

SUMMARY PLAN DESCRIPTION

FOR

**SPRINT RETIREE HEALTH REIMBURSEMENT
ARRANGEMENT**

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INTRODUCTION

Sprint has established the Sprint Welfare Benefits Plan for Retirees (the “Retiree Plan”). This document (the “Summary Plan Description” or “SPD”) provides a summary of the Retiree Health Reimbursement Arrangement (the “HRA Plan”), as defined in Section 1 of the Plan Terms Appendix, for the benefit of the Sprint retirees and the retirees of its participating affiliates. (The Sponsor and participating affiliates are collectively referred to herein as “Sprint” and the “Company”). The HRA Plan is a component of the Retiree Plan. Eligibility for the HRA Plan component does not entitle the participant to any additional benefits under the Retiree Plan unless provided for under the terms and provisions of the Retiree Plan.

The benefits of the HRA Plan are in the form of Funding Support (as defined in section 5 of the Plan Terms Appendix) for an individual Health Reimbursement Arrangement (HRA) account administered by Via Benefits™ (formerly known as OneExchange).

The purpose of the HRA Plan is to reimburse Participants for certain health care premiums which are not otherwise reimbursed by any other plan or program. For all Participants, premium reimbursements are limited to premium reimbursements for enrollment in medical policies, prescription drug policies, dental policies, and vision policies through Via Benefits or outside Via Benefits (as long as the Participant is enrolled in at least one medical, prescription or dental policy through Via Benefits) as long as the premium is paid after tax, including Medicare supplement premiums, Medicare Advantage, Medicare Part D premiums, and Medicare Part B premiums as defined in the HRA Plan. Prescription drug copays and other out of pocket expenses are **not** reimbursable. Reimbursements from the Plan cannot be provided for pre-tax benefits that a Participant receives under a group health plan and Participants may not participate in the HRA Plan and receive a Premium Tax Credit under the Affordable Care Act in the same plan year. Continuous enrollment in an individual medical, prescription drug, or dental policy through Via Benefits is **required** to maintain HRA eligibility.

The material provisions of the Plan as of the Effective Date are summarized below, but this SPD is qualified in its entirety by reference to the full text of the formal plan document. In the event of any conflict between the terms of this SPD and the terms of the plan document, the terms of the plan document will control. Participants seeking to obtain additional information about the Retiree Plan should contact the HRA Plan Sponsor. Participants can obtain a copy of the Retiree Plan document by contacting Sprint Retirement Services at 866-333-7311.

The HRA Plan Administrator has the exclusive right to interpret the HRA Plan and to decide all matters arising under the HRA Plan, including the right to make determinations of fact, and construe and interpret possible ambiguities, inconsistencies, or omissions in the HRA Plan and the SPD issued in connection with the HRA Plan. The HRA Plan Administrator may delegate one or more of its responsibilities to one or more individuals or committees.

Note that capitalized terms used in this SPD are defined the first time they are used or are defined in the Plan Terms Appendix at the end of this booklet. Please note that “you,” “your” and “my” when used in this SPD refer to you, the retiree.

This summary plan description (SPD) of the Sprint Retiree Health Reimbursement Arrangement has been created using simple terms and in an easy-to-understand format. The HRA Plan was effective January 1, 2016. This version of the SPD is effective January 1, 2018, and supersedes all prior Sprint Retiree Health Reimbursement Arrangement SPDs.

Sprint intends to continue the Sprint Retiree Health Reimbursement Arrangement described herein. However, the Company reserves the right to change or discontinue any or all benefits under these options, or any statement in this SPD at any time.

PART I GENERAL INFORMATION ABOUT THE PLAN

Q-1. Who can participate in the Plan?

Certain retired employees of Sprint are eligible to participate in the HRA Plan if they meet all requirements to be an Eligible Retiree **and** have achieved eligibility for Funding Support (as defined in Section 2 of the HRA Plan Terms Appendix). Eligible Retirees, who have qualified for Funding Support and become covered under the HRA Plan, are called "Participants."

In addition, you are not eligible to participate in the HRA Plan unless you are classified as a former employee who satisfies the Sprint eligibility requirements, even if you are later determined by a court or governmental agency to be or to have been a former common law employee of Sprint.

Q-2. Can my dependents participate in the Plan?

Dependents are not eligible to participate in the Plan, but you may be reimbursed from your HRA Account for any Eligible Dependents' (as defined in Section 3 of the Plan Terms Appendix) medical, prescription drug, dental, vision and Medicare policy premiums as long as the Participant and Eligible Dependent are enrolled in at least one medical, prescription or dental policy through Via Benefits.

Q-3. When do I actually become a Participant in the Plan?

An Eligible Retiree who qualifies for Funding Support becomes a Participant in the Plan on (i) the later of the Plan Effective Date or the date the Eligible Retiree's active health care coverage with Sprint terminates **and** (ii) he or she has satisfied the following requirement:

- You have enrolled in individual medical and/or prescription drug and/or dental policy through Via Benefits and completed any enrollment forms or procedures required by the Plan Administrator by the enrollment deadline (you must enroll in at least one of these three types of coverage through Via Benefits) (see Q-4 below for more information).

Q-4. What is the deadline to enroll in the HRA?

Medicare (Post 65) Eligible Retirees with suspended health care coverage prior to January 1, 2016, must have enrolled through Via Benefits (formerly known as OneExchange) with an effective date of January 1, 2017 (enrollment must have occurred by December 31, 2016) and the retiree must have selected at least one medical or prescription drug or dental policy in order to have access to a Sprint HRA (if eligible). If a medical or prescription drug or dental policy was not in place through Via Benefits by January 1, 2017, Participants remain eligible for Via Benefits policies in the future, but permanently forfeited all future rights to the Sprint HRA and any Funding Support for the HRA.

Non-Medicare (Pre 65) Eligible Retirees with suspended health care coverage prior to January 1, 2016, must have enrolled through Via Benefits (formerly known as OneExchange) in a medical, prescription drug or dental policy through Via Benefits in order to have access to the HRA (if eligible) with an effective date of January 1, 2017. If a medical or prescription drug or dental policy was not in place through Via Benefits by January 1, 2017, Participants remain

eligible to enroll in Via Benefits policies in the future, but permanently forfeited all future rights to the Sprint HRA and any Funding Support for the HRA.

Eligible Retirees who qualify for Funding Support with an HRA Plan coverage effective date of January 1, 2016 or later, must contact Via Benefits and enroll in at least one individual policy (medical, dental, prescription drug) through Via Benefits **within twelve months** of the date that active health care coverage with Sprint terminates and they must maintain enrollment in at least one of these individual policies through Via Benefits. If a medical or prescription drug or dental policy is not in place through Via Benefits within twelve months of the date your health care coverage as Sprint terminates, Eligible Retirees who qualify for Funding Support will still be eligible to enroll in Via Benefits policies in the future, but will permanently forfeit all future rights to the Sprint HRA Plan and any Funding Support for the HRA Plan.

If you are receiving benefits under the Sprint Separation Plan and you are Medicare-eligible, please confer with Medicare to establish your Medicare Special Enrollment Period to ensure timely coverage for your needs.

IMPORTANT NOTES ABOUT TIMELY ENROLLMENT EFFECTIVE AFTER JANUARY 1, 2016:

- To remain eligible for Sprint's HRA plan, you must enroll through Via Benefits within twelve months of the date your active health care coverage with Sprint terminated and maintain enrollment in at least one eligible policy (medical, prescription drug or dental) as defined in Q-6 through Via Benefits.
- Your loss of active Sprint coverage (or your exhaustion of COBRA coverage) will open the enrollment window for you to enroll in HRA Plan coverage.
- If you are a Pre-65, Non-Medicare Eligible Retiree, your Special Enrollment Window begins 60 days prior to the date your health care coverage terminates with Sprint and ends 60 days following the date your health care coverage terminates. However, if you do not enroll prior to the date your health care coverage terminates, you will have a lapse in coverage.
- If you are Post-65 or Pre-65 and Medicare eligible, your Special Enrollment Period begins 90 days prior to the date your health care coverage terminates with Sprint and ends 63 days following the date your health care coverage terminates. However, if you do not enroll prior to your termination date, you will have a lapse in coverage. If you are receiving benefits under the Sprint Separation Plan and you are Medicare-eligible, please confer with Medicare to establish your Medicare special enrollment period to ensure timely coverage for your needs.
 - **Please Note:** If you do not enroll within your Special Enrollment Period, you must wait until the next Open Enrollment Period to enroll in a Via Benefits policy, unless you have another qualifying life event.

For additional information regarding the enrollment process, requirements and deadlines, Eligible Retirees should contact Via Benefits:

Medicare Eligible Retirees: 1-855-323-8831

Non-Medicare Eligible Retirees: 1-855-323-8832

Via Benefits is not affiliated with the federal and state exchanges or marketplaces, nor is Via Benefits affiliated with Sprint. The coverage options offered through Via Benefits are not sponsored or maintained by Sprint.

IMPORTANT NOTE ABOUT COBRA COVERAGE: Upon termination of employment with Sprint, you may have the option to enroll in COBRA instead of immediately purchasing individual coverage through Via Benefits. Current year COBRA rates are available at www.sprint.com/benefits. Be sure to understand all options before making health care enrollment decisions. If you do select COBRA coverage, you must exhaust the entire period of COBRA available to you before you will be eligible to enroll in the HRA Plan except as noted below. These rules can differ depending on when you first become entitled to Medicare.

Non-Medicare eligible retirees: If you enroll in COBRA upon termination of your active coverage with Sprint, then you will be eligible to enroll in the HRA Plan at the **earlier of** the end of the COBRA period for which you were eligible, or the date you become eligible for Medicare, whichever comes first. At that time you will be eligible to enroll in a policy at Via Benefits and participate in your HRA. Proof of COBRA coverage will be required. It is strongly recommended that you consult with Via Benefits to understand your options and how your enrollment decisions may impact your eligibility for your HRA and your retiree health care options in the future, before completing your enrollment in either offering. If you choose to enroll in COBRA, and miss your deadline to enroll through Via Benefits, you may permanently forfeit your rights to your HRA funded by Sprint. Contact Via Benefits to discuss your enrollment options.

Medicare eligible retirees: COBRA is not considered coverage based on current employment, so if you enroll in COBRA and do not enroll in Medicare during your Medicare Special Enrollment Period, you may risk paying a penalty from Medicare for delayed enrollment. Proof of COBRA coverage will be required. It is strongly recommended that you consult with Via Benefits to understand your options and how your enrollment decisions may impact your eligibility for your HRA and your retiree health care options in the future, before completing your enrollment in either offering. If you choose to enroll in COBRA, and miss your deadline to enroll through Via Benefits, you may permanently forfeit your rights to your HRA funded by Sprint. Contact Via Benefits to discuss your enrollment options.

Q-5. How does the Plan work?

Sprint will credit amounts to HRA Accounts based on the Funding Support the Participant is eligible to receive (as defined in Section 5 of the Plan Terms Appendix) and the HRA Account will be reduced from time to time by the amount of any Eligible Health Care Expenses (as defined in Q-6) for which the Participant is reimbursed under the Plan. At any time, the Participant may receive reimbursement for Eligible Health Care Expenses up to the amount in the Participant's HRA Account. Participants may not make any contributions to their HRA Accounts.

The HRA Account is merely a bookkeeping account on the Sprint's records; it is not funded and does not bear interest or accrue earnings of any kind. **All benefits under the Plan are paid entirely from Sprint's general assets.**

Q-6. What premiums are eligible for reimbursement?

Reimbursable premiums are limited under the HRA Plan to reimbursement for premiums for the following eligible policy types: medical, prescription drug, dental, vision, and Medicare (Medicare supplement, Medicare Advantage, Medicare Part B and Medicare Part D), purchased for you and your Eligible Dependents, through Via Benefits or outside of Via Benefits, that have not already been reimbursed or are reimbursable under any private, employer-provided or public health care reimbursement or insurance arrangement, as long as the premium is paid after tax. Premiums paid for health care plans covering actively employed Participants would typically not be an eligible expense as those premiums are normally paid pre-tax.

Participants cannot receive a Premium Tax Credit under the Affordable Care Act for months in which he/she is enrolled in the HRA Plan. Continuous enrollment in an individual medical, prescription drug, or dental policy through Via Benefits is **required** to maintain HRA eligibility. Only premiums incurred while you are a Participant in the Plan may be reimbursed from your HRA Account.

Q-7. When do I cease participation in the Plan?

If you are a Participant, you will cease being a Participant in the HRA Plan on the **earlier** of:

- the date you cease to be an Eligible Retiree for any reason;
- the date you are rehired by Sprint as an active employee. If you are HRA eligible at the time you are rehired, your eligibility for the HRA Plan will continue. Any HRA fund balance at the rehire date will remain in the account for future HRA account eligibility;
- the date you cease to be eligible for Medicare (if you are or become a Medicare Eligible Retiree);
- your date of death;
- the effective date of any amendment terminating your eligibility under the HRA Plan;
- the date the HRA Plan is terminated;
- the date you are no longer enrolled in any medical and/or prescription drug and/or dental plan through Via Benefits; or
- if you live or move outside the United States (US Virgin Islands, Puerto Rico and Guam are considered outside the United States for this purpose).

You may not obtain reimbursement of any premiums incurred after the date your eligibility ceases.

Q-8. What happens if I do not use all of the funding allocated to my HRA Account during the Plan Year?

- If the Funding Support for your HRA Account has been established due to your previous eligibility for a SHARE account and you do not use all of the amounts credited to your HRA Account during a Plan Year, those amounts **will be carried over** to subsequent Plan Years.
- If the Funding Support for your HRA Account has been established due to your previous eligibility for premium funding support, amounts credited to your HRA for a year **will not carry over** and will be forfeited at the end of each year. Your HRA amount cannot be rolled from year to year but as long as you remain eligible for Funding Support you will receive an annual allocation as explained in Section 5 of the Plan Terms Appendix.

See Section 5 for more information about the types of Funding Support provided under the HRA Plan.

Q-9. How do I receive reimbursement under the Plan?

You may submit a claim for reimbursement from your HRA accounts as outlined below, or you may be able to establish automatic reimbursements (“Auto Reimbursement”) from Via Benefits.

Manual Claim– Participants can complete an HRA claim and submit the claim along with a receipt of your premium payment to Via Benefits for reimbursement.

Auto Reimbursement – Participants can be reimbursed automatically for monthly premiums without submitting a claim form or receipt. Via Benefits will inform you if your insurance carrier provides for Auto-Reimbursement and, if so, how to establish Auto Reimbursement of your premiums from your HRA account. Once Auto-Reimbursement has been established, your insurance carrier will notify Via Benefits each time you submit your premium payment. Via Benefits will reimburse you from your HRA account for that month’s premium.

Recurring Reimbursement – Participants can establish an annual process used for recurring premium amounts for Medicare Supplement, Medicare Advantage, Medicare Part D and Medicare Part B premium reimbursement, whereby the Participant submits a paper confirmation of the monthly premium cost the Participant will pay for the next year.

Your claim is filed when received by the Claims Submission Agent:

Via Benefits HRA
PO Box 981155
El Paso, TX 79998-1155
Fax (866) 886-0879

Deadline to File a Claim – You must file a claim for reimbursement by March 31 after the end of the previous Plan Year for which the premiums were payable.

If your claim for reimbursement is approved, you will be provided reimbursement promptly. Claims are paid in the order in which they are received by the Claims Submission Agent.

Q-10. What happens if my claim for benefits is denied?

If your claim for reimbursement is wholly or partially denied, you will be notified in writing within 30 days after the Claims Submission Agent receives your claim. If the Claims Submission Agent determines that an extension of this time period is necessary due to matters beyond the control of the HRA Plan, the Claims Submission Agent will notify you within the initial 30-day period that an extension of up to an additional 15 days will be required. If the extension is necessary because you failed to provide sufficient information to allow the claim to be decided, you will be notified and you will have at least 45 days to provide the additional information. The notice of denial will contain:

- the reason(s) for the denial and the HRA Plan provisions on which the denial is based;

- a description of any additional information necessary for you to perfect your claim, why the information is necessary, and your time limit for submitting the information;
- a description of the HRA Plan's appeal procedures and the time limits applicable to such procedures, including notice of your right file a lawsuit under Section 502(a) of ERISA after you have exhausted your rights under the Plan claims procedures; and
 - a description of your right to request all documentation relevant to your claim.
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If your request for reimbursement under the HRA Plan is denied in whole or in part and you do not agree with the decision of the Claims Submission Agent, you may file a written appeal. This HRA Plan has two internal levels of appeal. You should file your first appeal with the Plan Administrator at the address provided in the Plan Information Appendix no later than 180 days after receipt of the denial notice. You should submit all information identified in the notice of denial, as necessary, to perfect your claim and any additional information that you believe would support your claim. Your appeal will receive a full and fair review and no deference will be given to the initial denial. The appeal review will be conducted by an appropriate fiduciary and will not be the same party the decided the initial claim or a subordinate to the initial reviewer.

You will be notified in writing of the decision on appeal no later than 30 days after the Plan Administrator receives your request for appeal. The notice will contain the same type of information provided in the first notice of denial.

If you wish to file a second level appeal you must file it within 30 days of your receipt of your initial appeal denial. The same rules and process outlined above for the first level appeal will apply to your second level appeal. Your appeal will receive a full and fair review and no deference will be given to the initial denial. The appeal review will be conducted by an appropriate fiduciary and will not be the same party the decided the initial claim or a subordinate to the initial reviewer. You'll be notified of the decision of the second level appeal review within 30 days of receipt of your appeal. The notice will contain the same type of information provided in the first notice of denial provided by the Claims Submission Agent.

Note that you cannot file suit in federal court under Section 502 of ERISA until you have exhausted these appeals procedures.

Q-11. What happens if I die?

If a Participant dies, the Participant's HRA Account is immediately forfeited. The deceased Participant's estate or representatives may submit claims for eligible premium expenses incurred by the Participant and his or her Eligible Dependents before his or her death. Claims must be submitted within 90 days of the Participant's death.

Q-12. What happens to my HRA if I lose an eligible dependent, such as through death or divorce?

If the Funding Support for your HRA is a recurring annual allocation (meaning your Funding Support is established due to your previous eligibility for premium funding support), it is decreased when you lose an eligible dependent. For example, if your eligible dependent dies on April 15, the recurring annual allocation will be adjusted effective May 1. If your Funding Support for your HRA is a SHARE balance, there is no impact if you lose an eligible dependent.

Q-13. Are my benefits taxable?

The Plan is intended to meet certain requirements of existing federal tax laws under which the benefits you receive under the HRA Plan generally are not taxable to you. However, Sprint cannot guarantee the tax treatment to any given Participant, as individual circumstances may produce different results. You may wish to consult your tax advisor.

Q-14. What happens if I receive an overpayment under the HRA Plan or a reimbursement is made in error from my HRA Account?

If it is later determined that you received an overpayment or a payment was made in error (e.g., you were reimbursed from your HRA Account for premium that should not have been paid), you will be required to refund the overpayment or erroneous reimbursement to Sprint.

If you do not refund the overpayment or erroneous payment, Sprint reserves the right to offset future reimbursements equal to the overpayment or erroneous payment or, if that is not feasible, to withhold such funds from any amounts due to you from Sprint. If all other attempts to recoup the overpayment/erroneous payment are unsuccessful, the Plan Administrator may treat the overpayment as a bad debt, which may have tax implications for you.

Q-15. How long will the Plan remain in effect?

Although Sprint expects to maintain the Plan indefinitely, Sprint has the right to modify or terminate the program at any time for any reason, including the right to change the classes of persons eligible for participation, the amount credited to HRA Accounts or to reduce or eliminate any amounts currently credited to a Participant's HRA Account.

Q-16. Who do I contact if I have questions about the Plan?

If you have any questions about the Plan, you should contact Via Benefits at:

Medicare eligible retirees: 855-323-8831

Non-Medicare eligible retirees: 855-323-8832

PART II ERISA RIGHTS

This HRA Plan is an employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). .

Statement of Your ERISA Rights

As a participant in the Retiree Health Reimbursement Arrangement (the “HRA Plan”) (a component of the Sprint Welfare Benefits Plan for Retirees) you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all documents governing the plan, including any insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including any insurance contracts copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the HRA Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the HRA Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

You should be provided a certificate of creditable coverage, free of charge, from your group health plan when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$149 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Qualifying Life Events

- Life events are situations that affect or alter your life—such as changes in your family, job or personal life, such as divorce, change of address, etc. This is important for you to understand because the benefit choices that you make when you are first eligible and during subsequent annual enrollment periods are binding and cannot be changed during the calendar year unless you have a qualifying life event change. Generally you have a limited amount of time to make any allowable changes under a special election period. Please contact Via Benefits at 855-323-8831 if you are Medicare eligible and 855-323-8832 if you are non-Medicare eligible for information regarding applicable life events and special election periods associated with these events.

PLAN INFORMATION APPENDIX

GENERAL PLAN INFORMATION

Name HRA Plan:	Sprint Retiree Health Reimbursement Arrangement
Name of Retiree Plan:	Sprint Welfare Benefits Plan for Retirees
Effective Date of HRA Plan:	January 1, 2016
Plan Number:	537
Name, address, and telephone number of the HRA Plan Sponsor:	Sprint Communications, Inc. 6360 Sprint Parkway Mailstop: KSOPHE0210-2B400 Overland Park, KS 66251 913-762-6518
Name, address, and telephone number of the HRA Plan Administrator: The HRA Plan Administrator has the exclusive right to interpret the HRA Plan and to decide all matters arising under the HRA Plan, including the right to make determinations of fact, and construe and interpret possible ambiguities, inconsistencies, or omissions in the HRA Plan and the SPD issued in connection with the HRA Plan. The HRA Plan Administrator may delegate one or more of its responsibilities to one or more individuals or committees.	Retiree HRA Plan Administrator Sprint Communications, Inc. 6360 Sprint Parkway Mailstop: KSOPHE0210-2B400 Overland Park, KS 66251 913-762-6518
Sponsor's federal tax identification number:	48-0457967
Plan Year:	January 1 to December 31
Third Party Administrator:	Via Benefits 10975 South Sterling View Drive Suite A-1 South Jordan, UT 84905 (844) 887-2801
Claims Submission Agent: All reimbursement forms, and supporting documentation, must be provided to the Claims Submission Agent. Forms should not be mailed to the Third Party Administrator.	Via Benefits HRA PO Box 981155 El Paso, TX 79998-1155 Fax: (866) 886-0879
Funding:	Benefits are paid from Sprint's general assets. There is no trust or other fund from which benefits are paid.
First Level Appeal: 1) Issues related to SHARE or subsidy	Sprint Retirement Services P.O. Box 5735 Hopkins, MN 55343

<p>prior to retirement 2) Issues related to HRA after retirement</p>	
<p>Second Level Appeal:</p>	<p>Sprint Communications, Inc. 6360 Sprint Parkway Retiree HRA Plan Administrator Mailstop: KSOPHE0210-2B400 Overland Park, KS 66251</p>
<p>Agent for Service of Legal Process Service of legal process may be made upon the Agent, or the Plan Administrator.</p>	<p>Retiree HRA Plan Administrator Sprint Communications, Inc. 6360 Sprint Parkway Overland Park, KS 66251</p>

PLAN TERMS APPENDIX

1. **Health Reimbursement Arrangement (HRA):**

A Health Reimbursement Arrangement (HRA) is an, employer-funded, tax-advantaged employer health benefit plan that reimburses employees for individual health insurance premiums.

2. **Eligible Retiree:** Eligible Retiree means those former Sprint employees who terminate employment and meet the conditions under any of the following circumstances (as defined in the Sprint Retirement Pension Plan):

- **Normal Retirement** — You are age at least age 65 and you have completed 5 years of continuous service (if you are Pension eligible, continuous service is defined as 5 years of “vesting service”; if you are not Pension eligible, continuous service is defined as 5 years of employment from your “benefits service date”);
- **Early Retirement** — You are at least age 55 and you have completed 10 years of continuous service; (if you are Pension eligible, continuous service is defined as 10 years of “vesting service”; if you are not Pension eligible, continuous service is defined as 10 years of employment from your “benefits service date”);
- **Special Early Retirement** — Your age and credited service (both in whole years) total 75 (credited service applies in this definition if you are Pension eligible; if you are not Pension eligible, your age and “benefits service date” both in whole years must total 75) and you have terminated employment because:
 - Your plant, site, installation or department is shut down, and you are not offered other work with an affiliated or participating company;
 - You have an illness or injury which prevents you from performing the duties of your regular job (as determined by the VP, Human Resources Operations of your division); or
 - Your job is eliminated due to a merger, consolidation of operation, automation or reduction in the work force, and you are not offered other work with an affiliated or participating company,
- **Late Retirement** — You terminate employment after age 65 and you have completed 5 years of continuous service; (if you are Pension eligible, continuous service is defined as 5 years of “vesting service”; if you are not Pension eligible, continuous service is defined as 5 years of employment from your “benefits service date”);
- **Disability Retirement** — You become totally and permanently disabled [at any age while employed by Sprint](#) and you have completed 10 years of continuous service. (if you are Pension eligible, continuous service is defined as 10 years of “vesting service”; if you are not Pension eligible, continuous service is defined as 10 years of employment from your “benefits service date”);

3. **Eligible Dependents for whom you are entitled to be reimbursed for eligible health care premiums for:**

- **Spouse.** The person to whom you are legally married

- **Children** until the end of the month in which the child reaches age 26;
 - Natural born child
 - Legally adopted child or child placed with you for adoption (even if the adoption is pending and not yet final-a child is considered to have been placed with you for adoption when you have assumed and retained a legal obligation for total or partial support of the child in anticipation of adoption);
 - Stepchild/foster child who lives with you in a parent/child relationship
 - Child for whom you have legal guardianship and lives with you in a parent/child relationship for whom you or your lawful spouse have been appointed legal guardian for (not legal custody); or
 - Child who is covered under the Sprint medical plan or the Sprint Retiree Program prior to age 26 and continues to depend on you for support because of a physical handicap, or who is incapable of self-support due to mental retardation, mental illness of developmental disability, may continue subject to administrative approval.

An Eligible Dependent is not a Participant in the HRA Plan.

4. Account Structure:

A separate bookkeeping account will be created for Participant. If married, and both spouses are a Participant, each will have their own account, with their own retiree allocation, if eligible.

5. Funding Support:

Amounts will be allocated on behalf of Participants who are Eligible Retirees who qualify for Funding Support (either “SHARE” eligible or “Premium Funding Support Eligible”) as outlined below in this section. The funding is discretionary, to be determined at the sole discretion of Sprint each Plan Year. Participants use the Funding Support to be reimbursed for premiums of medical, prescription drug or dental coverage when they retire from Sprint as offered through Via Benefits. Vision premiums can also be reimbursed if either medical, prescription drug or dental plans are elected through VIA Benefits.

Amounts applied to the HRA will be determined based on the following two types of Funding Support:

SHARE Eligible – The Sprint Health Care Annual Retiree Election (SHARE) accumulated credits refers to the credits an Eligible Retiree earned while he/she was an active employee. **As of January 1, 2006, only pre-Nextel merger Sprint employees who were age 50 by December 31, 2005 were eligible for SHARE credits. In addition, effective January 1, 2009, accrual of SHARE credits were suspended.** Effective Jan 1, 2016, no additional interest accrued on this account.

SHARE Eligible Retiree account balances as of December 31, 2015, were transferred to a Participant’s HRA account as of January 1, 2016, for current Eligible Retirees who were then enrolled in a Sprint retiree medical and/or dental plan or for Eligible Retirees who are still active employees of Sprint. No further interest will accrue on this balance. When an Eligible Retiree enrolls in medical and/or prescription drug and/or dental coverage through Via Benefits, the SHARE balance is converted to a HRA Account on the first day of that Plan Year or as a pro-rated amount of the HRA contribution for accounts established mid-year. HRA account balances established base on a SHARE account will roll over each year until the account is depleted.

Premium Funding Support Eligible - Retirees who were eligible to receive discounted Sprint retiree medical premiums and who also meet one of the criteria from the list below receive an annual allocation to their HRA that will be available as of January 1 of each year of HRA eligibility, prorated according to the number of months remaining in the calendar year. Therefore, if you become eligible for the HRA Plan at any time during the year other than January 1, the prorated amount will be based on the month in which you become eligible. Amounts not used in the HRA will be forfeited at the end of the calendar year.

- **Pre-1991 Sprint retirees.** Those retirees with a last day worked prior to January 1, 1991, who were receiving a medical plan premium discount during 2015, will receive an annual allocation to their HRA equal to the 2015 discount. Each year's HRA allocation that is not used by December 31 is forfeited.
- **1991-2001 non-Medicare eligible Sprint retirees.** Those retirees with a last day worked of January 1, 1991 through December 31, 2001, who are not Medicare eligible (as defined by Centers for Medicare and Medicaid Services (CMS)) **and** who were receiving a medical plan premium discount in 2015, will receive an annual allocation to their HRA equal to the 2015 discount. When the retiree becomes Medicare eligible, the retiree's annual allocation will be 75% of his non-Medicare discount. Each year's HRA allocation that is not used by December 31 is forfeited.
- **1991-2001 Medicare eligible Sprint retirees.** Those retirees with a last day worked of January 1, 1991 through December 31, 2001, who were Medicare eligible **and** who were eligible to receive a medical plan premium discount in 2015, will receive an annual allocation to their HRA equal to 75% of his 2015 discount. Each year's HRA allocation that is not used by December 31 is forfeited.