

2020 Benefit Costs

Medical/Prescription Drug Premiums

Individual per-paycheck deductions for Medical/Prescription Drug plans are based on your Benefits Eligible Earnings. Your "Benefits Eligible Earnings" is defined as your annual base pay plus any targeted incentives or commissions for which you are eligible. Benefits are taken out of 24 paychecks during the calendar year although Sprint will have 26 pay periods. These deductions are withheld before taxes except for domestic partner dependent coverage. If you are scheduled to work part time 20-29 hours per week, costs are available online when you make elections or **i-Connect >Life & Career**. To use this chart, find your Benefits Eligible Earnings column and look at the appropriate cost for the plan of your choice.

Living Well Plus HLD: Medical/Prescription Drug Premiums

Benefits Eligible Earnings	< \$40,000	\$40,000 - \$69,999	\$70,000 - \$99,999	\$100,000 - \$149,999	> =\$150,000
HEALTH ACCOUNT PLAN					
Employee Only	\$24.45	\$35.45	\$46.45	\$57.45	\$73.45
Employee + Spouse/Domestic Partner	\$60.80	\$86.80	\$111.80	\$137.80	\$174.80
Employee + Child(ren)	\$56.42	\$80.22	\$104.02	\$127.82	\$162.62
Employee + Family	\$93.32	\$133.12	\$172.92	\$212.72	\$271.52
BASIC PLAN (with a Health Savings Account available)					
Employee Only	\$13.69	\$18.69	\$24.69	\$32.69	\$43.69
Employee + Spouse/Domestic Partner	\$34.74	\$45.74	\$59.74	\$78.74	\$103.74
Employee + Child(ren)	\$31.67	\$41.47	\$53.27	\$70.07	\$92.87
Employee + Family	\$52.04	\$66.84	\$86.64	\$113.44	\$151.24
CORE PLAN (with a Health Savings Account available)					
Employee Only	\$10.62	\$14.37	\$18.87	\$24.87	\$33.12
Employee + Spouse/Domestic Partner	\$27.47	\$35.72	\$46.22	\$60.47	\$79.22
Employee + Child(ren)	\$25.02	\$32.37	\$41.22	\$53.82	\$70.92
Employee + Family	\$41.01	\$52.11	\$66.96	\$87.06	\$115.41
KAISER PERMANENTE (GEORGIA)					
Employee Only	\$37.17	\$51.17	\$62.17	\$76.17	\$94.17
Employee + Spouse/Domestic Partner	\$90.68	\$122.68	\$147.68	\$180.68	\$221.68
Employee + Child(ren)	\$84.41	\$114.21	\$138.01	\$168.81	\$206.61
Employee + Family	\$141.61	\$191.41	\$230.21	\$282.01	\$345.81



Medical Surcharge

A medical surcharge of \$75 semi-monthly will be charged when your spouse (SP) or domestic partner (DP) has access to medical/prescription drug benefits at their workplace and you have enrolled them in Sprint medical. For more details, go to **i-Connect > Life & Career** or sprint.com/benefits to review FAQs. Sprint may audit at any time.



Living Well Plus HLD: Medical/Prescription Drug Premiums, cont.

Benefits Eligible Earnings	< \$40,000	\$40,000 - \$69,999	\$70,000 - \$99,999	\$100,000 - \$149,999	> =\$150,000
KAISER PERMANENTE (NORTHERN CALIFORNIA)					
Employee Only	\$44.22	\$60.22	\$72.22	\$89.22	\$110.22
Employee + Spouse/Domestic Partner	\$105.11	\$143.11	\$172.11	\$211.11	\$259.11
Employee + Child(ren)	\$98.82	\$133.62	\$160.42	\$197.22	\$242.02
Employee + Family	\$163.48	\$222.28	\$268.08	\$328.88	\$403.68
KAISER PERMANENTE (SOUTHERN CALIFORNIA)					
Employee Only	\$22.56	\$30.81	\$37.56	\$46.56	\$52.56
Employee + Spouse/Domestic Partner	\$55.90	\$74.65	\$89.65	\$109.90	\$124.90
Employee + Child(ren)	\$51.97	\$69.82	\$83.92	\$102.52	\$116.62
Employee + Family	\$86.00	\$115.85	\$138.95	\$170.30	\$194.15
KAISER PERMANENTE (HAWAII)					
Employee Only	\$26.98	\$26.98	\$26.98	\$26.98	\$26.98
Employee + Spouse/Domestic Partner	\$65.14	\$65.14	\$65.14	\$65.14	\$65.14
Employee + Child(ren)	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94
Employee + Family	\$99.11	\$99.11	\$99.11	\$99.11	\$99.11
KAISER PERMANENTE (MID-ATLANTIC)					
Employee Only	\$39.02	\$53.02	\$64.02	\$79.02	\$97.02
Employee + Spouse/Domestic Partner	\$93.03	\$126.30	\$152.30	\$186.30	\$228.30
Employee + Child(ren)	\$87.09	\$117.89	\$141.69	\$173.49	\$213.29
Employee + Family	\$144.34	\$196.14	\$235.94	\$289.74	\$355.54
TRICARE					
Employee Only	\$33.50	\$33.50	\$33.50	\$33.50	\$33.50
Employee + Spouse/Domestic Partner	\$66.00	\$66.00	\$66.00	\$66.00	\$66.00
Employee + Child(ren)	\$66.00	\$66.00	\$66.00	\$66.00	\$66.00
Employee + Family	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00

Living Well HLD: Medical/Prescription Drug Premiums

Special Note: For new hires/rehires and newly benefit eligible (ex. life event), Living Well Premiums apply to your medical/prescription drug premiums.



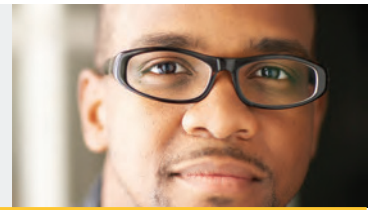
Benefits Eligible Earnings	< \$40,000	\$40,000 - \$69,999	\$70,000 - \$99,999	\$100,000 - \$149,999	> =\$150,000
HEALTH ACCOUNT PLAN					
Employee Only	\$35.45	\$46.45	\$57.45	\$68.45	\$84.45
Employee + Spouse/Domestic Partner	\$80.80	\$106.80	\$131.80	\$157.80	\$194.80
Employee + Child(ren)	\$74.42	\$98.22	\$122.02	\$145.82	\$180.62
Employee + Family	\$120.32	\$160.12	\$199.92	\$239.72	\$298.52
BASIC PLAN (with a Health Savings Account available)					
Employee Only	\$24.69	\$29.69	\$35.69	\$43.69	\$54.69
Employee + Spouse/Domestic Partner	\$54.74	\$65.74	\$79.74	\$98.74	\$123.74
Employee + Child(ren)	\$49.67	\$59.47	\$71.27	\$88.07	\$110.87
Employee + Family	\$79.04	\$93.84	\$113.64	\$140.44	\$178.24

Living Well HLD: Medical/Prescription Drug Premiums, cont.

Special Note: For new hires/rehires and newly benefit eligible (ex. life event), Living Well Premiums apply to your medical/prescription drug premiums.

Benefits Eligible Earnings	< \$40,000	\$40,000 - \$69,999	\$70,000 - \$99,999	\$100,000 - \$149,999	> = \$150,000
CORE PLAN (with a Health Savings Account available)					
Employee Only	\$18.87	\$22.62	\$27.12	\$33.12	\$41.37
Employee + Spouse/Domestic Partner	\$42.47	\$50.72	\$61.22	\$75.47	\$94.22
Employee + Child(ren)	\$38.52	\$45.87	\$54.72	\$67.32	\$84.42
Employee + Family	\$61.26	\$72.36	\$87.21	\$107.31	\$135.66
KAISER PERMANENTE (GEORGIA)					
Employee Only	\$48.17	\$62.17	\$73.17	\$87.17	\$105.17
Employee + Spouse/Domestic Partner	\$110.68	\$142.68	\$167.68	\$200.68	\$241.68
Employee + Child(ren)	\$102.41	\$132.21	\$156.01	\$186.81	\$224.61
Employee + Family	\$168.61	\$218.41	\$257.21	\$309.01	\$372.81
KAISER PERMANENTE (NORTHERN CALIFORNIA)					
Employee Only	\$55.22	\$71.22	\$83.22	\$100.22	\$121.22
Employee + Spouse/Domestic Partner	\$125.11	\$163.11	\$192.11	\$231.11	\$279.11
Employee + Child(ren)	\$116.82	\$151.62	\$178.42	\$215.22	\$260.02
Employee + Family	\$190.48	\$249.28	\$295.08	\$355.88	\$430.68
KAISER PERMANENTE (SOUTHERN CALIFORNIA)					
Employee Only	\$30.81	\$39.06	\$45.81	\$54.81	\$60.81
Employee + Spouse/Domestic Partner	\$70.90	\$89.65	\$104.65	\$124.90	\$139.90
Employee + Child(ren)	\$65.47	\$83.32	\$97.42	\$116.02	\$130.12
Employee + Family	\$106.25	\$136.10	\$159.20	\$190.55	\$214.40
KAISER PERMANENTE (HAWAII)					
Employee Only	\$26.98	\$26.98	\$26.98	\$26.98	\$26.98
Employee + Spouse/Domestic Partner	\$65.14	\$65.14	\$65.14	\$65.14	\$65.14
Employee + Child(ren)	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94
Employee + Family	\$99.11	\$99.11	\$99.11	\$99.11	\$99.11
KAISER PERMANENTE (MID-ATLANTIC)					
Employee Only	\$50.02	\$64.02	\$75.02	\$90.02	\$108.02
Employee + Spouse/Domestic Partner	\$113.30	\$146.30	\$172.30	\$206.30	\$248.30
Employee + Child(ren)	\$105.09	\$135.89	\$159.69	\$191.49	\$231.29
Employee + Family	\$171.34	\$223.14	\$262.94	\$316.74	\$382.54
TRICARE					
Employee Only	\$33.50	\$33.50	\$33.50	\$33.50	\$33.50
Employee + Spouse/Domestic Partner	\$66.00	\$66.00	\$66.00	\$66.00	\$66.00
Employee + Child(ren)	\$66.00	\$66.00	\$66.00	\$66.00	\$66.00
Employee + Family	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00





No Discount: Medical/Prescription Drug Premiums

Benefits Eligible Earnings	< \$40,000	\$40,000 - \$69,999	\$70,000 - \$99,999	\$100,000 - \$149,999	> =\$150,000
HEALTH ACCOUNT PLAN					
Employee Only	\$46.45	\$57.45	\$68.45	\$79.45	\$95.45
Employee + Spouse/Domestic Partner	\$100.80	\$126.80	\$151.80	\$177.80	\$214.80
Employee + Child(ren)	\$92.42	\$116.22	\$140.02	\$163.82	\$198.62
Employee + Family	\$147.32	\$187.12	\$226.92	\$266.72	\$325.52
BASIC PLAN (with a Health Savings Account available)					
Employee Only	\$35.69	\$40.69	\$46.69	\$54.69	\$65.69
Employee + Spouse/Domestic Partner	\$74.74	\$85.74	\$99.74	\$118.74	\$143.74
Employee + Child(ren)	\$67.67	\$77.47	\$89.27	\$106.07	\$128.87
Employee + Family	\$106.04	\$120.84	\$140.64	\$167.44	\$205.24
CORE PLAN (with a Health Savings Account available)					
Employee Only	\$27.12	\$30.87	\$35.37	\$41.37	\$49.62
Employee + Spouse/Domestic Partner	\$57.47	\$65.72	\$76.22	\$90.47	\$109.22
Employee + Child(ren)	\$52.02	\$59.37	\$68.22	\$80.82	\$97.92
Employee + Family	\$81.51	\$92.61	\$107.46	\$127.56	\$155.91
KAISER PERMANENTE (GEORGIA)					
Employee Only	\$59.17	\$73.17	\$84.17	\$98.17	\$116.17
Employee + Spouse/Domestic Partner	\$130.68	\$162.68	\$187.68	\$220.68	\$261.68
Employee + Child(ren)	\$120.41	\$150.21	\$174.01	\$204.81	\$242.61
Employee + Family	\$195.61	\$245.41	\$284.21	\$336.01	\$399.81
KAISER PERMANENTE (NORTHERN CALIFORNIA)					
Employee Only	\$66.22	\$82.22	\$94.22	\$111.22	\$132.22
Employee + Spouse/Domestic Partner	\$145.11	\$183.11	\$212.11	\$251.11	\$299.11
Employee + Child(ren)	\$134.82	\$169.62	\$196.42	\$233.22	\$278.02
Employee + Family	\$217.48	\$276.28	\$322.08	\$382.88	\$457.68
KAISER PERMANENTE (SOUTHERN CALIFORNIA)					
Employee Only	\$39.06	\$47.31	\$54.06	\$63.06	\$69.06
Employee + Spouse/Domestic Partner	\$85.90	\$104.65	\$119.65	\$139.90	\$154.90
Employee + Child(ren)	\$78.97	\$96.82	\$110.92	\$129.52	\$143.62
Employee + Family	\$126.50	\$156.35	\$179.45	\$210.80	\$234.65
KAISER PERMANENTE (HAWAII)					
Employee Only	\$26.98	\$26.98	\$26.98	\$26.98	\$26.98
Employee + Spouse/Domestic Partner	\$65.14	\$65.14	\$65.14	\$65.14	\$65.14
Employee + Child(ren)	\$59.94	\$59.94	\$59.94	\$59.94	\$59.94
Employee + Family	\$99.11	\$99.11	\$99.11	\$99.11	\$99.11
KAISER PERMANENTE (MID-ATLANTIC)					
Employee Only	\$61.02	\$75.02	\$86.02	\$101.02	\$119.02
Employee + Spouse/Domestic Partner	\$133.30	\$166.30	\$192.30	\$226.30	\$268.30
Employee + Child(ren)	\$123.09	\$153.89	\$177.69	\$209.49	\$249.29
Employee + Family	\$198.34	\$250.14	\$289.94	\$343.74	\$109.54
TRICARE					
Employee Only	\$33.50	\$33.50	\$33.50	\$33.50	\$33.50
Employee + Spouse/Domestic Partner	\$66.00	\$66.00	\$66.00	\$66.00	\$66.00
Employee + Child(ren)	\$66.00	\$66.00	\$66.00	\$66.00	\$66.00
Employee + Family	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00





Dental Costs

Note: Pricing is for employees scheduled to work 30 hours or more per week. Benefits are taken out of 24 paychecks during the calendar year although Sprint will have 26 pay periods.

	Basic Dental Plan	Premium Dental Plan
Employee only	\$2.57	\$6.09
Employee + Spouse/Domestic Partner	\$5.92	\$15.69
Employee + Child(ren)	\$6.14	\$15.87
Employee + Family	\$9.72	\$26.21



Vision Costs

Note: Pricing is for employees scheduled to work 30 hours or more per week. Benefits are taken out of 24 paychecks during the calendar year although Sprint will have 26 pay periods.

Vision Plan • Benefits with a Davis Vision Doctor	
Employee only	\$2.50
Employee + One	\$5.00
Employee + Family	\$8.50



Supplemental Health Insurance Plans

Critical Illness insurance rates are based on the level of coverage elected and a partner's age. Please see the enrollment system for your specific costs and options available. These after-tax benefits are taken out of 24 paychecks during the calendar year although Sprint will have 26 pay periods.

	Accident Insurance	Hospital Indemnity
Employee only	\$4.83	\$5.97
Employee + Spouse/Domestic Partner	\$7.80	\$13.06
Employee + Child(ren)	\$10.85	\$10.06
Employee + Family	\$13.83	\$17.15

Life Insurance and Accidental Death and Dismemberment per-paycheck premiums

Please see the Enrollment system for your specific costs and options available.

Long-Term Disability per-paycheck premiums

The 50% coverage level is paid for by Sprint. LTD pre-tax premium costs for higher coverage levels (55%, 60% and 65%) are based on your age, Benefits Eligible Earnings and the level of coverage you elect. See the online Enrollment system for specific costs.

Group Legal Services per-paycheck premiums

The cost for Group Legal Services is \$8.45 (after-tax) per pay period.





Helpful Contact Information

Benefit Plan

Contact Details

Visit the Sprint Total Rewards site to find a personalized view of your full offering from Sprint.

www.sprint.com/mytotalrewards

Enrolling in benefits? Set up a benefit education session to learn more, call Sprint Benefit Services at (877) 368-5533. Plan details, eligibility and enrollment: Go to i-Connect > Life & Career or sprint.com/benefits

Medical:
Health Account, Basic and Core Plans

Administered in select states by UnitedHealthcare
(800) 228-0194
www.welcometouhc.com/sprinthealth

Administered in select states by BlueCross BlueShield of Illinois
(877) 284-1571
www.bcbsil.com/sprint

Best Doctors (Medical expert second opinion review)- available for those in BCBS and UHC medical plans:
(866) 904-0910
members.bestdoctors.com

Kaiser in select areas
Kaiser Permanente
<http://my.kp.org/sprint> (personalized website for Sprint members)

Health Savings Account
(option available exclusively with the Basic and Core Plans)

HealthEquity
(844) 396-0220
www.healthequity.com/sprint

Prescription drug coverage for Basic, Core,
and Health Account

CVS Caremark
(855) 848-9165
www.caremark.com

TRICARE Supplement Plan
(and TRICARE Select Reserve)

Selman and Company
(800) 638-2610, ext. 255
www.asicorporation.com

Dental Plan

Delta Dental of Kansas, Inc.
(866) 913-3375
www.deltadentalks.com/sprint

Vision Plan

Davis Vision
(800) 383-0104
www.davisvision.com/sprint

Flexible Spending Accounts (FSAs) –
Health Care and Dependent Care

WageWorks, Inc.
(866) 907-0235
<https://myspendingaccount.wageworks.com>

Life Insurance and AD&D

Employee Help Line
(800) 697-6000
<https://thehartford.com/benefits/sprint>

Disability Coverage – Short-Term Disability (STD)
and Long-Term Disability (LTD)

Employee Help Line
(800) 697-6000

Group Legal

Hyatt Legal
(888) 693-1388 (option 3)
<https://info.legalplans.com>
(login or enter access code: 5130010)





Helpful Contact Information, cont.

Benefit Plan	Contact Details
Accident Insurance and Hospital Confinement Indemnity Insurance	VOYA (877) 236-7564 https://presents.voya.com/EB/LandingPage/SprintEnroll
Critical Illness Insurance	The Hartford (866) 547-4205 www.thehartford.com/benefits/criticalillness
Employee Assistance Program/Concierge and HealthyGuidance (Wellness)	ComPsych/GuidanceResources (888) 303-3957 www.guidanceresources.com Company ID: SPRINT
Sprint 401(k) Plan	i-Connect > Life & Career Fidelity (800) 877-4015 www.netbenefits.com/sprint
Employees Stock Purchase Plan	Retirement and Wealth Fidelity (800) 877-4015 www.netbenefits.com/sprint
Financial Planning	Ameriprise Financial Services (913) 451-2811 www.ameriprise.com/sprint Fidelity Netbenefits.com/sprint (800) 603-4015 MetLife Premier Client Group (913) 234-4825 i-Connect > Life & Career > Retirement and Wealth

Sprint reserves the right to suspend, change or discontinue any or all benefits at any time without notice. This summary is designed only to provide highlights of the benefit plans; not every provision of each plan is included. If there are any conflicts between this guide and the official plan documents, the plan documents will govern.

