage effective on Feb. 1 or after, annual contribution amount is prorated if hired mid-year)		N/A	\$41.66/month Individual \$83.33/month Family Entire T-Mobile funding is available on first day of coverage.	N/A	\$19.23/pay period Individual \$38.46/pay period Family T-Mobile contributions are prorated and funded each pay date.

Coinsurance (applies after deductible is met)		N/A	In-Network: Plan pays 80% Out-of-Network: 60%	In-Network: Plan pays 80% Out-of-Network: No coverage – plan covers in-network services only	In-Network: Plan pays 80% Out-of-Network: 60%
Office Visits					
Preventive		FREE	FREE	FREE	FREE
In-Person Primary Care Physician (PCP) Office Visit		\$25-\$130 copay	In-Network: \$35 copay Out-of-Network: Plan pays 60% after deductible	\$20 copay	Deductible + coinsurance
Virtual Visits using the designated virtual Surest, virtual UHC or virtual Premera Blue Cross provider networks (for virtual primary care, urgent care, or acute care)		FREE	FREE	FREE	Deductible + coinsurance
In-Person Specialist Office Visit		\$25-\$130 copay	In-Network: \$50 copay Out-of-Network: Plan pays 60% after deductible	\$30 copay	Deductible + coinsurance
Virtual Visits for Specialty Care, or Mental Health Care using the designated virtual Surest, virtual UHC or virtual Premera Blue Cross provider networks		\$0-\$130 copay	\$35 copay	\$20 copay	Deductible + coinsurance
Prescriptions					
Tier 1 (30 days)		\$10 copay	10% (\$5 copay min. \$20 copay max.)	\$10 copay	Plan pays 80% after deductible
Tier 2 (30 days)		\$75 copay	20% (\$25 copay min. –\$55 copay max.)	\$35 copay	Plan pays 80% after deductible
Tier 3 (30 days)		\$200 copay	30% (\$45 copay min. –\$80 copay max.)	\$60 copay	Plan pays 80% after deductible
Tier 3 (30 days)		2x monthly rate	2x monthly rate	2x monthly rate	Plan pays 80% after deductible

Mail Order (90 days)		Subject to normal copay	Many are free	Subject to normal copay	Many are free
Preventive Medications					
Emergency Room					
For all plans: In emergency situations, all ERs are treated as in-network. If used in a non-emergency situation, out-of-network benefit levels apply.		\$600 copay	\$200 copay, then plan pays 80% after deductible (copay waived if admitted)	\$200 copay, then plan pays 80% after deductible (copay waived if admitted)	Plan pays 80% after deductible

Q. What expenses apply to my annual deductible?

A. Any amount you pay for eligible medical and prescription drug expenses before your T-Mobile health plan begins to share in the cost of covered services. Copayments; Expenses over the Allowed Amount (Premera) / Eligible Charge Expense (UHC); and/or Expenses associated with non-covered services do not apply to the deductible.

Q. Are any expenses covered before the annual deductible has been met?

A. For all plans, preventive services are covered at 100%. For the PPO (HRA) and EPO Plans, Lab and X-Ray/Imaging services are covered at the coinsurance level without having to meet the deductible first, as well as any services that require a co-payment.

Q. What costs apply to my annual out-of-pocket maximum?

A. Covered medical and pharmacy expenses you pay out of pocket associated with a deductible, co-insurance, or co-pay, – not reimbursed to you by your insurance carrier or other program such as a pharma sponsored coupon.

Q. What types of dependents are eligible to be enrolled in T-Mobile coverage?

A. You may enroll the following eligible dependents on your T-Mobile plan:

- Your legal spouse, as recognized by the federal government.
 - Ex-spouses do not qualify, even if you’re required to provide coverage by court order.
- Your domestic partner or common law spouse who meet the following criteria:
 - Both you and your partner are at least 18 years of age and mentally competent to consent to contract
 - Both you and your partner are in a committed relationship with each other
 - You and your partner are not blood related
 - Both you and your partner share the same primary residence
 - You and your partner are not married to, or a domestic partner of, another person
- You may enroll your dependent child who is under age 26 and is one of the following:
 - Your biological child

- Your stepchild
- Your domestic partner's child
- Your legally adopted child
- A child for whom you are the court-appointed legal guardian

The following relationships do not qualify as eligible dependents: parents, grandparents, siblings, nieces, or nephews.

Q. Am I allowed to cover my child over age 26?

A. You may enroll a dependent child over age 26 if they meet the following criteria:

- They are incapable of self-support due to mental or physical disability and became disabled prior to age 26
- They rely on you for primary financial support and maintenance

Q. What is needed to ensure my disabled child, who is turning age 26, continues to be covered under my T-Mobile health plan with UHC/Premera?

A. Contact the medical plan vendor you are enrolled with and request a Disabled Dependent Certification form. UHC enrollees call (877) 259-1527 to request the form. Premera enrollees call (866) 358-2300 to request the form. Surest enrollees call 866-683-6440 to request the form. The application can be reviewed up to six months (two months for Premera enrollees) prior to your disabled child's 26th birthday but needs to be received no later than 31 days following their 26th birthday. A portion of the form will be completed by you and a portion of the form will be completed by your child's physician. Once the form is filled out, it needs to be sent back to Surest/UHC/Premera along with supporting documentation for a clinical review. The clinical review process typically takes 30-business days once all the required information is submitted. You will be notified by Surest/UHC/Premera of their decision via letter (US Mail). Depending on the nature of your child's disability, reverification may be needed every 1-3 years.

Q. My child is turning age 26 next year. Should I remove them from my benefits during Annual Enrollment?

A. Your child can remain enrolled until the end of their birthday month when they turn 26 and they will be automatically removed from your coverage at that time. You will receive a notice about their removal that will include the option to continue their coverage via COBRA for up to 36 months by paying the full cost of monthly coverage.

If your child turns age 26 early in the calendar year you may want to consider signing them up for alternate coverage on the public exchange or through their employer that would go into effect on January 1 instead of waiting until they age out. Things to consider include cost of that alternate coverage, paying towards only one deductible in the year instead of starting on T-Mobile's plan and then restarting the deductible with a new insurer, and more.

Q. How can I make my annual enrollment elections without knowing the details of my partner's annual enrollment, since the timeframes do not align?

A. T-Mobile's Annual Enrollment is in October every year and a two-week enrollment window is our normal enrollment period length. We understand it may not align with annual enrollment timeframes for other companies. We recommend that you make your elections now with the information available to you and know that you may change your elections after reviewing your partner's annual enrollment options, should you choose. You may cancel or change your elections during your partner's annual enrollment by calling the Benefits Center at (855) 866-2367 as long as you do so prior to the end of the year.

Q. What is the Working Partner Premium (WPP)?

A. The Working Partner Premium (WPP) applies when you enroll your spouse/domestic partner on a T-Mobile medical plan and they have medical coverage available through their employer and they've waived that medical coverage.

- If your spouse/domestic partner enrolls in their available employer medical plan and you also enroll them in medical at T-Mobile, the WPP will not apply because their employer plan will be primary coverage.
- If your spouse/domestic partner is also an employee of T-Mobile and you choose to enroll them under your plan instead of separately, the WPP will not apply.
- If your spouse/domestic partner isn't eligible for medical coverage through their employer, the WPP will not apply.
- If your spouse/domestic partner is unemployed and has no employer medical plan available, the WPP will not apply.
- If your spouse/domestic partner is currently eligible for or enrolled under COBRA, the WPP will not apply.
- If you do not enroll your spouse/domestic partner on your medical plan, the WPP will not apply. You can enroll them under other benefits like dental, vision, or life insurance, and the WPP will not apply.
- If your spouse/domestic partner is eligible for Medicare, that eligibility does not require you to pay the WPP. The WPP will not apply because Medicare isn't an employer health plan.

PPO Plan with Health Reimbursement Account (HRA)

Q. What is an HRA?

A. The PPO Plan with HRA is a PPO plan that offers both in- and out-of-network coverage. Many services only require a copay; for other services T-Mobile provides you with an employer-funded Health Reimbursement Account to use toward out-of-pocket expenses. Once you have spent all the funds in the account you are responsible for paying future out-of-pocket expenses, including any remaining deductibles, coinsurance, and copays.

Q. Can I contribute my own funds to the HRA?

A. The HRA is an employer-funded account, so employees cannot contribute their own dollars. However, HRA Participants can also enroll in a Health Care FSA to cover out-of-pocket medical, dental and vision expenses.

Q. How much does T-Mobile fund to my HRA?

A. T-Mobile funds \$500 for individual coverage and \$1,000 for individual + enrolled dependents for all coverage effective Jan. 1. Even better...the funds are available on an HRA Debit Card on your first day of coverage. For coverage beginning on or after Jan. 1, participants will receive a monthly proration of the employer contributions equal to \$41.66 per month for Employee only coverage or \$83.33 per month for all other coverages. See Auto Rollover below for the information regarding how the HRA funds are used.

Q. How much do I pay for preventive services?

A. Preventive care is free! T-Mobile pays 100% of your service.

Q. How much is it going to cost me to see a doctor on the HRA Plan?

A. All office visits and prescription medications only have a copayment for services, keeping your out-of-pocket costs for these standard services more affordable. Please see the Plan

Comparison Chart above for more details on copay and prescription costs. However, for other services you have an annual deductible of \$2,250/individual or \$4,500/individual + enrolled dependents. Once you meet your deductible, the plan pays 80% of services until you meet your maximum out-of-pocket expense.

Q. What is the most I will pay out of pocket should I have a major service?

A. Although the HRA Plan is a high-deductible plan, there is a limit to how much participants will pay out of pocket for covered services. The out-of-pocket maximum is \$4,250 for individual coverage and \$8,500 for individual + enrolled dependents. Don't forget, this out-of-pocket maximum includes your deductible, and T-Mobile funds your HRA to help cover these expenses.

Q. Do I have to stay in network for coverage?

A. The HRA Plan allows you to see both in- and out-of-network providers. However, to get the most for your money you should stay in network.

Q. How does my HRA work?

A. For UHC members, an HRA debit card will be issued to you that enables you to swipe your debit card at your provider's office or at the pharmacy to use available HRA funds. You will have the option to turn this feature off by logging on to your UnitedHealthcare member site at myuhc.com. If you do not use your HRA debit card, the funds will automatically be deducted from your HRA first and applied to the claims as they are received and processed by UnitedHealthcare until the funds are exhausted. You won't pay anything as long as you have funds available in your HRA.

For Premera Blue Cross members, an HRA debit card will be issued to you that enables you to swipe your debit card at your provider's office or at the pharmacy to use available HRA funds. If you don't use your HRA debit card at time of service, you can still use your debit card to pay the bill you receive from your provider. Or, if you pay out of pocket at the time of service, you can get reimbursed for HRA funds by submitting a manual reimbursement form, which can be found when you log in to premera.com. HRA funds can only be used for eligible medical and prescription drug expenses. Refer to the Summary Plan Description for eligible expenses.

Q. Do I have to use my HRA funds by the end of the plan year?

A. No, your HRA dollars will carry over to the next plan year, provided you remain enrolled in the HRA Plan.

Q. Is there a limit for how much I can carry over in my HRA?

A. Yes, employees can carry over up to \$6,000 in employer contributions each year, provided they remain enrolled in the plan.

Q. Do I need to take any action to carry over the funds in my HRA to the new year?

A. No, the HRA carry over will automatically occur and be added to your new year's HRA funding (if you change medical plan providers, these will be coordinated between the former and current medical plan providers and automatically added). The carry over HRA funds will appear in your account in the first week of April, to allow time for the claims incurred in the prior year, that may come in after the new year, to be processed. If you need access to those carry over HRA funds sooner than April, you may contact the Health Pros to assist you.

Q. If I have expenses to submit for reimbursement from my HRA for a prior year, what do I need to do?

A. The deadline for submitting your prior year's expenses is 365 days following the end of the plan year in which the expenses were incurred. To request HRA reimbursement, you must submit a claim manually:

- For UHC members: Sign into your secure account on myuhc.com and access "Manage Your Health Reimbursement Account (HRA)" under the quick links to submit an online claim or download the HRA claim form to submit via mail or fax.
- For Premera Blue Cross members: Sign into your secure account on premera.com/T-Mobile

Q. What happens to my HRA Funds should I change plans or leave T-Mobile?

A. The HRA is not portable. This means that if you change medical plans or terminate your coverage you are unable to take the funds with you. But should you continue coverage (including COBRA) your HRA funds will carry forward each plan year. However, it is recommended that you keep all receipts in case of an IRS audit.

High Deductible Health Plan with Health Savings Account (HSA)

Q. What is an HSA?

A. A Health Savings Account is a tax-advantage medical savings account paired with a high deductible medical plan. The HSA plan offers both in- and out-of-network coverage. To help offset expenses, T-Mobile contributes tax-free funds to the HSA and you can too! Any contributions are yours to keep. Participants must pay for all services until the deductible is met (e.g. prescriptions, physician services, etc.). Once the deductible is met the medical plan will help pay for a portion of services. HSA has a true family deductible, meaning that if you cover dependents, you must meet the entire family deductible before the plan will provide coverage for any member.

Q. Who can participate in an HSA Plan?

A. You can participate in the HSA Plan provided you or your spouse do not have a Health Care FSA (limited purpose Health Care FSAs are okay); you are not enrolled in another medical plan that is not a high deductible plan; are not enrolled in Medicare; are not someone else's tax dependent; or using your HSA for a non-IRS tax dependent (like a domestic partner). If you turn age 65 and decline Medicare coverage you will be eligible to participate in an HSA plan.

Q. What is the benefit of enrolling in the HSA Plan?

A. The HSA account is completely portable, meaning that the funds in your account are yours to keep regardless of whether you stay at T-Mobile or stay enrolled in the plan. Additionally, the HSA Plan offers a triple tax-savings advantage. This means your HSA payroll contributions are tax free; any earnings on your HSA are tax free; and HSA money used to pay for eligible expenses is also tax free. HSA accounts are a great way to save money for health care expenses later in life, like retirement. Unused HSA funds never expire and there is no time limit to reimburse yourself for eligible expenses incurred after your account is established.

Q. How much does T-Mobile fund to my HSA?

A. T-Mobile funds \$500 for individual coverage and \$1,000 for individual + enrolled dependents for all coverage effective Jan. 1. For coverage beginning on or after Jan. 1, T-Mobile will fund \$19.23 per pay period for individual coverage and \$38.46 per pay period for individual + enrolled dependents. Please note: T-Mobile funds on a prorated basis each pay date, so T-Mobile's annual contribution to your HSA will not be available right away. If you turn age 65 and decline Medicare coverage you will be eligible to receive T-Mobile contributions into an HSA fund.

Q. How much do I pay for preventive services?

A. Preventive care is free! T-Mobile pays 100% of your service.

Q. How much is it going to cost me to see a doctor on the HSA Plan?

A. The HSA Plan is a true high deductible plan. This means that you will pay for all services (except preventive services) and prescription costs until you meet your annual deductible (\$2,250/individual or \$4,500/individual + enrolled dependents). Once you meet your deductible, the plan pays 80% of services until you meet your maximum out-of-pocket expense. Note: If you have dependents enrolled on the plan you must meet the full family deductible before the plan will cover services for an individual.

Q. What is the most I will pay out of pocket should I have a major service?

A. Although the HSA Plan is a high-deductible plan, there is a limit to how much participants will pay out of pocket for covered services. The out-of-pocket maximum is \$4,250 for individual coverage and \$8,500 for individual + enrolled dependents. Unique about the HSA Plan, you must meet the \$8,500 out-of-pocket maximum if you have any dependents enrolled on your plan, even if only one member is using the coverage. Don't forget, this out-of-pocket maximum includes your deductible and T-Mobile funds your HSA to help cover some of these expenses.

Q. Do I have to stay in network for coverage?

A. The HSA Plan allows you to see both in- and out-of-network providers. However, to get the most for your money you should stay in network.

Q. Can I participate in a Health Care FSA if I am enrolled in the HSA Plan?

A. Due to IRS guidelines you are unable to participate in a Health Care FSA if you are currently participating in an HSA Plan. Exception: If you are enrolled in the HSA plan for the new plan year and had a Health Care FSA in the prior plan year that wasn't exhausted, you will be enrolled in a limited-purpose FSA for the new plan year for up to \$550 of your leftover FSA funds from the prior year. The limited-purpose FSA can be used to cover dental and vision expenses only.

Q. Can I use my HSA Funds to pay for dental and vision expenses?

A. Yes, HSA funds can be used to cover out-of-pocket medical, dental and vision expenses.

Q. What happens to my HSA Funds should I change plans or leave T-Mobile?

A. The HSA is 100% portable! This means should you change medical plans or terminate your coverage you can take all your funds with you and keep them, even into retirement.

Q. Where can I get information on how to invest my HSA dollars?

A. If you are enrolled in the UHC HSA plan managed by Optum Bank, you can view the requirements by logging into myuhc.com or call (877) 259-1527. For the Premera Blue Cross HSA plan managed by Optum Financial, you can view the requirements by logging into premera.com/T-Mobile or call (866) 358-2300.

Exclusive Provider Organization Plan (EPO)

Q. What is an EPO?

A. EPO is a plan that only provides coverage with in-network providers and has a lower deductible than the HRA or HSA plan. You pay a copay for most services. And don't worry — in an emergency you can seek care outside of the network.

Q. If I pick this medical plan option, is there anything important I should consider?

A. Since this plan only covers services from in-network providers you should make sure that your provider is in-network before you use services (except in an emergency) so you're not surprised with a denied claim after receiving care. To find out whether your provider is in-network:

- UnitedHealthcare EPO participants: Call UnitedHealthcare Member Services at (877) 259-1527 or view the online provider directory at myuhc.com, choosing the "UnitedHealthcare Choice" network. Your group number is 222244.
- Premera Blue Cross EPO participants: Call Premera Blue Cross Member Services at (866) 358-2300 or view the online provider directory at premera.com/T-Mobile. Your group number is 4022154.

Surest Copay Only Plan

Q. What is the Surest Copay Only Plan?

A. Surest is a no-deductible health plan where you can see prices before making an appointment. For office visits and many procedures — from having an MRI to having a baby — you see one copay price. By grouping these services together — combining the labs and x-rays that go along with a medical procedure or test into one copay — we're trying to make it easier for members to know what they'll pay in advance. You can compare and plan ahead. Even better, copays are lower for providers evaluated as higher-value options, based on quality, efficiency, and overall effectiveness of care. The Surest plan requires you to access care through an in-network provider.

Q. What's included in the copay?

A. Copays are specific dollar amounts you pay for using routine services, like a doctor's visit. The copay for an office visit includes standard labs and x-rays. A surgery copay includes surgeon, anesthesiologist, and facility fees.

Q. What is the most I'll pay out of pocket, should I have a major service?

A. Major services will require a copay, that will group many services together including procedures, labs, x-rays and tests into the single copay. Copays for major services will vary, depending on which provider you choose.

Q. Is there an out-of-pocket maximum? What applies?

A. Yes. There is an out-of-pocket limit, or the most money you'll pay in a given year for health care benefits your plan covers. The out-of-pocket maximum is \$6,500 for individual coverage and \$13,000 for individual + enrolled dependents. Visit Join.Surest.com or www.t-mobilebenefits.com for more details. All copays count toward the out-of-pocket limit, from office visits to surgery.

Q. How much do I pay for preventive care?

A. Preventive care is free! T-Mobile pays 100% of your service.

Q. Do I have to stay in network?

A. Yes. This plan only covers services from in-network providers. And don't worry — in an emergency you can seek care outside of the network.

Q. Is my doctor in-network?

A. The Surest Plan contains a network that includes groups of hospitals, doctors, labs, specialists, and pharmacists who are part of UnitedHealthcare's broadest network. To confirm your provider is part of the network, go to Join.Surest.com. Make sure that your provider is in-network before you use services (except in an emergency), so you're not surprised with a denied claim after receiving care.

Q. Do I have coverage for emergencies?

A. YES! If you go to the emergency room, you pay the emergency room copay.

Q. What if I need emergency surgery?

A. If you need emergency surgery and/or need to be admitted to the hospital, the emergency room copay is waived, and you will be responsible for the inpatient hospital emergency admit copay.

Q. What if I would like more information on how the plan works?

A. [Schedule a 15 minute 1:1 consultation](#) with a Surest expert to get all your questions answered.

Other Healthcare Coverage

Q. Is there any coverage under any of the medical plans for infertility or family building?

A. Refer to the Family Building Benefits and Support section in this Q&A for more information.

Q. Are there any programs available under any of the plans for diabetes support?

A. All employees and their family members who qualify, have access to a no-cost program called Livongo by Teladoc. With Livongo by Teladoc, enrollees receive a free blood glucose meter, diabetic supplies and real-time coaching support when you need it. For more information regarding the program, click [here](#).

Coordination of Benefits

Q. How does the T-Mobile Plan pay for benefits if I am covered by more than one Plan?

A. Coordination of Benefits (COB) applies to you if you are covered by more than one health benefits plan. For further information regarding when COB applies, determination of the order of benefit payments, etc., refer to the Coordination of Benefits section in the Summary Plan Description.

Q. How does the coordination of benefits work if I'm enrolled in the T-Mobile Medical Plan and eligible for Medicare (but may or may not be enrolled in Medicare)?

A. Refer to the "What Is Different When You Qualify for Medicare?" I section of the Summary Plan Description for detailed information regarding when the T-Mobile Plan may be secondary to Medicare and how the T-Mobile Plan determines the amounts payable under the Plan.

HMSA Plans (only available to employees living in Hawaii)

Q. What plans are available to employees living in Hawaii?

A. Hawaii employees have a choice between two plans: HMSA Health Maintenance Organization (HMO) plan, covering in-network care only with no out-of-network benefit; HMSA Preferred Provider Organization (PPO) plan covering both in- and out-of-network care. For more details call HMSA at 1- 800-776-4672 or log on to hmsa.com.

Prescription

Q. What prescription drug coverage is available?

A. Employees enrolled in the Surest Copay Only Plan, the PPO Plan with HRA, the High Deductible Health Plan with HSA or EPO medical plan will have prescription drug coverage through CVS Caremark. Register at Caremark.com or call CVS Caremark customer service at (844) 757-0417, to see plan information, check drug cost and coverage, find personalized drug savings opportunities and more.

Q. What is the PrudentRx program that provides a \$0 copay for Specialty Medications?

A. CVS Caremark partners with PrudentRx to reduce specialty costs through an innovative copay plan design strategy. This program is available to employees enrolled in the Surest Copay Only Plan, the PPO Plan with HRA or EPO Plans only, not available to those enrolled in the High Deductible Health Plan with HSA Plan due to IRS regulations.

PrudentRx will work with you and the drug manufacturer to get copay card assistance when available and will assist you when copay cards need renewal. Even if your specialty medication has no copay card, your out-of-pocket cost will be \$0 as long as you are enrolled in the PrudentRx program. If you are taking a specialty medication that qualifies under this program, there is nothing you need to do to enroll. PrudentRx will contact you as soon as the medication is filled, to complete your enrollment. To learn more about the prescriptions that qualify or more information, click [here](#).

Dental

Q. What should I know about the T-Mobile dental plan?

A. Delta Dental of Washington administers this benefit for T-Mobile, but it is a nationwide network (not just in Washington), and we offer the choice of two dental plans: the PPO Network Dental Plan and the Open Network Dental Plan.

- PPO Network Dental Plan: In order for dental services to be covered under this plan, you will need to receive care from a Delta Dental PPO dentist. Dental participants will not have coverage when seeking care outside of the PPO network. Your dentist will file claims directly with Delta Dental and your claim will be processed at the agreed-upon Delta Dental rate. The bi-weekly cost to you is lower with this option. To find a PPO dentist, contact Delta Dental directly at 1-800-238-3107 or online at deltadentalwa.com/mysmile under Delta Dental PPO. Your group number is 09037.
- Open Network Dental Plan: This option allows you to see any dentist you want – you aren't limited by a network. You may have to file your own claims and reimburse your dentist directly. You may also be charged a higher rate for services. The bi-weekly cost to you is higher with this option. Your group number is #09034.

Q. How do I provide proof of coverage to my dentist?

A. Please see the instructions below:

- PPO Network Dental Plan: When you visit your dentist tell them that you are covered by Delta Dental and provide your Social Security Number to verify coverage. Physical ID cards are not issued by Delta Dental. Members may download a digital dental ID card at deltadentalwa.com/mysmile.
- Open Network Dental Plan: Physical ID cards are not issued by Delta Dental. Members may download a digital dental ID card at deltadentalwa.com/mysmile.

Vision

Q. What should I know about the T-Mobile vision plan?

A. Vision Service Plan (VSP) administers this benefit for T-Mobile. To find a VSP provider, contact VSP directly at 1-800-877-7195 or online at vsp.com. Your group number is 12122822.

Q. How do I provide proof of coverage to my eye doctor?

A. You will not receive an insurance card. When you visit your provider, tell them that you are covered by VSP and provide the last 4 digits of the primary subscriber's Social Security Number to verify coverage.

Flexible Spending Accounts (FSAs) – General

Q. How do I enroll in the Flexible Spending Account?

A. As a new hire or employee with a qualifying life event, click [here](#) to enroll in a Flexible Spending Account (FSA) or make changes.

Q. Do my elections carry over year after year?

A. No. You must actively re-enroll for each new plan year during the annual enrollment period.

Q. Can I enroll in or make changes to my Flexible Spending Account throughout the year?

A. FSA elections are binding for the length of the plan year and cannot be revoked or changed unless you have a qualifying life event. For additional information about qualifying life events, click [here](#).

Q. How do I submit an FSA claim for payment?

A. Claims can be submitted through Your Spending Account, which can be accessed [here](#). You can also submit claims through the Smart-Choice Mobile App, available in the Apple and Google Play Store.

Q. What happens if I am unable to provide supporting documentation following a Health Care or Dependent Care FSA claim?

A. Should you receive a request from our FSA vendor to provide supporting documentation and are unable to comply with this request, the value claim will be placed into an overpayment. The value of the overpayment will be considered taxable and reported on your W2, if it is not resolved before the claim submission deadline.

Q. What happens if my claim(s) is placed into overpayment?

A. If you have a claim placed into overpayment, you have a couple of options to resolve the overpayment. First option is to appeal the claim denial and provide the necessary supporting documentation. The claim will go back to the Smart-Choice Account team for review and a final decision will be provided. The second option is to submit new claim(s) via the online portal. If the claim(s) is approved, the amount will go towards clearing the overpayment amount. If the value of the overpayment is over \$100, please note that your

Healthcare Flexible Spending Account card will be turned off until the overpayment is resolved. If your card is turned off, you will need to call into Smart-Choice Account in order for the card to be turned back on.

Q. What is the deadline to submit claims for either Health Care or Dependent Care FSA?

A. Participants have up to April 30th of the following plan year to submit claims for expenses incurred during the plan year.

Q. What will happen if I exceed the calendar year maximum?

A. Contributions that exceed the maximum may be considered taxable income when you file your income taxes. For more information, please consult your tax advisor.

Health Care FSA

Q. Am I allowed to contribute to the Health Care FSA and one of T-Mobile's High Deductible Medical Plans?

A. Health Reimbursement Account (HRA) Plan participants can also contribute to a Health Care FSA to cover out-of-pocket medical, dental and vision expenses. Employees participating in a Health Savings Account (HSA) are not able to contribute to a Health Care FSA; nor can their spouse be contributing to a Health Care FSA.

Q. What expenses are eligible for reimbursement on the Health Care FSA?

A. Review the Healthcare Expense List under Quick Links on the Healthcare FSA page [here](#).

Q. Is the IRS annual limit per participant or per household?

A. The Healthcare FSA annual limit is per participant. For example, if a married couple or domestic partners are each eligible for Health Care FSA through their employers, they may each elect up to the annual limit.

Q. What happens if I am currently participating in the Healthcare FSA and I still have a balance at the end of the plan year?

A. Based on IRS regulations, T-Mobile elected to allow employees can carry forward up to \$660 in unused balances; amounts above \$660 are forfeited. This balance will carry forward until you no longer are eligible for FSA, exhaust your funds, or leave T-Mobile. The \$660 carry-forward amount is in addition to any elections you make for the new plan year.

Dependent Care FSA

Q. How do I determine what my Dependent Care FSA contribution should be?

A. If you are enrolling during Annual Enrollment: Enrollment in the Dependent Care FSA is on a Plan Year basis (Jan. 1 - Dec. 31), so you need to calculate your eligible childcare expenses for this 12-month period. Note to Childcare Subsidy Participants: Combined, the Dependent Care FSA and the Childcare Subsidy programs should not be more than what you are actually paying (or expect to pay) for Childcare for the Benefit Plan Year. Per IRS regulations, both plans are a "use it or lose it" account. Additionally, the combined annual total of both programs cannot be more than \$5,000.

Q. What are eligible childcare expenses?

A. In addition to day care expenses which allow you and your spouse (if applicable) to work, other expenses that are eligible under the plan are:

- Tuition that is considered daycare expenses up to kindergarten
- Summer camp (but not expenses for overnight stays)

Q. Who are eligible childcare providers?

A. Eligible childcare providers include:

- Private sitters
- Licensed daycare centers
- An in-home provider, as long as the care provider is not your spouse, the child's guardian or parent, your child under 19 and/or someone you claim as a dependent for tax purposes

Q. What is the definition of a Qualified Child under the Dependent Care FSA?

A. Eligible dependents include Children under age 13 whom you claim as dependents for tax purposes, or your Spouse or other dependent who is physically or mentally unable to care for themselves. You may also claim expenses for the care of an elderly parent who spends at least eight hours a day in your home and whom you can claim as a dependent.

Q. Can I change my Dependent Care FSA election amount outside of Annual Enrollment (mid-plan year)?

A. The IRS requires that changes to your FSA Dependent Care contribution amount be consistent with a qualifying life event (such as marriage, divorce, birth, etc.). Should you experience a mid-year qualifying life event, you may change your own payroll contribution amount for your Dependent Care FSA. However, your Childcare Subsidy amount will be set at the time of enrollment and will remain consistent throughout the term of the plan year. Visit the Qualifying Event table in the [Summary Plan Description \(SPD\)](#) for a detailed account of Special Qualifying Events and their impact on the Dependent Care FSA.

Q. What happens if I have money left in my Dependent Care Account at the end of the plan year?

A. This is a "use it or lose it" plan. Any money left in your account after the plan year is lost; this is an IRS regulation and not a rule the company can change. T-Mobile participants have up to April 30th of the following plan year to submit claims for expenses incurred during the plan year.

Q. Can I submit Dependent Care FSA claims while on a Leave of Absence?

A. The IRS does not allow Dependent Care FSA participants to claim expenses during a Leave of Absence. Therefore, if you are enrolled in a Dependent Care FSA, the account will be suspended while on leave. Upon return from Leave of Absence, your Dependent Care FSA annual contribution will be reinstated, and you will pay catch-up contributions from each paycheck.

Q. What else do I need to know about Dependent Care FSA? (Important IRS Rules)

A. If you have not participated in an FSA plan before, there are some IRS rules you need to understand. Once you're in, you're in for the plan year! In other words, you can't change your election. This is an IRS regulation and not something the company can change. In certain situations, you may make a mid-year change (such as an increase or decrease your contributions or withdraw from the plan) if you experience a Special Qualifying Event. Visit the Qualifying Event table in the [Summary Plan Description \(SPD\)](#) for a detailed account of Special Qualifying Events and their impact on the Dependent Care FSA. Should you experience a mid-year qualifying life event, you may change your own payroll contribution amount for your Dependent Care FSA Account. Your Childcare Subsidy amount will be set at the time of enrollment and will remain consistent throughout the term of the plan year.

Dependent Eligibility & Verification

Q. Why does T-Mobile have a Dependent Verification Process?

A. T-Mobile is proud of the benefits we offer and keeping costs down helps maintain a competitive healthcare plan for all employees. Unfortunately, we can't cover everyone. Medical benefits are very costly

and covering people who are not eligible dependents raises the cost for our health plans, which directly influences the cost that all employees and T-Mobile pay for coverage.

Q. What is the Reverification process?

A. Reverification is required for dependents whose eligibility may change over time, like when a relationship ends – spouses, domestic partners, children of a domestic partner, or stepchildren. Every 3 years employees will need to validate that their dependent remains eligible.

Note: it is still expected that employees will proactively remove a dependent when they become ineligible. This process is intended to identify anyone missed.

The reverification process is a streamlined version of the current process. Employees will not need to provide government documents because they were already provided in the past (such as birth or marriage certificates). They will only need to provide a copy of their taxes or proof of joint ownership to confirm current status.

Q. Are there any dependent types who won't be required to go through Reverification?

A. Any child (adopted, biological) previously verified will not be required to reverify because eligibility status doesn't change over time.

Note: Separate existing process removes dependents at age 26. No special dependent verification process applies.

In any given year a spouse, domestic partner, child of a domestic partner, or stepchild won't have to reverify if their prior verification/reverification occurred more recently than 3 years ago. Note: frequency of reverification could change in the future.

Q. How and when will I know if my dependent requires verification or reverification to be enrolled?

A. Full verification is required in the follow circumstances:

- First time enrollment of the dependent.
- Annual Enrollment if a new dependent was added. After AE closes and elections for the new year are finalized the Dependent Verification process will begin. Communications will start to employees typically at the end of October for any newly added dependents requiring full verification.

Reverification occurs on a three-year cycle from the dependent's original full verification.

Q. What types of dependents are eligible to be enrolled in T-Mobile coverage?

A. You may enroll the following eligible dependents on your T-Mobile plan:

- Your **legal spouse**, as recognized by the federal government.
 - Ex-spouses do not qualify, even if you're required to provide coverage by court order.
- Your **domestic partner** or **common law spouse** who meet the following criteria:
 - ✓ Both you and your partner are at least 18 years of age and mentally competent to consent to contract
 - ✓ Both you and your partner are in a committed relationship with each other
 - ✓ You and your partner are not blood related
 - ✓ Both you and your partner share the same primary residence
 - ✓ You and your partner are not married to, or a domestic partner of, another person
- The following relationships do **not** qualify as an eligible domestic partner
 - Your sibling, parent, or other relative
 - Your roommate
 - Your ex-boyfriend/girlfriend/partner/spouse who no longer meets the criteria listed above
- You may enroll your **dependent child who is under age 26** and is one of the following:

- Your biological child
 - Your stepchild
 - Your domestic partner's child
 - Your legally adopted child
 - A child for whom you are the court-appointed legal guardian
- Children **age 26 and over** will be included as disabled dependents regardless of age if they meet both the following conditions:
 - Your child is mentally or physically incapacitated prior to their 26th birthday
 - Your child is not capable of self-support
 - The following relationships do **not** qualify as an eligible child (this list is not inclusive):
 - Your grandchild (unless you are the child's court-appointed legal guardian)
 - A relative who is a minor and living with you (unless you are the child's court appointed legal guardian)
 - A child for whom you have been granted temporary custody
 - Your foster child (unless you are the child's court-appointed legal guardian)

Q. What is needed to ensure my disabled child, who is turning age 26, continues to be covered under my T-Mobile health plan with UHC/Premera?

A. Contact the medical plan vendor you are enrolled with and request a Disabled Dependent Certification form. UHC enrollees call (877) 259-1527 to request the form. Premera enrollees call (866) 358-2300 to request the form. Surest enrollees call 866-683-6440 to request the form. The application can be reviewed up to six months (two months for Premera enrollees) prior to your disabled child's 26th birthday but needs to be received no later than 31 days following their 26th birthday. A portion of the form will be completed by you and a portion of the form will be completed by your child's physician. Once the form is filled out, it needs to be sent back to Surest/UHC/Premera along with supporting documentation for a clinical review. The clinical review process typically takes 30 business days once all the required information is submitted. You will be notified by Surest/UHC/Premera of their decision via letter (US Mail). Depending on the nature of your child's disability, reverification may be needed every 1-3 years.

Q. I have a court order to provide medical benefits for my child. Can I enroll them based on the court order, and do I need to complete the Dependent Verification process?

A. Children who are enrolled on T-Mobile's health plan per a qualified Child Support Order or National Medical Support Notice may remain enrolled on the employee's health plan. T-Mobile will typically receive qualified Child Support Orders or National Medical Support Notices directly from the State or local department issuing the order and will enroll the dependent as legally required. Dependent Verification is not required since T-Mobile is legally obligated to comply.

Examples of court orders that would **not** qualify a dependent include, but are not limited to:

- Divorce Decrees
- Child support agreements between the employee and ex-spouse

Q. I have a court order to provide medical benefits for my ex-spouse. Can I enroll them based on the court order?

A. An ex-spouse is not an eligible dependent under any circumstance and may not be enrolled on T-Mobile's health plan. The court order requires you pay for coverage, but it cannot be as a dependent through the T-Mobile plan.

Q. What will happen if I do not verify my dependent as requested?

A. Your dependent will not be eligible to remain enrolled in the T-Mobile plan and will be removed from coverage. They will not be eligible for COBRA.

Q. Will an ineligible dependent be able to continue their coverage through COBRA?

A. If your dependent was never eligible for coverage, they are not eligible to enroll in COBRA. If the dependent is no longer eligible because of a recent “qualifying event” such as divorce, they may be eligible for continuation of coverage under COBRA if notice of their COBRA-qualifying event is provided to T-Mobile within 60 days of the event occurring.

Q. Can I re-add my ineligible dependent to coverage in the future?

A. You can only re-add your dependent to coverage in the future if at that time they meet the eligibility requirements. When you re-add your dependent, you will be required to go through the Dependent Verification process again to ensure eligibility.

Q. What if I disagree with the decision my dependent is not eligible?

A. There is a formal appeal process in place to give you the opportunity to maintain coverage. Your Final Termination Notice will include information about that process and what will be necessary to support overturning the decision. You can also call the Benefits Center prior to receiving your notice if you’d like to understand the appeals process in advance.

Q. Can exceptions be granted to allow an ineligible dependent to stay covered?

A. No. Only dependents eligible for coverage according to the plan’s eligibility rules can remain covered.

Q. How do I find a new insurance option for my ineligible dependent?

A. The Compass Health Pro team can help you understand options available and connect you to resources in your state. Call or email them at <mailto:TMUSHealthPro@alight.com> and **855-496-0071** if you’d like help navigating this process.

Some examples of the options they will share include:

- **Public exchanges:** Under the Affordable Care Act you can purchase an individual policy through the insurance exchange run by either your state or the federal government. Most exchanges also include information about how an individual can qualify for reduced costs or government-sponsored programs like Medicaid.
- **Medicare/Medicaid:** may apply depending on your circumstances
- **Private Insurance Broker:** worth exploring if public exchanges don’t meet your needs
- **Other employer insurance:** if employed, your ineligible dependent may have their own insurance option available.

Q. What types of documents do I need to provide to verify my dependent?

A. Check out Dependent Verification and Reverification documents located on the Benefits Hub.

Q. What methods do I have to submit my paperwork?

A. **Best option!** Secure Online Upload: www.t-mobilebenefits.com/login

Email: dv@businessolver.com

Mail: T-Mobile USA Inc., P.O. Box 850552, Minneapolis, MN 55485-0552

Q. The documentation required contains sensitive data. How do you protect my information?

A. Protecting personal information is a priority to T-Mobile and T-Mobile’s dependent verification vendor partner, Alight Solutions. Alight takes the security of your documents and information seriously and they

either meet or exceed T-Mobile's security requirements of their vendors. You can find information on the dependent verification portal (tmobilebenefits.com) such as their security and privacy policy for more information.

Q. Where do I go if I have questions or am having trouble getting the required documents?

A. Contact the Dependent Verification team at the Benefits Center at (855) TMO-BENS (855-866-2367), hours are Monday through Friday, 5 a.m.- 5 p.m. Pacific. They are able to answer any questions you have and provide any options available to you.

MY FUTURE

401(k)

Q. What is a 401(k) plan?

A. A 401(k) plan is a type of retirement plan that allows you to save and invest for your own retirement. If you elect to participate T-Mobile will deduct a certain amount of money from your paycheck. You can choose to contribute on a pretax basis, Roth and After-Tax. Your 401(k) money is kept for you in an account at Fidelity Investments and is invested according to the investment option(s) that you select.

Q. How much can I contribute?

A. You can make an election for your regular pay that is up to 75% of your eligible wages, in 1% increments. You can also make a separate election for any bonus pay that you might receive, up to 85% of eligible bonus wages, also in 1% increments. Please see the plan document for details on what types of pay your bonus election will apply to.

Your total contribution is subject to the IRS maximum contribution limit for each year. If you will be at least age 50 in the current plan year you can also contribute additional catch-up contributions, which are determined by the IRS each year. A separate election for catch-up contributions is not required.

Q. What is the company match?

A. T-Mobile will start matching your pre-tax and Roth contributions after you have worked for the company for one year. Your contributions will be matched \$1 for each \$1 you contribute up to 3% of your pay, and 50 cents for every \$1 on the next 2% of your pay you contribute. To maximize the employer match you will need to contribute at least 5% out of each paycheck. Employer match dollars are immediately vested upon receipt, so are yours to keep without requiring additional service. After-Tax contributions are not eligible for the employer match.

Q. How do I enroll?

A. You can make changes to your 401(k) plan elections at any time of the year online at netbenefits.com or by calling Fidelity at 800-491-1014.

- **New employees:** Fidelity will send you enrollment communications. You can enroll at any time. Your deductions will typically start 1 to 2 paychecks after you enroll.
- **Current employees:** If you are not currently participating in the 401(k) plan, sign up by contacting Fidelity.

MY LIFE**Family Building Benefits & Support (Fertility, Maternity Services including Pregnancy & Post-Partum Support, Adoption, & Surrogacy Assistance, and Doula Reimbursement)****Q. Is there any coverage under any of the plans for infertility?**

A. Family building benefits for infertility are available through Progyny for employees and spouses or domestic partners enrolled in a T-Mobile medical plan. The Progyny benefit includes comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance from a dedicated Patient Care Advocate (PCA). Progyny fertility specialists focus on clinical outcomes and finding the most effective course of treatment for your needs right from the start, eliminating unnecessary barriers for building a family. To learn more about the Progyny benefit, review the [Fertility Benefits Member Guide](#).

Q. Does T-Mobile offer any Maternity Support Services?

A. Progyny's Pregnancy and Postpartum Support Program ensures you are supported every step of the way during your pregnancy journey through one-on-one support from a dedicated Pregnancy and Postpartum Coach (PPC) and you'll get to unlock access to exclusive resources that empower you with knowledge and confidence for the many milestones to come. Visit the [Fertility Benefits and Support](#) (Fertility, Maternity Services including Pregnancy & Post-Partum Support, Adoption, & Surrogacy Assistance, and Doula Reimbursement) information at www.t-mobilebenefits.com.

Q. Does T-Mobile offer any Adoption & Surrogacy benefits?

A. Through Progyny, all employees are eligible for an Adoption and Surrogacy reimbursement benefit on the first of the month following 30 days of employment. To learn more about the Progyny benefit, review the [Fertility Benefits Member Guide](#).

Q. When do I get reimbursed for Adoption & Surrogacy expenses?

A. Expenses can be reimbursed as they are incurred so long as the request is submitted within 12 months of the date the expense was incurred.

Q. How do I request reimbursement for Adoption & Surrogacy expenses?

A. To get started, review the [Family Building Benefits \(Fertility, Adoption & Surrogacy\)](#) on the Benefits Hub. Then contact your dedicated Progyny Patient Care Advocate (PCA) at (833)281-0076 to get set up. Make sure to submit your application for reimbursement within 12 months of the date the expense is incurred.

Q. What is the Doula Reimbursement Benefit?

A. As part of T-Mobile's continued commitment in supporting the overall well-being of our expectant parents, T-Mobile offers reimbursement of up to \$2,000 per birth for doula care to expectant parents who use doulas to provide continuous physical, emotional, and informational support to mothers before, during, and shortly after childbirth. For more information, including the program requirements and instructions for reimbursement, visit the [Fertility Benefits and Support](#) (Fertility, Maternity Services including Pregnancy & Post-Partum Support, Adoption, & Surrogacy Assistance, and Doula Reimbursement) information on the Benefits Hub.

Childcare Subsidy (Free Money for Childcare)**Q. I hear T-Mobile offers free money for daycare. Is that true?**

A. That is correct. T-Mobile does offer FREE money for daycare. This program is often referred to as Childcare Subsidy. Employees who have a household income of \$99,000 or less are eligible to receive up to \$3,000 per year funded to a Dependent Care FSA. Participation in the Dependent Care FSA is not required to be eligible for this benefit. However, participants must re-enroll each plan year.

Q. Who's eligible for the Childcare Subsidy program?

A. To be eligible to receive the Childcare Subsidy, you must:

- Be a current T-Mobile USA benefit-eligible employee
- Have an annual base pay of \$99,000 or less
- Have eligible childcare costs
- Be working or attending school and, if applicable, have a spouse or domestic partner working or attending school
- If your annual base pay is less than \$63,000 per year, you would be eligible for \$250 a month
- If your annual base pay is between \$63,000.01 - \$99,000 per year, you would be eligible for \$175 a month
- The Childcare Subsidy benefit amount is designed and intended to be a per-household/family benefit, therefore:
 - If your Spouse or Domestic Partner is also a T-Mobile benefit-eligible employee, only one of you should enroll for the Childcare program. It is entirely up to you which one of you elects to enroll
 - If you have one or more children, the benefit is the same per household/family.

Q. How do I enroll for the Childcare Subsidy?

A. Employees can enroll online as a new hire, during Annual Enrollment, or if you experience a qualified life event such as the birth of a child, marriage or dependent eligibility change.

Q. Do I need to contribute my own dollars into a Dependent Care FSA in order to participate in the Childcare Subsidy program?

A. You are not required to contribute your own money to the Dependent Care Flexible Spending Account (FSA) in order to receive the Childcare Subsidy – this really is FREE MONEY to help with your childcare bills. If you are eligible, all you need to do is sign up. If you wish to contribute your own money to the FSA, in addition to the subsidy, that is still an option and will result in a greater tax advantage – however it is not required.

Q. Do I have to re-enroll in the Childcare Subsidy Program every year?

A. Yes, in order to participate in the Childcare Subsidy Program, you must re-enroll each year during Annual Enrollment.

Q. Who are eligible childcare providers?

A. Eligible childcare providers include:

- Private sitters
- Licensed daycare centers
- An in-home provider, as long as the care provider is not your spouse, the child's guardian or parent, your child under 19 and/or someone you claim as a dependent for tax purposes.

Q. What is the definition of a Qualified Child under the Childcare Subsidy benefit?

A. Eligible dependents include Children under age 13 whom you claim as dependents for tax purposes.

Q. Do I need to provide any information about my dependent when I enroll?

A. Yes, when you enroll in the Childcare Subsidy benefit, you will be required to enter dependent information, the same as when you enroll dependents in Medical, Dental, Vision or Voluntary Life Insurance benefit plans. If your child is already covered under one of these other benefits, you'll be able to select them from the drop-down menu and no other information will be needed.

Q. Is elder care included in the Childcare Subsidy program?

A. Elder care may be covered through T-Mobile's Dependent Care FSA. However, we are not offering a subsidy for these services at this time. To review eligible beneficiaries, providers and benefits for the Dependent Care FSA plan, go to www.t-mobilebenefits.com and follow the navigation to your Smart-Choice Account.

Q. Will I continue to receive Childcare Subsidy funding if I'm on Leave of Absence?

A. You will continue to receive Childcare Subsidy funding while on Leave of Absence. However, you cannot claim Childcare Subsidy expenses for services incurred during your Leave of Absence.

Q. Can I enroll in the Childcare Subsidy program at any time during the year?

A. The Childcare Subsidy program is available during our annual enrollment period, during your initial eligibility as a new hire, within 31 days of an eligible qualified life event (such as marriage, change of daycare providers, etc.) or within 60 days of a birth or adoption. Outside of these events, employees can call The Benefits Center to enroll, and coverage will be effective prospectively.

Q. Will the employer portion of the Childcare Subsidy benefit be reported on my W2 at the end of the tax year?

A. Any Childcare Subsidy funded to your account will be reported in box #10 on your W2 statement at the end of the year, regardless of if those funds were claimed against.

Life Insurance

Q. Can I pay for supplemental Life Insurance in addition to the Company Paid benefit?

A. Yes, T-Mobile offers employee, spouse/partner and child(ren) voluntary life insurance. Employees can elect these benefits separately and deductions are taken on a post-tax basis.

Q. Can I pay for supplemental - Accidental Death & Dismemberment (AD&D) insurance in addition to the Company Paid benefit?

A. Yes, T-Mobile offers employee or employee and family voluntary AD&D insurance. Employees can elect these benefits separately and deductions are taken on a post-tax basis.

Q. Do I need to complete a medical questionnaire if I elect to enroll in Voluntary Life Insurance?

A. Employees are required to complete an online Evidence of Insurability (EOI) form following certain voluntary life insurance elections.

- Employee Voluntary Life Insurance - if you are newly eligible or have a qualifying event, you can elect up to the lesser of 3 x your annual earnings or \$750,000 without EOI; You may enroll or increase your coverage by one level at annual enrollment up to \$750,000 without EOI.
- Spousal/Partner Life Insurance – if you are newly eligible, have a qualifying event or during annual enrollment, you can elect up to \$50,000 without EOI.
- Child(ren) Life Insurance – EOI is never required.

Q. What is Group Term Life (GTL) on my pay statement?

A. GTL is the value of employer provided group term life insurance in excess of \$50,000. This amount can be considered taxable income by the IRS and will be reported in box 12 of your W-2. The tax calculation is based on your coverage amount, age, and IRS tax table. You cannot opt out of GTL enrollment.

Q. Is there any option to withdraw cash from my company paid and/or voluntary life insurance?

A. The quick answer is no. T-Mobile offers Group Term Life Insurance, which does not have a cash value and will only pay at time of death or for a terminal illness in some situations. Only Whole Life Insurance Policies may offer some type of cash benefit. Should you leave T-Mobile, you will have the option to convert your life coverage(s) to an Individual Whole Life policy that would have a cash value. Note - the conversion policy rates differ from T-Mobile Group Term Life rates.

Q. What's the group policy number for our life policy and who do we call for more information?

A. Our Group Life policy number is 402610. For more information about coverage amounts or premium costs, you may call the T-Mobile Benefits Center at 855-866-2367.

Disability Insurance

Q. How do I know if I am eligible for short term or long-term disability for my current illness?

A. Short Term Disability: Contact Broadspire at 1-877-222-8705 for more information. Long Term Disability: Contact the Hartford at 1-855-899-2973 for more information.

Q. What are Disability benefits?

A. Short- and Long-Term Disability benefits provide eligible employees with income protection in the event of a disability. You are eligible for short- and long-term disability, at no cost to you, on the first of the month coinciding with or following 180 days of continuous active employment.

- Short Term Disability - After a one-week unpaid waiting period, short term disability benefits will replace up to 85% of your pay* for up to 26 weeks for a new claim with a date of disability January 1, 2025 or after.
- Long Term Disability - After a 26-week waiting period, you may be eligible for Long Term Disability (LTD) benefits. Company provided LTD covers 50% of your regular monthly rate of pay*. For added protection, additional LTD coverage is available. Buy up options of 60% or 66 2/3% can be selected during the benefits enrollment period. Any increase in your coverage will require the completion of a health questionnaire.

*For employees who are eligible for sales incentives, the benefit amount for T-Mobile paid leave plans (STD, LTD, Maternity, Bonding, PFL, and Military) is determined by the base pay listed in Workday plus annual target incentive pay. Target incentive pay only applies to incentive-eligible employees with a career band designated as SL, Customer and Frontline Experience Roles in T-Mobile for Business, and Customer Experience Center employees with a monthly incentive plan (i.e., not an annual corporate bonus plan). For more information about target incentives, leave and pay, employees should refer to their incentive compensation plan, the Benefits summary plan description or program documents.

Tuition Assistance

Q. How much tuition assistance do I get?

A. Following 90 days of employment, full-time employees are eligible for the IRS maximum non-taxable benefit of \$5,250 per calendar year and part-time employees are eligible for \$2,500 per calendar year.

Q. Where can I get more information about T-Mobile's tuition assistance benefit?

A. Start by reviewing the tuition assistance guidelines available at www.t-mobilebenefits.com. You can also log onto the [EdAssist portal](#) for even more information about the benefit, get free education coaching, and eligible employees can initiate an application. EdAssist is also available by telephone between 5 a.m. and 5 p.m. PT Monday through Friday at 877-276-7115.

LiveMagenta

Q. What is LiveMagenta?

A. [LiveMagenta](#) is your one-stop for all things wellbeing, including support for emotional health, financial health, physical health, social health, and work health. Benefits include 24/7/365 telephonic access with a LiveMagenta life coach, 10 no-cost counseling sessions per topic each year, live and on-demand mindfulness sessions, unlimited money coaching and so much more!

Q. Who is eligible for LiveMagenta?

A. LiveMagenta is available to all employees and their family members (spouse, partner, children) on your first day of employment. You do not need to be enrolled in a T-Mobile medical plan to qualify for LiveMagenta benefits.

Q. How do I learn more about LiveMagenta?

A. Details about LiveMagenta can be found at LiveMagenta.com. You can also call a LiveMagenta life coach 24/7/365 at (855)-780-5958 to speak with a confidential master's level trained clinician who can help you find support for big stuff, like losing a loved one, or even the fun stuff, like assistance making dinner reservations. Think of LiveMagenta life coaches as your "phone-a-friend" who can assess your immediate needs and determine the best resources to support you. Better yet, join your coworkers in positive, healthy conversations in the [LiveMagenta Viva Engage Community](#).

MY EXTRAS

Added Benefits® Voluntary Programs

Q. What are Added Benefits® Voluntary Programs?

A. We offer nine Voluntary Programs through the T-Mobile Added Benefits® site, including critical illness, accident insurance, hospital indemnity insurance, pet insurance, legal plan, auto/home insurance, long-term care + life insurance, fitness and identity protection. We refer to them separately because T-Mobile does not contribute towards these plans but makes them available for you to participate in at group-discounted rates.

Q. Does T-Mobile contribute towards the cost of the Added Benefits® Voluntary Programs?

A. No, T-Mobile does not contribute towards the cost of these benefits, but since you're accessing them via T-Mobile you do get to take advantage of group-discounted rates. All deductions are taken on a post-tax basis.

Q. How can I pay for my Added Benefits® Voluntary Programs?

A. You can pay for these plans through payroll deduction on a bi-weekly basis. Some plans you can also pay for directly with the carrier, like auto/home insurance and fitness.

Q. When can I enroll in Added Benefits® Voluntary Programs?

A. You can only enroll for critical illness, accident, hospital indemnity and the legal plan at hire or during annual enrollment. But you can enroll at any time for pet insurance, identity protection, fitness and auto/home insurance. The Long-term care + life insurance offering will be announced separately.

Q. Where do I go to find out more about the Voluntary Benefits?

A. Call 1-855-845-0543 or [click here](#) to find out more or go to the [Added Benefits site](#) to enroll.