Benefits — Frequently Asked Questions

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Medical Plans

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

A. T-Mobile offers three medical plan options:

- Health Reimbursement Account (HRA) Plan
- Health Savings Account (HSA) Plan
- EPO

Employees living in Hawaii have two plans available to them: HMSA Health Maintenance Organization plan and HMSA Preferred Provider Organization plan.

Health Reimbursement Account (HRA)

Q. What is an HRA?

A. The HRA is a high deductible 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 of 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.

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 on the medical tab of the Benefits Hub for more details on copay and prescription costs.

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. The out-of-pocket maximum is $3,000 for individual coverage and $6,000 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 you money you should stay in network.

Q. What is Auto Rollover?
A. All HRA Participants are set up with Auto Rollover. This means when a provider's claim is filed, the plan will automatically pay for your portion of the cost from your HRA. You can turn this feature off at any time by logging into myuhc.com or aetnanavigator.com if you wish to control how your HRA dollars are spent.

Q. Do I have to submit receipts for services paid with my HRA Debit Card?
A. You do not have to provide receipts or supporting documentation if you use your HRA Debit Card for services provided by an in-network physician. Should you pay for services provided by an out-of-network provider, plan to save your receipts and Explanation of Benefits (EOB) to validate your 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. What happens to my HRA Funds should I 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 the event of an IRS audit.

Health Savings Account (HSA)

Q. What is an HSA?
A. An HSA is a high deductible medical plan with a Health Savings Account that 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).

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.

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.

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 and prescription costs until you meet your annual deductible ($1,500/individual or $3,000/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. The out-of-pocket maximum is $3,000 for individual coverage and $6,000 for individual + enrolled dependents. Unique about the HSA Plan, you must meet the $6,000 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 you money you should stay in network.

Q. Can I participate in a Health Care FSA if I'm 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 enroll in the HSA plan for the new plan year and had a Health Care FSA in in the prior plan year that you didn't exhaust, you will be enrolled in a limited-purpose FSA for the new plan year for up to $500 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 visions 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 leave T-Mobile?
A. The HSA is 100% portable! This means should you change medical plans or terminate your coverage you can take all of your funds with you and keep them, even into retirement.

EPO

Q. What is EPO?
A. EPO is an in-network-only plan with a low deductible (compared to the HRA and HSA plans). Most services only require a copay, which means you will likely pay less at time of service. The plan only provides coverage at an in-network provider, but 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. EPO enrollees should check to be sure their provider is in-network with their respective insurer prior to receiving services, since EPO participants do not have coverage should they go out of network, except in an emergency. 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.

Aetna EPO participants: Call Aetna Member Services at (888) 318-8986 or view the online provider directory at https://www.aetnaresource.com/t-mobile. Your group number is 909040.

HMSA Plans

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.

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 locate a PPO dentist, contact Delta Dental directly at 1-800-238-3107 or online at deltadentalwa.com 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 to I provide proof of coverage to my dentist?
A. Please see the instructions below:

- **PPO Network Dental Plan:** You will not receive an insurance card. When you visit your dentist tell them that you are covered by Delta Dental and provide your Social Security Number to verify coverage.
- **Open Network Dental Plan:** You will receive an insurance card around the time your new coverage begins.

Vision

Q. What should I know about the T-Mobile vision plan?
A. Vision Service Plan (VSP) administers this benefit for T-Mobile. To locate 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, visit Your Benefits Resources 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, visit Your Benefits Resources.

Q. How do I submit an FSA claim for payment?
A. Claims can be submitted through Your Spending Account, which can be accessed through the Your Benefits Resources portal. You can also submit claims through the Reimburse Me 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 of the overpayment will be considered taxable and reported on your W2.

Q. What is the deadline to submit claims for either Health Care or Dependent Care FSA?
A. All claims must be incurred prior to the end of the plan year, on or before Dec. 31. However, participants have through the claims run out period, April 30th of the following plan year to submit any claims.

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 also one of T-Mobile's High Deductible Medical Plans?
A. Health Reimbursement Account (HRA) Plan participants are able to 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 a list of IRS-approved eligible health care expenses available through the Your Spending Account portal.

Q. Is the IRS annual limit per participant or per household?
A. The 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 recent IRS regulations, employees can carry forward up to $500 in unused balances; amounts above $500 are forfeited. This balance will carry forward until you no longer are eligible for FSA, exhaust your funds, or leave T-Mobile. The $500 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 Life Changes tab in the Your Benefits Resources portal 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. You do have up to April 30th of the following plan year to submit your claims for expenses incurred during the plan year. Naturally, we do not want you to lose any money, so we recommend you utilize the planning tools and resources available on Your Benefits Resources portal during enrollment and plan accordingly!

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 pay check.

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 increase or decrease your contributions or withdraw from the plan), if you experience a Special Qualifying Event, visit the Life Changes tab in the Your Benefits Resources portal 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.

Free Money for Childcare! Childcare Subsidy

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 $2,400 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 a combined gross annual household income 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

Combined gross annual income is defined as your annual base salary (not including overtime, commissions, bonuses, etc.) plus that of your spouse or domestic partner (also not including overtime, commissions, bonuses, etc.).

- If your annual household income is less than $63,000 per year, you would be eligible for $200 a month
- If you annual household income is between $63,000.01 - $99,000 per year, you would be eligible for $125 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 through the Your Benefits Resources portal 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 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. 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 Your Benefits Resources and follow the navigation to Your Spending 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 if those funds were claimed against.

Life Insurance

Q. Can I pay for additional Life Insurance in addition to the Company Paid benefit?
A. Yes, T-Mobile offers employee, spouse/partner and dependent voluntary life insurance. Employees can elect these benefits separately and deductions are taken on a post-tax basis.

Q. Do I need to enroll in employee voluntary life insurance in order to elect spouse/partner and/or dependent life insurance?
A. Employees are not required to elect employee voluntary life insurance should they wish to participate in the spouse/partner and/or dependent voluntary life insurance. These elections can be made separately.

Q. Do I need to complete a medical questionnaire should I elect 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 – newly eligible employees can elect up to the lesser of 3 x pay or $750,000 without EOI; during annual enrollment employees currently enrolled in coverage can elect up to the lesser of one additional multiple of pay or $750,000 without EOI.
- Spousal/Partner Life Insurance – newly eligible employees can elect up to $50,000 without EOI; during annual enrollment employees currently enrolled in coverage can elect up to $50,000 without EOI.
- Dependent 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.

Disability Insurance

Q. How do I know if I am eligible for short-term or long-term disability for my current illness?
A. Contact the T-Mobile Benefits Center at 1-800-TMO-BENS (1-855-866-2367) for more information.

Voluntary Benefits

Q. What are Voluntary Benefits?
A. When we talk about Voluntary Benefits we're referring to five specific types of benefits that we offer, including AFLAC, pet insurance, legal insurance, auto/home insurance, and identity theft monitoring. 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 Voluntary Benefits?
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.

Q. How can I pay for my Voluntary Benefits?
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.

Q. When can I enroll in Voluntary Benefits?
A. You can only enroll for AFLAC and legal insurance at hire or during annual enrollment. But you can enroll at any time for pet insurance, identity theft monitoring, and auto/home insurance.

Q. Where do I go to find out more about the Voluntary Benefits?
A. Call 1-855-845-0543 or visit t-mobileaddedbenefits.com to find out more or enroll.