

**Communications  
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AFL-CIO, DISTRICT 1**

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**To: NY/NE Local Presidents –Verizon Locals**  
**From: William Gallagher, Assistant to the Vice President**  
**Date: September 17, 2025**  
**Re: 2026 Verizon Annual Enrollment Notification**

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**The 2026 Annual Open Enrollment Dates are as follows:**

**October 7, 2025 to October 16, 2025 – (these dates are for Active employees and Retirees).**

**Active Employees:**

**During our latest ACHC meeting on August 19, 2025 the company made us aware that it will not be mailing the annual enrollment materials to active members homes and instead active members will be mailed a post card to their homes with instructions on how to access the materials via the Benefits Connection website. The Union objected to this change but Verizon is not required to mail the documents to members' homes.**

***\* Active employees who wish to have a copy of the materials mailed to their homes may do so by requesting a copy be mailed to them by contacting the Benefits Center at 855- 4VZ-BENS (855-489-2367).***

**This is your opportunity to review your benefits and make any changes to your benefits.**

**Most 2025 elections and designations automatically carry over into 2026 Annual Enrollment. Members who want to stay with their current elections for medical, dental, vision and AD&D life insurance plan without any changes don't need to do anything **except complete a wellness activity if they wish to receive the \$100 credit.****

**If you have a Qualifying Life Event between open enrollment and the end of the year, you will need to make changes on Benefits Connections for both 2025 and 2026. Examples of a Qualifying Life Event are adding a spouse if you get married, adding a child when there is a birth of a new baby etc.**

### **Health Assessment/Wellness Activity Credit:**

Unlike last year the \$100 credit is not automatically rolling over from last year. In order to receive the full credit employees must complete one of the five activities by December 31, 2025 (credit will be prorated when completed after 12/31/2025.) In order to complete an activity access the Benefits Connection website > Annual Enrollment > Well-being Activity or visit Personify Health > Rewards.

### **Non- Tobacco User Credit - \$600:**

- If you are a non-tobacco user and are already receiving credit, no further action is needed.
- If you are not receiving this credit and you and your covered dependents **DO NOT** use tobacco products, indicate your NON-TOBACCO status by visiting Personify Health to receive your \$600 credit towards your annual medical contributions.
- If you and your covered dependents DO USE tobacco products but have completed a tobacco cessation course within the last six months indicate your status on the Personify Health platform during Open Enrollment for the full credit.
- If you have NOT completed a tobacco cessation course in the last six months, you can earn the full Non-Tobacco Credit in 2026 if you and/or your covered dependents satisfy the reasonable alternative standard as follows:
  - 1) During Annual Enrollment, log on to Personify Health and answer the Tobacco User Status question while completing your Annual Enrollment elections: - answer YES and intend to complete a tobacco cessation course before July 31, 2026.
  - 2) Before July 31, 2026, complete a tobacco cessation course (journey). This is also housed in the Personify Health platform.

### **Retirees:**

Retirees are urged to make any changes during the annual enrollment period; however they continue to have “Anytime Enrollment”. When a retiree makes a change outside of the Annual Enrollment period, the change is effective the first of the month following a 30 day waiting period. An exception to the “Anytime Enrollment” for retirees is for those retirees who choose to enroll in the HRA option. Those retirees who enroll in the HRA option must remain in the HRA for the 2026 plan year unless they have a qualifying life event.

### **Pre-Medicare Retirees:**

#### **For pre-Medicare retirees who retired after January 1, 1992, with a net credited service date before August 3, 2008:**

Our contracts with Verizon provide for limits on the amount the Company will contribute toward retiree medical coverage. These limits are referred to as retiree medical caps (Company's Caps) and are as follows:

- Retiree: \$15,447
- Retiree + 1: \$30,893
- Retiree + Family: \$38,639

The Agreements provide that when the cost of the pre-Medicare plan option exceeds the Company's Caps the retiree shall be responsible to pay the excess in the form of premium contributions.

Beginning January 1, 2026 the cost of the pre-Medicare MEP HCP will be as follows:

- Retiree: \$18,211
- Retiree + 1: \$36,422
- Retiree + Family: \$45,528

Resulting in the following monthly premium contributions (excess of the Company's caps):

- Retiree: \$230.33
- Retiree + 1: \$460.75
- Retiree + Family: \$574.08

The Agreements allow the Union to bargain alternative medical options for the Pre-2008 Pre-Medicare retirees when the MEP HCP pierces the Company's caps. The Union, through the Advisory Committee on Health Care ("ACHC"), successfully negotiated 3 alternative options for Pre-2008 pre-Medicare Retirees.

1. Elect to enroll in the *alternative* MEP HCP plan. This plan uses an alternative network that the MEP HCP plan and has a different plan design. **Before enrolling in this plan it is important that you visit [anthem.com/find-care](https://anthem.com/find-care) or call the Anthem Health Guide Team at 855-869-8139 to determine if your current providers are in the new network or you are willing to change providers to pay lower premiums.**

The cost of this *alternative* plan is significantly less expensive than the traditional MEP HCP plan and results in monthly premium contributions as follows:

- Retiree: \$98.33
- Retiree + 1: \$196.75
- Retiree + Family: \$244.08

2. Enroll in the Surest Plan. Surest is a United Health Care (“UHC”) product that is designed to steer participants to providers that have better outcomes based on the rates they charge. The plan design has no deductible or co-insurance and contains a range of co-pays for services. Co-pays vary and can be significantly higher than you are accustomed to. Please review the annual enrollment materials carefully before choosing this plan option. If you enroll in the Surest Plan, as a participant you would access the Surest website or App to choose a provider based on the applicable co-pay and the provider’s “rating.” The cost of this plan also results in reduced monthly premium contributions as follows:
  - Retiree: \$42.67
  - Retiree + 1: \$85.42
  - Retiree + Family: \$104.92
3. Opt-out of Verizon coverage and enroll in an HRA. **To be eligible for these HRA alternative options you must have been enrolled in a Verizon group plan option at some point on or after January 1, 2023, either as an active employee, retiree, or a covered dependent.** The HRA amount will be equal to the Company’s Caps for the tier coverage you enroll in (Retiree - \$15,447, Retiree + 1 - \$30,639, Retiree + Family - \$38,639). You will have the following two options for your HRA:
  - Pre-Medicare Exchange HRA through Via Benefits: This option offers access to medical plans offered by the individual marketplace.
  - Pre-Medicare HRA through Benefits Connection: This option allows you to enroll in medical coverage that you are eligible for, such as through the VA or as an eligible dependent on someone else’s plan (e.g., your spouse’s plan) and utilize the HRA to pay for eligible expenses you incur.

Certain IRS Section 213(d) out of pocket medical, dental and vision expenses that you incur can be reimbursed through the HRA in accordance with your collective bargaining agreement. Eligible medical expenses for reimbursement are expenses like certain after-tax premiums and other out-of-pocket medical and prescription drug related expenses. If your coverage is as a dependent on someone else’s medical plan, only out-of-pocket expenses are reimbursable (not premiums or contributions). You can also be reimbursed for eligible out-of-pocket dental expenses incurred under the Company-sponsored dental plan that you are enrolled in for 2026, such as deductibles, copays, and coinsurance. In addition, each covered individual will be able to have a maximum of \$1,000 in eligible vision expenses reimbursed during the year.

Your HRA will be eligible for rollover if you do not use the balance in 2026. The HRA amount eligible for rollover is subject to an annual limit of three times the annual amount of the HRA credit you are eligible for based on your elected coverage tier as of January 1 for the year in which the rollover is received; this limit will be applied at January 1 of any plan year in which you are eligible for a credit. To the extent an annual rollover when paired with the credit for the upcoming year would result in a balance in excess of three times the annual amount of the HRA credit for such plan year, the rollover will be forfeited and you will be eligible for an HRA credit for the plan year equal to three times the applicable annual amount. After a runout period that will allow claims that were incurred during an applicable plan year to be submitted, the HRA excess (if any) will be forfeited. For claims incurred in 2026, the runout period will end as of June 30, 2027.

In order to elect this alternative, during annual enrollment you must opt yourself and all pre-65 eligible dependents out of Verizon group medical and prescription plan coverage and elect either the Pre-Medicare Exchange HRA through Via Benefits or the Pre-Medicare HRA through BenefitsConnection. You must select the same option for you and your dependents, except that “split” coverage is permitted when you or your dependent(s) are eligible for Medicare. For more information about the Via Benefits Exchange, go to BenefitsConnection > Annual Enrollment > Via Benefits. Benefits Advisors are available to take your call and discuss additional information beginning October 7, 2025.

For the 2026 plan year, the enrollment period for a plan through the Via Benefits Exchange with the individual marketplace is from November 1, 2025 through December 15, 2025. Since that occurs after your Verizon Annual Enrollment period, if you opt out of Verizon group coverage during your Verizon Annual Enrollment period but then decide that one of the individual plan options is not suited for you, you will have an opportunity to return to BenefitsConnection before December 15, 2025 to re-enroll in Verizon group plan coverage.

#### Other Medical Options:

Verizon will continue to offer the following plans to pre-Medicare retirees: EPO, Harvard Pilgrim, Aetna HMO, CDPHP, Blue Alliance and Univera Healthcare. The monthly premium contributions to participate in one of these plans range from \$290.75 to \$2,860. Please refer to your annual enrollment materials to determine which premium contribution is applicable to your plan and tier of coverage.

Note: The pre-Medicare EPO medical plan option will continue to be available only to those currently enrolled in it. If you disenroll, the EPO will no longer be available.

Additionally, the Cigna Healthcare (VA) and Geisinger Health Plan (PA) medical HMO options will be eliminated in 2026.

**Pre-Medicare retirees with a net credited service date on or after August 3, 2008:**

For the 2026 plan year, the Company will provide the following contributions toward the cost of retiree medical coverage for eligible retirees:

- Not eligible for Medicare: \$576 for each full year of net credited service that commences on or after August 3, 2008, up to a maximum of 25 years.

“Post-08” Retirees can enroll in the MEP HCP, alternative MEP HCP or Surest Plan and apply their contribution towards their premium costs or enroll in an HRA. If you choose the HRA option you will have two options:

- Pre-Medicare Exchange HRA through Via Benefits: This option offers access to medical plans offered by the individual marketplace. This option is best if you don’t have access to alternative coverage and wish to purchase your own coverage using funds from the HRA.
- Pre-Medicare HRA through BenefitsConnection: This option is best if you are able to enroll in alternative medical coverage that you are eligible for outside of Verizon, such as through the VA or as an eligible dependent on someone else’s plan (e.g., your spouse’s plan).

Certain IRS Section 213(d) out of pocket medical, dental and vision expenses that you incur can be reimbursed through the HRA in accordance with your collective bargaining agreement. Eligible medical expenses for reimbursement are expenses like certain after-tax premiums and other out-of-pocket medical and prescription drug related expenses. If your coverage is as a dependent on someone else’s medical plan, only out-of-pocket expenses are reimbursable (not premiums or contributions). You can also be reimbursed for eligible out-of-pocket dental expenses incurred under the Company-sponsored dental plan that you are enrolled in for 2026, such as deductibles, copays, and coinsurance. In addition, each covered individual will be able to have a maximum of \$1,000 in eligible vision expenses reimbursed during the year.

For Post-2008 Covered Retirees, the HRA may be rolled over beginning with the 2025 plan year; however, once the Post-2008 Covered Retiree becomes eligible for Medicare, the remaining amount will be forfeited subject to a runout period. The claim submission following termination of coverage other than death has been extended from 3 months to 6 months. In order to elect this alternative, during annual enrollment you must opt yourself and all pre-medicare eligible dependents out of Verizon group medical and prescription plan coverage and elect either the Pre-Medicare Exchange HRA through Via Benefits or the Pre-Medicare HRA through BenefitsConnection. You must select the same option for you and your dependents, except that “split” coverage is permitted when you or your dependent(s) are eligible for Medicare.

For the 2026 plan year, the enrollment period for a plan through the Via Benefits Exchange with the individual marketplace is from November 1, 2025 through December 15, 2025. Since that occurs after your Verizon Annual Enrollment period, if you opt out of Verizon group coverage during your Verizon Annual Enrollment period but then decide that one of the individual plan options is not suited for you, you will have an opportunity to return to BenefitsConnection before December 15, 2025 to re-enroll in Verizon group plan coverage.

### **Medicare Eligible Retirees:**

#### **Medicare eligible retirees who retired after January 1, 1992, with a net credited service date before August 3, 2008:**

In the 2026 plan year, the cost of coverage of each of the Medicare plan options is less than the applicable retiree medical caps. Retirees enrolled in the UHC Medicare Advantage Plan **will not be required to pay premium contributions to Verizon** but must continue to pay Medicare Part B premiums to be eligible. If you choose to enroll in a Medicare HMO offered by Verizon your monthly contribution will range from \$35.00 to \$169.00 depending on the plan you enroll in and you coverage tier. Please refer to your annual enrollment materials to determine which premium contribution is applicable to your plan and tier of coverage.

#### **Medicare retirees with a net credited service date on or after August 3, 2008:**

- Medicare-eligible: \$288 for each full year of net credited service that commences on or after August 3, 2008, up to a maximum of 25 years towards the cost of the UHC Medicare Advantage Plan.

### **Life & Accidental Death & Dismemberment Insurance (AD&D)**

Annual enrollment offers you the opportunity to make changes to your current life insurance coverage amounts and/or waive coverage. The rates for coverage are based on age ranges. As you and your spouse fall into a new age band your costs could increase. If you choose to continue your coverage, no further action is required.

**Verify you beneficiary status to make sure it is accurate and up to date. It is a good idea to do this every year.**

## **Healthcare Spending Accounts**

Unless you make an active election during Annual Enrollment to change your contributions, your current 2025 spending account elections will automatically carry over to 2026. Since the IRS Maximum for HCSA is typically announced after the Annual Enrollment period ends, you are offered an option to automatically elect to contribute the maximum amount during your Annual Enrollment period. Should you elect to contribute the maximum, your HCSA contribution will be automatically increased to the IRS maximum amount for January 1, 2026.