

# 2021 BENEFITS GUIDE



T Mobile

metro  
by T Mobile

# HERE'S WHAT'S IN IT FOR YOU

The Un-carrier® takes care of its own! Working for T-Mobile means you get amazing benefits, discounts and perks for you and your family. In addition to medical, dental and vision coverage, you have access to additional benefits for your health, your future, your life and your extras.

- Planning a baby? Check out our Paid Parental Leave, Free Money for Childcare, and Adoption/Surrogacy Assistance programs.
- Taking charge of your financial well-being? Learn about our Stock and 401(k) plans! And schedule time with a LiveMagenta Money Coach!
- Looking for Tuition Assistance? We've got that too!
- For everyday discounts, take a look at our Mobile Service Discount and our Discounts + Perks program.

## When Am I Eligible?

As a new hire, you become eligible for most benefits on the first of the month following 30 days of service. For example, if you're hired on Feb. 5, your benefits would go into effect on April 1. Some benefits have a longer or shorter waiting period. If so, you'll see it called out in that section.



To see more information about your health benefits options, check out the Benefits Hub.

[t-mobilebenefits.com](https://t-mobilebenefits.com)

The information included in this document is a condensed outline of our benefit plans and is to be used as a quick reference tool; it is not a legal contract. For specific information about these benefits and plan benefit limits, please refer to your Summary Plan Description. This summary of employee benefits is in all cases superseded by the actual plan document that you will have access to upon hire.

## MY HEALTH

Medical  
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## MY FUTURE

T-Mobile 401(k) Savings Plan  
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## MY LIFE

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Free Money for Childcare (Childcare Subsidy)  
Tuition Assistance  
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Business Travel Accident & Medical  
Voluntary Life Insurance  
Voluntary AD&D Insurance  
LiveMagenta

## MY EXTRAS

Employee Mobile Service Discount  
Voluntary Benefits  
Employee Discounts + Perks  
Employee Referral Program  
T-Mobile in the Community

#BEMAGENTA  
#BEYOU

# MY HEALTH

## Medical for Everyone Except Hawaii Employees

We offer some of the best medical plans available but depending on your preferences one plan may be better than the other for you. That's why you get to choose what works best for you and your family!

First you pick your plan type - HRA (Health Reimbursement Account), EPO (Exclusive Provider Organization) or the HSA (Health Savings Account). Once you have your plan, you can choose either UnitedHealthcare or Aetna as your insurance company.

All our medical plans cover the same types of procedures and services, and each medical plan has the same benefits whether you choose Aetna or UnitedHealthcare.

T-Mobile's medical benefits are very competitive, and offer the following differentiators:

- Autism coverage, including Applied Behavioral Analysis (ABA) services
- Gender-affirming services, including surgery coverage, for transgender employees or family members
- Infertility benefits

See the [Medical Benefits Overview](#) & [Bi-Weekly Employee Rates Table](#) for details.

## Medical for Employees Living in Hawaii

If you live in Hawaii, your medical plans are offered through HMSA. You've got two options: HMSA HMO or HMSA PPO.

See the [Hawaii Medical Plan Comparison Chart](#) & [Bi-Weekly Employee Rates Table](#) for details.

## Dental

We offer two great dental plans through Delta Dental of Washington – the PPO Network Plan and the Open Network Plan. Both plans provide the same level of benefits and cover the same services, but you'll pay more directly from your paycheck with the open network dental plan.

The PPO Network Plan has the lowest cost to you because you may only see dentists in the Delta Dental PPO network, which is a very broad nationwide network of dentists. The PPO dentist will file your claims directly with Delta Dental, cutting down legwork on your end.

The Open Network Plan allows you to see any dentist you want; however, it comes at a higher cost from your paycheck. Additionally, you may have to file your own claims and reimburse your dentist directly. You also may be charged a higher rate for services.

| What's Covered                                 | Percentage Paid                    | Benefit Maximum                                                                                                                                                        |
|------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preventive Care (cleanings, bitewing X-rays)   | 100%, no deductible                | Two cleanings per year. Plan pays an annual maximum of \$2,000 per person (Costs from Preventive Care, Basic Services, and Major Services apply to the annual maximum) |
| Basic Services (fillings, routine extractions) | 80%, after deductible <sup>1</sup> |                                                                                                                                                                        |
| Major Services (crowns, bridges, dentures)     | 50%, after deductible <sup>1</sup> |                                                                                                                                                                        |
| Orthodontia (for children and adults)          | 50%, no deductible <sup>1</sup>    | Separate lifetime maximum of \$2,000 per person                                                                                                                        |

<sup>1</sup> Annual individual deductible is \$50, with a maximum of \$150 per family.

# MY HEALTH

## Vision

T-Mobile offers vision coverage through Vision Service Plan (VSP) and offers a broad network of nationwide providers to choose from to meet your vision needs.

The plan covers eye exams and glasses or contact lenses. Copays and benefit maximums apply. Frequencies and maximums of benefits are based on a calendar year.

| What's Covered       | How Often                              | Copays and Maximums                                                                   |
|----------------------|----------------------------------------|---------------------------------------------------------------------------------------|
| Eye Exams            | One per year                           | Copay: \$15                                                                           |
| Lenses (for glasses) | One pair per year                      | Copay: \$25 (combined with copay for frames)                                          |
| Frames               | One pair per year                      | Copay: \$25 (combined with copay for lenses) Maximum benefit: up to \$150 after copay |
| Contact Lenses       | One pair per year (in lieu of glasses) | Copay: none Maximum benefit: up to \$150 per pair                                     |

## Flexible Spending Accounts

Want an easy way to pay for health and dependent care expenses not covered elsewhere AND save taxes? The IRS allows you to set aside pretax money in an FSA to pay for health care and/or dependent care expenses. There are two types of FSAs: Health Care and Dependent Care.

### Health Care Spending Account (per plan year)

- Put aside up to \$2,750 per year to cover out-of-pocket health care expenses
- Non-reimbursed healthcare expenses qualify (e.g. copays, deductibles, orthodontia, glasses)

### Dependent Care Spending Account (per plan year)

- Up to \$5,000 per family may be contributed to child or adult care expenses
- Childcare subsidy program available to qualifying employees (to learn more see the [Free Money for Childcare](#) section under My Life)

## Align Health Pros

Your Health Pro will be your personal health care advocate to help save you time, money and worry when dealing with health care matters. Your Health Pro consultant offers independent guidance to ensure you get the most from T-Mobile's health plans, including:

- Understanding your healthcare benefits and plan details
- Finding great doctors, dentists, and eye care professionals
- Comparing prices to save money on medical care
- Reviewing your health care claims
- Getting help with medical, dental and vision bills
- Researching alternatives to pay less for prescriptions
- Scheduling your appointments and transferring your medical records

Your Health Pro can do the heavy lifting for you — with access to all of our health care vendors they work behind the scenes to solve your problems. As a new hire you can contact Compass prior to your benefits effective date and they can help you make an informed decision about your health care elections.

## Telemedicine

You know what's convenient? Calling a doctor about minor medical problems instead of sitting in an ER or waiting for your doctor to be available. With Teladoc, available through Aetna and UHC plans, you can talk to a real, live, U.S. board-certified doctor or pediatrician on the phone or video chat 365 days a year, any time of the day or night. If you enroll in the EPO or HRA plan, it's free to you! If you're enrolled in the HSA plan, your consult fee is less than \$50.

# MY HEALTH

## Medical Benefits Overview

All Employees Except Hawaii

| Plan Year<br>01/1/2021 - 12/31/2021                                                                                                                            | Health Reimbursement Account (HRA) Plan                                                                                                                          | Exclusive Provider Organization (EPO) Plan                                                                 | Health Savings Account (HSA) Plan                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b><br>The amount you must pay before the Plan begins to pay for most services                                                     | \$1,500/person or \$3,000/family                                                                                                                                 | \$500/person or \$1,000/family                                                                             | \$1,500/person or \$3,000/family <sup>2</sup>                                                                                                         |
| <b>Calendar Year Out-of-Pocket Maximum</b><br>(includes deductible) The most that you will pay in coinsurance in one plan year, after which the Plan pays 100% | \$3,500/person or \$7,000/family                                                                                                                                 | \$2,500/person or \$5,000/family                                                                           | \$3,500/person or \$7,000/family <sup>2</sup>                                                                                                         |
| <b>T-Mobile Account Funding</b><br>(for coverage effective on Jan. 1 – if hired mid-year see the next row)                                                     | \$500 Individual<br>\$1,000 Family<br><br>Entire T-Mobile funding is available on first day of coverage.                                                         | N/A                                                                                                        | \$500 Individual<br>\$1,000 Family<br><br>T-Mobile contributions are prorated and funded each pay date.                                               |
| <b>T-Mobile Account Funding</b><br>(for coverage effective on Feb. 1 or after annual contribution amount is prorated if hired mid-year)                        | \$41.66/month Individual<br>\$83.33/month Family<br><br>Entire T-Mobile funding is available on first day of coverage.                                           | N/A                                                                                                        | \$19.23/pay period Individual<br>\$38.46/pay period Family<br><br>T-Mobile contributions are prorated and funded each pay date.                       |
| <b>Coinsurance</b><br>(applies after deductible is met)                                                                                                        | <b>In-Network:</b> Plan pays 80% <b>Out-of-Network:</b> 60% up to R&C <sup>1</sup>                                                                               | <b>In-Network:</b> Plan pays 80% <b>Out-of-Network:</b> No coverage – plan covers in-network services only | <b>In-Network:</b> Plan pays 80% <b>Out-of-Network:</b> 60% up to R&C <sup>1</sup>                                                                    |
| <b>Office Visits</b>                                                                                                                                           |                                                                                                                                                                  |                                                                                                            |                                                                                                                                                       |
| <b>Preventive</b>                                                                                                                                              | FREE                                                                                                                                                             | FREE                                                                                                       | FREE                                                                                                                                                  |
| <b>Primary Care Physician (PCP) office visit</b>                                                                                                               | <b>In-Network:</b> \$35 copay<br><b>Out-of-Network:</b> plan pays 60% after deductible up to R&C <sup>1</sup>                                                    | \$20 copay                                                                                                 | Deductible+ coinsurance                                                                                                                               |
| <b>Specialist Office Visit</b>                                                                                                                                 | <b>In-Network:</b> \$50 copay<br><b>Out-of-Network:</b> plan pays 60% after deductible up to R&C <sup>1</sup>                                                    | \$30 copay                                                                                                 | Deductible+ coinsurance                                                                                                                               |
| <b>Prescriptions</b>                                                                                                                                           |                                                                                                                                                                  |                                                                                                            |                                                                                                                                                       |
| <b>Tier 1 (30 days)</b><br><b>Tier 2 (30 days)</b><br><b>Tier 3 (30 days)</b><br><b>Mail order (90 days)</b><br><b>Preventive Medications</b>                  | 10% (\$5 copay min. – \$20 copay max.)<br>20% (\$25 copay min. – \$50 copay max.)<br>30% (\$45 copay min. – \$70 copay max.)<br>2x monthly rate<br>Many are free | \$10 copay<br>\$30 copay<br>\$50 copay<br>2x monthly rate Subject to normal copay                          | Plan pays 80% after deductible<br>Plan pays 80% after deductible<br>Plan pays 80% after deductible<br>Plan pays 80% after deductible<br>Many are free |
| <b>Emergency Room</b>                                                                                                                                          |                                                                                                                                                                  |                                                                                                            |                                                                                                                                                       |
| <b>For all plans:</b> in emergency situations, all ERs are treated as in-network. If used in a non-emergency situation, out-of-network benefit levels apply    | \$150 copay, then plan pays 80% after deductible (copay waived if admitted)                                                                                      | \$150 copay, then plan pays 80% after deductible (copay waived if admitted)                                | Plan pays 80% after deductible                                                                                                                        |

<sup>1</sup> R&C is reasonable and customary, the amount a provider in your area would typically charge. You are responsible for any charges from your provider that are above the R&C amount.

<sup>2</sup> The Health Savings Plan features a true family deductible. The family deductible is two times the individual deductible and requires that the entire family deductible is met before covered benefit members start receiving benefits from the plan. For example, an employee enrolled in family coverage must meet the entire \$3,000 deductible before the plan starts paying 80% of covered charges. Please note that the out-of-pocket maximum works the same way.

# MY HEALTH

## Health Plan Costs

All Employees Except Hawaii

### Bi-Weekly Employee Contributions for Medical Plans Plan Year: 01/01/2021 – 12/31/2021

| Coverage Election                               | Health Reimbursement Account (HRA) Plan |          | Exclusive Provider Organization (EPO) Plan |          | Health Savings Account (HSA) Plan |          |
|-------------------------------------------------|-----------------------------------------|----------|--------------------------------------------|----------|-----------------------------------|----------|
|                                                 | Employee                                | Employer | Employee                                   | Employer | Employee                          | Employer |
| Employee Only                                   | \$33.00                                 | \$225.51 | \$63.00                                    | \$231.94 | \$43.00                           | \$211.08 |
| Employee plus Spouse                            | \$78.00                                 | \$439.03 | \$137.00                                   | \$452.88 | \$96.00                           | \$412.17 |
| Employee plus Children                          | \$64.00                                 | \$402.22 | \$119.00                                   | \$411.88 | \$82.00                           | \$376.63 |
| Employee plus Family                            | \$102.00                                | \$669.02 | \$195.00                                   | \$689.79 | \$128.00                          | \$627.81 |
| Domestic Partner <sup>1</sup>                   | \$45.00                                 | \$213.52 | \$74.00                                    | \$220.94 | \$53.00                           | \$201.09 |
| Domestic Partner Child <sup>1</sup>             | \$31.00                                 | \$176.71 | \$56.00                                    | \$179.94 | \$39.00                           | \$165.55 |
| Additional Working Partner Premium <sup>2</sup> | \$46.15                                 |          | \$46.15                                    |          | \$46.15                           |          |

<sup>1</sup> Domestic Partner deductions are taken on a post-tax basis, and employee pays tax on the employer portion of the contribution.

<sup>2</sup> The Working Partner Premium amount is in addition to the employee contributions shown in the table above.

### Bi-Weekly Employee Contributions for Dental and Vision Plans Plan Year: 01/01/2021 – 12/31/2021

| Coverage Election                   | Dental      |          |              |          | Vision   |          |
|-------------------------------------|-------------|----------|--------------|----------|----------|----------|
|                                     | PPO Network |          | Open Network |          |          |          |
|                                     | Employee    | Employer | Employee     | Employer | Employee | Employer |
| Employee Only                       | \$6.00      | \$7.31   | \$17.00      | \$7.31   | \$3.00   | \$0.00   |
| Employee plus Spouse                | \$12.00     | \$12.62  | \$31.00      | \$12.62  | \$5.00   | \$0.00   |
| Employee plus Children              | \$14.00     | \$15.28  | \$37.00      | \$15.28  | \$5.00   | \$0.00   |
| Employee plus Family                | \$20.00     | \$20.59  | \$52.00      | \$20.59  | \$8.00   | \$0.00   |
| Domestic Partner <sup>1</sup>       | \$6.00      | \$5.31   | \$14.00      | \$5.31   | \$2.00   | \$0.00   |
| Domestic Partner Child <sup>1</sup> | \$8.00      | \$7.97   | \$20.00      | \$7.97   | \$2.00   | \$0.00   |

<sup>1</sup> Domestic Partner deductions are taken on a post-tax basis, and employee pays tax on the employer portion of the contribution.

<sup>2</sup> The Working Partner Premium amount is in addition to the employee contributions shown in the table above.

# MY HEALTH

## Medical Benefits Overview

### Hawaii Employees Only

| Plan Year<br>1/1/2021 – 12/31/2021                                                                                                                                                                | HMSA HMO                                                                                                             | HMSAPPO                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Calendar Year Deductible</b><br>Individual<br>Individual + enrolled dependents                                                                                                                 | \$0                                                                                                                  | For in-network providers: \$0<br>For out-of-network providers:<br>\$100 per person<br>\$300 per family maximum       |
| <b>Calendar Year Out-of-Pocket Maximum</b><br>(includes the deductible)<br>Individual<br>Individual + enrolled dependents<br>(Assumes in-network Prescription has separate out-of-pocket maximum) | \$2,500<br>\$7,500                                                                                                   | \$2,500<br>\$7,500                                                                                                   |
| <b>Coinsurance</b><br>(applies after deductible is met)                                                                                                                                           | Varies by service                                                                                                    | Varies by service and network                                                                                        |
| <b>Office Visits</b>                                                                                                                                                                              |                                                                                                                      |                                                                                                                      |
| <b>Preventive</b>                                                                                                                                                                                 | FREE                                                                                                                 | FREE                                                                                                                 |
| <b>Primary Care Physician (PCP) office visit</b>                                                                                                                                                  | \$20                                                                                                                 | \$12                                                                                                                 |
| <b>Specialist Office Visit</b>                                                                                                                                                                    | \$20                                                                                                                 | \$12                                                                                                                 |
| <b>Prescriptions</b>                                                                                                                                                                              |                                                                                                                      |                                                                                                                      |
| <b>Generic (30 days)</b><br><b>Preferred Brand (30 days)</b><br><b>Non-Preferred Brand (30 days)</b><br><b>Specialty (30 days)</b><br><b>Specialty Brand (30 days)</b>                            | \$7 in-network<br>\$30 in-network<br>\$30 + \$45 Other Brand Name Cost<br>Share \$100 in-network<br>\$200 in-network | \$7 in-network<br>\$30 in-network<br>\$30 + \$45 Other Brand Name Cost<br>Share \$100 in-network<br>\$200 in-network |
| <b>Lifetime Maximum</b>                                                                                                                                                                           |                                                                                                                      |                                                                                                                      |
|                                                                                                                                                                                                   | Unlimited                                                                                                            | Unlimited                                                                                                            |
| <b>Online Care</b>                                                                                                                                                                                |                                                                                                                      |                                                                                                                      |
| <b>Telemedicine</b>                                                                                                                                                                               | Included at no cost                                                                                                  | Included at no cost                                                                                                  |

# MY HEALTH

## Health Plan Costs Hawaii Employees Only

### HMSABi-Weekly Employee Contributions for Medical Plans Plan Year: 01/01/2021 – 12/31/2021

| Coverage Election                               | HMSA HMO |          | HMSAPPO  |          |
|-------------------------------------------------|----------|----------|----------|----------|
|                                                 | Employee | Employer | Employee | Employer |
| Employee Only                                   | \$10.00  | \$209.10 | \$10.00  | \$214.10 |
| Employee plus Spouse                            | \$92.00  | \$409.30 | \$117.00 | \$395.74 |
| Employee plus Children                          | \$72.00  | \$343.68 | \$102.00 | \$323.17 |
| Employee plus Family                            | \$118.00 | \$580.49 | \$158.00 | \$556.42 |
| Domestic Partner <sup>1</sup>                   | \$82.00  | \$200.20 | \$107.00 | \$181.64 |
| Domestic Partner Child <sup>1</sup>             | \$62.00  | \$134.58 | \$92.00  | \$109.07 |
| Additional Working Partner Premium <sup>2</sup> | \$46.15  |          | \$46.15  |          |

<sup>1</sup> Domestic Partner deductions are taken on a post-tax basis, and employee pays tax on the employer portion of the contribution.

<sup>2</sup> The Working Partner Premium amount is in addition to the employee contributions shown in the table above.

### HMSABi-Weekly Employee Contributions for Dental and Vision Plans Plan Year: 01/01/2021 – 12/31/2021

| Coverage Election                   | Dental      |          |              |          | Vision   |          |
|-------------------------------------|-------------|----------|--------------|----------|----------|----------|
|                                     | PPO Network |          | Open Network |          | Employee | Employer |
|                                     | Employee    | Employer | Employee     | Employer |          |          |
| Employee Only                       | \$6.00      | \$7.31   | \$17.00      | \$7.31   | \$3.00   | \$0.00   |
| Employee plus Spouse                | \$12.00     | \$12.62  | \$31.00      | \$12.62  | \$5.00   | \$0.00   |
| Employee plus Children              | \$14.00     | \$15.28  | \$37.00      | \$15.28  | \$5.00   | \$0.00   |
| Employee plus Family                | \$20.00     | \$20.59  | \$52.00      | \$20.59  | \$8.00   | \$0.00   |
| Domestic Partner <sup>1</sup>       | \$6.00      | \$5.31   | \$14.00      | \$5.31   | \$2.00   | \$0.00   |
| Domestic Partner Child <sup>1</sup> | \$8.00      | \$7.97   | \$20.00      | \$7.97   | \$2.00   | \$0.00   |

<sup>1</sup> Domestic Partner deductions are taken on a post-tax basis, and employee pays tax on the employer portion of the contribution.



# MY FUTURE

## T-Mobile 401(k) Savings Plan

The 401(k) savings plan is offered through Fidelity and allows you to save for your future.

- You are eligible to participate in the 401(k) plan immediately upon hire.
- You can contribute up to 75% of your regular earnings, and up to 85% of your bonus earnings – up the IRS limit each year. The limit is \$19,500 for 2020. If you are age 50 or older you can contribute up to \$26,000 in 2020.
- You have two ways to contribute: pre-tax or Roth after-tax.
- You are eligible for the employer match after completing one year of service.
- T-Mobile matches: first 3% at 100%, next 2% at 50%. Employer match is immediately vested.

## Employee Stock Grant

Annual stock grants, in the form of Restricted Stock Units (RSUs), are awarded to eligible employees each year. RSUs become shares of T-Mobile stock after a waiting period known as vesting. RSUs take 2-3 years to vest based on your job, with a portion vesting each year. RSUs are awarded to you at no cost to help you share in T-Mobile's performance.

## Employee Stock Purchase Plan (ESPP)

T-Mobile's Employee Stock Purchase Plan (ESPP) is an opportunity to share in company performance by purchasing T-Mobile (TMUS) stock at a 15% discount through payroll deduction.

| Enrollment Period        | Purchase Period        | Purchase Date |
|--------------------------|------------------------|---------------|
| February 15 - March 15   | April 1 - September 30 | September 30  |
| August 15 - September 15 | October 1 - March 31   | March 31      |

# MY LIFE

## Paid Time Off (PTO)

Taking time away from our jobs to re-charge, to be with loved ones, or run those essential errands is important to us all. With the PTO program, you get more flexibility, convenience, and control over how you want to manage your time off for life's experiences. You start earning PTO right away and can use it as soon as you earn it. Hours are awarded bi-weekly.

Regular Full-Time employees and Regular Part-Time employees begin accruing PTO from their first day on the job. Hours are awarded bi-weekly. The amount of PTO depends on status and years of service. Carry over up to 80 hours into the next calendar year, unless otherwise required by law.

| Year | Full-Time Employees | Part-Time Employees |
|------|---------------------|---------------------|
| 1-3  | 152 hours/year      | 88 hours/year       |
| 4-7  | 192 hours/year      | 108 hours/year      |
| 8+   | 232 hours/year      | 128 hours/year      |

## Holidays

You will receive 11 paid holidays per year. Regular full-time employees will be paid based on their regularly scheduled shift. Regular part-time employees are paid up to six hours for each holiday.

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day
- 1 Floating Holiday
- 1 Day of Service or Personal Observation (Floating Holiday)

## Paid Parental Leave

To make sure parents get off to a great start, T-Mobile offers paid parental leave. Eligibility begins the first of the month coinciding with or following 180 days of continuous active employment.

- **Birth moms:** Covers up to seven weeks of 100% paid leave for the birth of a child (called maternity leave)
- **Non-birth parents:** Covers up to three weeks of 100% paid leave for non-birth parents who adopt, use a surrogate or whose domestic partner has a baby (called Family Bonding Time)

## Adoption and Surrogacy Assistance

Family is important, and we each build our family our own way. If you're considering adoption or surrogacy, T-Mobile can help make it possible by reimbursing you for your expenses up to \$14,000 per child.

## Free Money for Childcare (Childcare Subsidy)

If your annual household income (AHI) is less than \$99,000 per year you are eligible for free money to help with your childcare bills. You are not required to contribute your own dollars to a Dependent Care FSA. Once enrolled, T-Mobile will make a monthly deposit into a Dependent Care FSA. You'll receive:

- \$200/month if your AHI is \$63,000 or less
- \$125/month if your AHI is between \$63,000.01 and \$99,000

## Tuition Assistance

It's never too late to go back to school. After 90 days of employment, you'll become eligible for classes directly related to your position or another role at T-Mobile. Classes must be approved in advance. T-Mobile pays schools directly for tuition on behalf of eligible employees when courses are completed successfully with a C- or better, up to \$5,250 annually for full-time employees and \$2,500 for part time employees. Even better, T-Mobile partners with several schools that offer full tuition.

# MY LIFE

## Short and Long Term Disability

Short and Long Term Disability benefits provide eligible employees with income protection in the event of a disability.

You are eligible for disability benefits, at no cost to you, on the first of the month coinciding with or following 180 days of continuous active employment.

Short Term Disability – NEW BENEFIT PERCENTAGE STARTING 1/1/21: After a one week unpaid waiting period, Short Term Disability benefits will replace up to 75% of your pay\* for up to weeks 2 through 11 and up to 60% of your pay\* for up to weeks 12 through 26. \*Your regular weekly rate of pay, including commissions earned by Sales employees (this does not apply to Care).

This new Short Term Disability benefit percentage change goes into effect for claims with a date of disability of 1/1/21 or later. All claims with a disability date prior to 1/1/21 will receive the disability benefit in effect as of the date of disability.

Long Term Disability - After a 26-week waiting period, you may be eligible for Long Term Disability (LTD) benefits. LTD covers 50% of your regular monthly rate of pay, including commissions earned by Sales employees (this does not apply to Care).

Additional LTD coverage available: You can choose to purchase additional LTD coverage which can protect up to a total of 60% or 66 2/3% of your regular monthly rate of pay, including commissions earned by Sales employees (this does not apply to Care).

## Life Insurance and AD&D

T-Mobile provides you with life and Accidental Death & Dismemberment (AD&D) insurance equal to 1.5 times your annual base pay and commissions up to \$1,000,000 maximum, and you are eligible immediately upon hire.

## Business Travel Accident and Business Travel Medical

T-Mobile's Business Travel Accident plan provides additional financial protection for you and your survivors if you or your family members suffer certain accidental injuries, or if you die from such injuries while traveling on behalf of T-Mobile. Certain urgent and/or emergent medical services are covered under the Business Travel Medical plan if you require medical attention while traveling outside of your home country, on the business of T-Mobile.

## Voluntary Life Insurance

You can choose to buy additional life insurance for yourself, up to 8x your annual pay, at reduced rates directly from your paycheck. If you have dependents, you can also purchase life insurance at reduced rates. For your spouse/partner you can purchase various increments from \$10K to \$250K of coverage and up to \$20K of coverage for children.

## Voluntary AD&D Insurance

Employees can choose to buy additional Accidental Death & Dismemberment (AD&D) insurance for yourself up to 8x your annual pay, at a reduced rate directly from your paycheck. If you have dependents, you can also purchase Employee and Family AD&D insurance at reduced rates.

## LiveMagenta

When life happens—money stressors, family issues, health challenges, you name it—LiveMagenta's got the support you need. Get your own expert money coach, connect with a LiveMagenta life coach, access 5 counseling sessions at no cost, and use state-of-the-art apps to work on your health, finances, resiliency, and more. LiveMagenta is available 24/7/365. Make sure to save [LiveMagenta.com](https://www.livemagenta.com) to the home screen of your mobile device for quick access.

# MY EXTRAS

## Employee Mobile Service Discount

Great Service at fantastic rates – that's kind of a no-brainer! Take advantage of steeply discounted pricing on T-Mobile's flagship T-Mobile ONE rate plan, including up to 12 lines of mobile service with Talk + Text + Web, plus up to five mobile internet lines (data only for tablets, wearables, IoT (Internet-of-Things) devices, etc.). Plus, you can enroll in our retail device installment plans and leases, participate in most consumer promotional offers and buy accessories at a 25% discount in T-Mobile-branded stores. You're eligible as soon as your new hire information is updated in the system.

## Voluntary Benefits

You have the opportunity to purchase additional voluntary benefits at discounted group rates via payroll deduction like:

**Critical Illness**- provides a lump sum benefit to help cover both expected and unexpected expenses that arise from the diagnosis of a covered critical illness such as cancer, heart attack or stroke

**Accident**- provides monetary benefits for costs incurred as a result of a covered accident such as fractures, ER visits, and lacerations.

**Hospital Indemnity** - reduces the anxiety of enrolling in a high deductible medical plan by providing hospital admission and hospital stay benefits to cover some of your added cost,

**Legal** – gives you access to services for a wide variety of personal legal matters. Once enrolled, you'll have access to a nationwide network of over 17,500 participating attorneys. No deductible, copayments, or claim forms required.

**Pet Insurance** – protect your pet's health and your budget. Your pet can have coverage for check-ups, accidents or illnesses, and significant medical problems.

**Auto and Home Insurance** – competitive coverage and special savings, as well as free, no-obligation quotes from three leading carriers. It's simple to comparison shop and potentially save money.

**Identity Theft Protection** – choose the right membership plan to help safeguard your credit and finances. If identity theft does occur, an Identity Restoration Specialist, dedicated to you, will personally manage your case.

**ClassPass & Active&Fit Direct** - We also have fitness discount programs, which offer exclusive discounts to T-Mobile employees. Enroll using your credit card to get started.

## Employee Discounts + Perks

You and your family can enjoy special savings on retail items, travel, entertainment, dining and much more. Once hired, just download the Passport app to see what is available in your area. And be sure to check out the Perks at Work site for even more discounts!

## Employee Referral Program

You can earn up to a \$1,500 bonus for each person hired who you refer to T-Mobile. After all, who is better to bring on fresh new talent than our own team members?

## T-Mobile in the Community

At T-Mobile, we believe in not only changing the industry, but our communities for good. That's why we invest in youth through national programs for education, career exploration and social innovation.

Our employees support youth causes through our Huddle Up Volunteer Grants program, where T-Mobile teams can apply for \$5,000 grants to support their volunteer efforts. Plus, we match employees' donations to thousands of charities, dollar for dollar. And, we don't just stop there, we donate \$10 per volunteer hour that they complete, up to a combined \$2,000 per calendar year.

Since the Employee Matching and Huddle Up Volunteer Grant programs started in 2015, more than \$19M has been donated by our Employees and T-Mobile Foundation – talk about changing our communities! And that's not all. We even get the ball rolling for our employees by giving every new hire money in their giving account to give to thousands of charities in our system, during their first 90 days. It's our way of saying "Welcome to the Un-carrier!"