

Your benefits.

Investing together for a healthier you.

**2017 Annual Enrollment
October 25 – November 3, 2016**



verizon[✓]

2017 Annual Enrollment

Annual Enrollment opens October 25 and closes November 3 at midnight Eastern time.

This is your opportunity to review and update coverage elections to ensure the health and insurance coverages you have are what you and your family need for the upcoming year.

Enrollment is simple.

If you're keeping the same coverages, then you don't need to take any action. Your current benefits will automatically continue unless you make a change.

Review this guide to be sure you understand your coverage options and contributions for 2017.

To review or make changes to your coverage elections, dependents, or beneficiaries, visit BenefitsConnection at verizon.com/BenefitsConnection before midnight Eastern time on November 3 using any mobile device or computer.

If you have questions or need assistance, you can call the Verizon Benefits Center at 855.4VzBens (855.489.2367). Representatives are available 9 AM to 5 PM, Eastern time.



Start
here

Take the next step to review or update your coverage:

- **Log on to BenefitsConnection at verizon.com/BenefitsConnection.**
- **Review your current elections.** From the home page, under My benefits > Health & Insurance, select View This Year's Coverage.
- **Review your 2017 options.** From the home page, under My benefits > Health & Insurance, select View Next Year's Coverage.
- **Compare plan options.** From the home page, under I want to, select See Next Year's Health Plan Comparison Charts.
- **Make election changes, add or drop dependents and verify your beneficiaries.** From the home page, in the Annual Enrollment section under Suggestions for you, select Enroll Now.

BenefitsConnection

We provide you 24/7 access to information and tools for managing your Verizon benefits.

Using any mobile device or computer, it's easy to find and easy to use, accessible at verizon.com/BenefitsConnection.

Learn more about it

To compare plan options, from the BenefitsConnection home page, under I want to, select See Next Year's Health Plan Comparison Charts.

For more detailed information on your benefit plans, including Summary Plan Descriptions (SPDs) and vendor contact information, visit the Library page on BenefitsConnection.

Adding a dependent to coverage

When adding a dependent to coverage during Annual Enrollment, or at any time during the year, 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 appropriate documentation is not submitted in a timely manner, your dependent will be dropped from coverage.

If you have questions about eligibility, please refer to your SPD.



Dependent child coverage age limit

In order for a dependent child to be eligible for medical and dental coverage after the end of the calendar year in which he/she reaches age 19, he/she must be a full-time student at an accredited institution, or meet the conditions of being disabled. Coverage can continue through the end of the calendar year in which he/she reaches age 25 as long as he/she maintains full-time student status.

Similar to last year, Verizon will work with the National Student Clearinghouse in early 2017 to confirm student eligibility for dependents between the ages of 19 and 25 that are enrolled in medical and 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 medical and dental coverage.

If your child is not a full-time student, and does not meet the conditions of being disabled, you must remove him/her from medical and dental coverage during Annual Enrollment. If you would like to continue coverage for your dependent(s) through COBRA, please contact the Verizon Benefits Center at 855.4VzBens (855.489.2367) by December 30, 2016.



The Health Insurance Marketplace

If you are not eligible for Medicare, depending on your personal situation, you may have different medical plan options available to you through the Health Insurance Marketplace established by the Affordable Care Act (ACA). For more details about Marketplace options, go to the Marketplace website at healthcare.gov.

The Marketplace is intended to increase access to affordable health care for individuals who do not have access to affordable health care benefits from another source, such as their employer. As you consider whether to forgo your Verizon retiree medical coverage and enroll in a Marketplace option, you need to understand the following potential implications:

- If you purchase health insurance through the Marketplace, Verizon will not contribute toward the cost of coverage or help you remit your payment.
- If you enroll in Verizon retiree medical coverage instead of a Marketplace option, you are not eligible for any government subsidy to pay for that coverage (i.e., a premium tax credit).
- If you enroll in a Marketplace option, you may be eligible for a government subsidy depending on your household income level and whether you are eligible for minimum essential coverage elsewhere.
- Individuals are required to have minimum essential coverage, or they must pay a tax. Both the Marketplace options and Verizon retiree medical coverage meet this definition, so if you are enrolled in either option, you will not be subject to a tax in 2017.

Medical coverage

Pre-Medicare medical plan options

For 2017, you will continue to have a choice of the PPO Plus (Preferred Provider Organization Plus) and the EPN (Exclusive Provider Network) medical plan options through Anthem Blue Cross Blue Shield.

To ensure you have the medical coverage that best meets your needs, we provide some useful tools on BenefitsConnection to help you make those important choices, such as Health Plan Comparison Charts to compare plan options.

For more information about the medical plan, please refer to your SPD.

Pre-Medicare prescription drug coverage

The PPO Plus and EPN medical plan options continue to include prescription drug coverage through Express Scripts.

If you are enrolled in an HMO, check with your plan for prescription drug coverage information.

If an HMO is currently available to you, it will continue to be available to you in 2017 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.

Medicare-eligible medical plan options

If you or a family member is eligible for Medicare, there may be Medicare options available through the individual market (and outside the plans that Verizon offers) that provide a lower cost for Medicare-eligible retirees based on medical needs.

Medicare Advantage Plan options

If you or a family member is eligible for Medicare, Verizon offers one or more Verizon Advantage Plan options through the UnitedHealthcare® Group Medicare Advantage (PPO) plans. These Verizon-sponsored medical plan options leverage Medicare subsidies provided by the federal government and combines Medicare Parts A and B provisions.

These plan options offer:

- 100% preventive care
- office visit copays
- no lifetime benefit maximums

Upon your or your dependent(s)' Medicare eligibility, you will receive additional information from UnitedHealthcare about the Verizon Advantage Plan features.

Medicare prescription drug coverage

For most Medicare-eligible retirees, if you or a covered family member is or becomes eligible for Medicare, your prescription drug coverage is provided through a Verizon-sponsored group Medicare Part D plan. This benefit consists of a standard Medicare Part D benefit, plus a supplemental “wrap-around” plan to preserve a comprehensive level of prescription drug benefits.

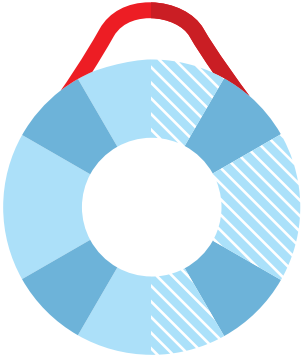
Medicare-eligible retirees who have moved to the Medicare Part D plan with the wrap-around will receive additional information about the program each year, as required by Medicare. Retirees and family members who become eligible for Medicare will receive additional information at that time.



Retiree medical contributions

You may see an increase in the amount you pay for your retiree medical coverage for 2017. This is because medical costs continue to go up each year.

To review your contribution amounts on BenefitsConnection, from the home page, under My benefits > Health & Insurance, select View Next Year's Coverage.



Life insurance

Take the time to assess your current life insurance needs. They can change from year to year, especially if your family dynamics or lifestyle has changed.

Keep in mind, the child life insurance plan covers all of your eligible dependent children. You are responsible for updating your election if your previously eligible dependents no longer meet the eligibility requirements.

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 fall into a new age band, your costs could increase. Your costs for 2017 are based on age as of December 31, 2017.

Confirmation statement

You can confirm your current election information online at any time, 24/7, on BenefitsConnection from any mobile device or computer, so you can go green and stay green.

Still want a paper confirmation statement? Simply log on to BenefitsConnection at verizon.com/BenefitsConnection. From the home page, under My benefits > Health & Insurance, select View Next Year's Coverage, then select Print in the upper-right corner.

You can also request a confirmation statement be mailed to you by calling the Verizon Benefits Center.

Additional information

Important changes to your plan

Transgender coverage

Verizon provides coverage for care related to gender dysphoria or gender transition services that are “medically necessary.” If your benefit package previously excluded coverage for gender transition services, the exclusion has been removed. Contact the Verizon medical plan option or prescription drug administrator, such as Express Scripts, for more details on what gender transition services and benefits are available.



Women's Health Cancer Rights Act

Under the Women's Health Cancer Rights Act (WHCRA), the Plan is required to provide coverage for all stages of reconstruction of the breast on which the mastectomy was performed (with consultation with the attending physician and patient), including as of January 1, 2017, details, such as re-pigmentation, to restore the physical appearance of the breast. As always, cost sharing (deductibles and coinsurance) for these benefits must be consistent with other benefits under the Plan. Contact the Verizon medical plan option for more details.

Important legal notices

Update to the Notice of Privacy Practices for the Verizon Communications Inc. Health Plans

The Notice of Privacy Practices for the Verizon Communications Inc. Health Plans (“HIPAA Privacy Notice”) explains the uses and disclosures the Verizon Health Plans may make of your protected health information, your rights with respect to your protected health information, and the Plans’ duties and obligations with respect to your protected health information. Verizon updated the HIPAA Privacy Notice, Contact Information section, to reflect changes to the contact information for the Verizon HIPAA Unit.

The HIPAA Privacy Notice can be found on BenefitsConnection. You may view the notice and/or print a paper copy from the website; or you also may request a paper copy by calling the Verizon Benefits Center at 855.4VzBens (855.489.2367).

Pre-Medicare only:

Form 1095-C

Form 1095-C, Employer-Provided Health Insurance Offer and Coverage, is a form that you may receive at the beginning of each year as part of the Affordable Care Act. The form includes information about the health insurance coverage offered to you by Verizon. Save it to file your taxes. It will assist you with completing the ‘Health Care – Individual Responsibility’ section on your Form 1040 tax filing (or other tax form as appropriate).

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 855.4VzBens (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 with:

Verizon Benefits Center	Phone: 908.559.3620
Attn: Civil Rights Coordinator	TTY: 711
P.O. Box 8998	Fax: 908.630.2639
Norfolk VA 23501-8998	E-mail: ralph.p.fader@verizon.com

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, Ralph Fader, Sr. Analyst Benefits, Verizon's Civil Rights Coordinator, is available to help you.

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.

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

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

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.

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

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

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 7632.984.558 (رقم هاتف الصم والبكم).

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

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

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

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

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

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 まで、お電話にてご連絡ください。

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

'With respect to the nondiscrimination rules explained in this notice, the following Verizon group health plans are "covered entities:" The Plan for Group Insurance, The Verizon Retiree Group Health Plan for Management & Non-Union Hourly Employees, The Verizon Retiree Group Health Plan for West Associates, Verizon Business Health and Welfare Plan, Verizon Plan 550, Verizon's Mid-Atlantic Group Health Plan for Retired Associates (Pre-1990), Verizon Medical Expense Plan for New York and New England Associates, Verizon New York and New England Retiree Health (Post-1992 Retirees) and Group Life Insurance Plan for Active and Retired Associates, and Verizon Post-1995 Collectively Bargained Retiree Health Plan (Pre-1993 Retirees).

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, 2017. 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, retirees, and their dependents. Your SPDs 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.

