

Smart Start

2018 Benefits Guide



Welcome!

As part of your Charter total rewards package, we are proud to offer employees a full spectrum of benefits for 2018.

This guide outlines all of this year's benefit options and program enhancements, to help you get a smart start on your benefits enrollment. Be sure to reference it throughout the year so you can make informed health care choices and continue using your benefits to their fullest.

YOUR TOP THREE SMART START GUIDELINES

Choosing well can help you get the most value from your benefits for you and your family. So before enrolling, follow these three easy steps:

1. **THINK AHEAD.** Consider which family member(s) you want to cover under each benefit plan, and whether or not you and your family's health care needs might change in 2018. For example, expecting a child or anticipating an upcoming surgery could impact your decision.
2. **CHOOSE WELL.** Evaluate your medical plan and health account options - including the difference between a Health Reimbursement Account (HRA) and Health Savings Account (HSA) and how it applies to your family - as well as your life and disability coverage.
3. **USE WISELY.** Take advantage of the benefits and resources that are available to you to better manage your health and your health care dollars throughout the year.

If you have any questions while reviewing your options, feel free to contact human resources, your Anthem or Cigna Health Guide representative, or the Charter Benefits Center.

Yours in good health,



Paul Marchand,
Executive Vice President
Chief Human Resources Officer

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Getting Started

HELPING YOU GET A SMART START TO 2018

We encourage you to review all the content in this **Smart Start 2018 Benefits Guide** to understand the options available to you, and then use it throughout the year to make the most of your benefits.

PANORAMA.CHARTER.COM/BENEFITS

The easy-to-use Charter Benefits website is a one-stop shop for all your benefits information, as well as valuable resources to use before, during and after enrollment.

You will be able to access the site from home, so you can review important benefits information with your family.

WHEN IT'S TIME TO ENROLL

- 1. Annual Enrollment is October 30, 2017 - November 14, 2017 at 11:59 p.m. CT.**
- 2. If you are a new employee, please make your elections within 30 days of your hire date.**

To enroll, follow the link to the enrollment site from panorama.charter.com/benefits.

For help with enrollment, call the Charter Benefits Center at **1-877-892-2367**
Monday through Friday from 8 a.m. to 8 p.m. ET.

*Charter reserves the right to make changes to the benefits described here from time to time. This is a summary of the plans offered by Charter. If there is any discrepancy between this summary and the official plan documents, the plan documents govern. Benefits eligibility or enrollment does not imply an agreement or right to future employment or benefits. Employees covered under the terms of a collective bargaining agreement may or may not be eligible for programs described in this document. Please refer to the applicable collective bargaining agreement for eligibility.



CONTACT YOUR MEDICAL PLAN HEALTH GUIDE

BEFORE YOU ENROLL

Just like a hotel concierge can help you in an unfamiliar city, your Health Guide can answer questions about your benefits, including specific coverages and general programs.

GET ANSWERS TO YOUR QUESTIONS	
FOR ANTHEM MEDICAL PLANS	FOR CIGNA MEDICAL PLANS
Call 866-645-3269 Monday through Friday, 8 a.m. to 8 p.m. ET	Call 888-806-5106 Monday through Friday, 8 a.m. to 9 p.m. ET

If you have an HMO option in your area and you have questions, please contact the HMO directly.

AFTER YOU ENROLL

If you enroll in a Charter medical plan through Anthem or Cigna, you will have access to Health Guide services throughout 2018. A Health Guide can:

- > Help you with billing issues and benefit plan questions.
- > Direct you to the best place for your health care needs, which can help lower your out-of-pocket costs.
- > Help you locate in-network providers, community resources and more.

Your Health Guide contact information will be on the back of your insurance ID card.

Benefit Eligibility

As a full-time employee, you are eligible for the following programs, tools and resources on the first of the month following or coinciding with your date of hire:

- Medical Coverage, including preventive care services covered at 100%
- Prescription Drug Coverage
- Health Savings Account (HSA)
- Health Reimbursement Account (HRA)
- Flexible Spending Accounts (FSAs)
- Dental & Vision Benefits
- Health Programs, Employee Assistance Program (EAP) and Commuter Benefits
- Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance
- Voluntary Legal Services

In addition, all full-time employees are eligible for short- and long-term disability benefits after one year of service.

Participation in the retirement benefit, including the 401(k) and Retirement Accumulation Plan, if applicable, begins the first of the month following one month of service.

LEAVE OF ABSENCE

If you take a leave, your Charter benefits could be impacted.
Please contact the Charter Benefits Center at 877-892-2367 to discuss.

WHO YOU CAN COVER

As a full-time employee, you may also enroll eligible family members in many of your Charter benefits. When you enroll, please verify that the name and Social Security Number we have on file for you - and your dependents - are correct. As part of the Affordable Care Act, we provide this information to the Internal Revenue Service (IRS) to ensure you receive the appropriate benefits-related tax forms.

DEPENDENTS ELIGIBLE FOR COVERAGE INCLUDE:

- > Your legal spouse/same sex domestic partner
- > Your children up to age 26, regardless of student, marital or employment status, including:
 - Your biological child
 - Your stepchild
 - A foster child
 - A child you have legally adopted or who has been placed with you for adoption
 - A child for whom you are a legal guardian
 - The child of your own dependent child - provided you and the dependent child are both enrolled in a Charter health plan. (Note: this is not a coverage option under dependent child life coverage.)

ADDITIONAL ELIGIBILITY NOTES:

- > An ex-spouse for whom you are required to provide health care coverage is not an eligible dependent.
- > If you and your spouse/domestic partner both work for Charter, you cannot be covered twice under the benefits package. This means that if you elect medical coverage, you cannot also be covered as a dependent under your spouse's/domestic partner's medical coverage, and your children can only be covered under either your or your spouse's/domestic partner's plan.
- > Unmarried, dependent children who are mentally or physically disabled may be covered regardless of age if they meet certain tax code requirements, i.e., they must rely upon you for more than half of their support and have been disabled prior to age 26.

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PREPARE AHEAD FOR NEWLY ADDED DEPENDENTS

If you're adding new dependents, their eligibility will need to be reviewed in a confidential audit conducted by an independent firm. Once you submit your enrollment, you will see an on-screen message with information about the required documentation and how to submit it. Proper documentation must be submitted by the due date of your audit, or your dependents will not be eligible for coverage.

QUALIFIED LIFE EVENTS: RULES & REGULATIONS

The coverage you elect during enrollment will be effective for all of 2018. According to current IRS regulations, you can only change your coverage during the year if you experience a qualified life event. Some examples of qualified life events include:

Changes in Household

- > Marriage or divorce
- > Birth or adoption of a child
- > Death in the family

Changes in Residence

- > Move to a different ZIP code or county
- > Student move to or from the place they attend school

Loss of Health Coverage

- > If you waive coverage for you or your eligible dependents because you have coverage under another plan, you can elect coverage at a later date if you involuntarily lose your other coverage.

SUBMITTING A LIFE EVENT CHANGE

You must make your coverage changes within 60 days of your qualified life event, and the following rules apply:

- > Any change in coverage must be consistent with your qualified life event. For example, if you have a baby, you may add your child to your medical coverage, but you cannot remove your spouse from coverage at that time.
- > If you have involuntarily lost coverage, you must provide proof of the loss of your other coverage. You may then enroll yourself or any of your eligible dependents under any coverage that is normally available to you.

To make benefit changes, visit the My Benefits site via Panorama. Your coverage will be effective the first day of the month following the life event date. Newborns will be effective on their date of birth.

If you have questions, contact the Charter Benefits Center at 877-892-2367 Monday through Friday 8 a.m. to 8 p.m. ET.

FULL PLAN DOCUMENTS - Available for your review

This 2018 Benefits Guide is simply an overview of the plans available to you. You'll find full benefit plan documents, including Summary Plan Descriptions (SPDs) and Summaries of Material Modifications (SMMs) on the My Benefits site, accessible from Panorama, for the following:

- > Medical Plan
- > Prescription Plan
- > Dental Plan
- > Vision Plan
- > Flexible Benefits Plan
- > Disability Plan
- > Life and AD&D Insurance Plan
- > Voluntary Legal Plan
- > EAP
- > 401(k) Plan
- > Retirement Accumulation Plan (RAP)

You can request and obtain paper versions of the SPDs at no charge. Submit your request by calling the Charter Benefits Center at 877-892-2367 Monday through Friday 8 a.m. to 8 p.m. ET.

Medical Coverage

MEDICAL PLAN OPTIONS			
	PREMIER PLAN - HRA	SAVER PLAN - HSA	PROTECTION PLAN - HRA
EMPLOYEE CONTRIBUTIONS			
	HIGHER	MEDIUM	LOWER
CHARTER'S CONTRIBUTIONS			
	HEALTH REIMBURSEMENT ACCOUNT (HRA)*	HEALTH SAVINGS ACCOUNT (HSA)*	HEALTH REIMBURSEMENT ACCOUNT (HRA)*
EMPLOYEE ONLY	\$750	\$350	\$500
EMPLOYEE + SPOUSE/PARTNER	\$1,100	\$700	\$750
EMPLOYEE + CHILD(REN)	\$1,100	\$700	\$750
EMPLOYEE + FAMILY	\$1,500	\$700	\$1,000
HEALTH CARE FLEXIBLE SPENDING ACCOUNT			
	OPTIONAL	N/A	OPTIONAL
DEDUCTIBLE			
EMPLOYEE ONLY	\$1,500	\$1,500	\$2,000
EMPLOYEE + SPOUSE/PARTNER	\$2,350	\$3,000	\$3,750
EMPLOYEE + CHILD(REN)	\$2,350	\$3,000	\$3,750
EMPLOYEE + FAMILY	\$3,100	\$3,000	\$5,500

It's smart to understand your medical plan options, so you'll be able to use your benefits to your advantage throughout the year in a way that works for your and your family's health care needs.

All three Charter medical plans offer a way to help you pay - and save - for health expenses. The plans differ in how much you pay out of each paycheck for coverage, how much you pay out of your pocket for services, and the health accounts that are available.

NOTE: Charter is proud to offer these medical plan options through either Anthem or Cigna. Your carrier is determined by your home ZIP code.

*For new employees, Charter contributes a prorated amount to the HRA/HSA — based on plan, coverage level and date of hire.

IN-NETWORK COINSURANCE			
	PREMIER PLAN - HRA	SAVER PLAN - HSA	PROTECTION PLAN - HRA
Coinsurance applies after Deductible is met	Charter pays 90% You pay 10%	Charter pays 80% You pay 20%	Charter pays 70% You pay 30%
IN-NETWORK ANNUAL OUT-OF-POCKET MAXIMUM			
	PREMIER PLAN - HRA	SAVER PLAN - HSA	PROTECTION PLAN - HRA
EMPLOYEE ONLY	\$3,000	\$3,000	\$4,700
EMPLOYEE + SPOUSE / PARTNER	\$5,000	\$5,000	\$7,700
EMPLOYEE + CHILD(REN)	\$5,000	\$5,000	\$7,700
EMPLOYEE + FAMILY	\$7,000	\$5,000	\$10,700
COST OF CARE			
	PREMIER PLAN - HRA	SAVER PLAN - HSA	PROTECTION PLAN - HRA
VIRTUAL VISITS	CHARTER PAYS 100%	SUBJECT TO PLAN DEDUCTIBLE AND COINSURANCE	CHARTER PAYS 100%
PRIMARY CARE PHYSICIAN, SPECIALIST, OR URGENT CARE VISIT	SUBJECT TO PLAN DEDUCTIBLE AND COINSURANCE	SUBJECT TO PLAN DEDUCTIBLE AND COINSURANCE	SUBJECT TO PLAN DEDUCTIBLE AND COINSURANCE
EMERGENCY ROOM CARE	YOU PAY \$200 COPAY (UNLESS ADMITTED TO HOSPITAL) PLUS PLAN DEDUCTIBLE AND COINSURANCE	SUBJECT TO PLAN DEDUCTIBLE AND COINSURANCE	YOU PAY \$200 COPAY (UNLESS ADMITTED TO HOSPITAL) PLUS PLAN DEDUCTIBLE AND COINSURANCE

KEY TERMS TO KNOW

ANNUAL DEDUCTIBLE

The amount you must pay for covered expenses each year before the plan begins to pay for most eligible expenses. Remember, you can use money from your HRA and HSA toward your deductible.

COINSURANCE (AFTER DEDUCTIBLE)

The percentage of the cost of care that is shared between Charter and you after you've met your deductible.

ANNUAL OUT-OF-POCKET MAXIMUM

The most you have to pay for eligible, in-network health care costs in a year. This amount includes money you spend on deductibles, copays and coinsurance. Once you hit your out-of-pocket maximum, Charter pays your covered health care and prescription costs for the remainder of the year.

***NOTE TO HRA PARTICIPANTS:** While your provider or hospital is strongly encouraged not to require upfront payment if you have an HRA balance, you still may be required to pay. If this happens, you can be reimbursed by your HRA by submitting an HRA reimbursement claim along with a receipt.

COMPARE YOUR OPTIONS

WHAT'S THE SAME

No matter which plan you choose:

- > **THE HRA AND HSA MEDICAL PLANS COVER ELIGIBLE PREVENTIVE CARE AT 100%** whether you use an in-network or out-of-network provider.
- > No referrals are needed for specialist visits.
- > You can go to any doctor or hospital (but you'll pay less when you use an in-network provider).
- > Each comes with a health account to help you pay for your health care expenses. Charter will contribute to a health account to help cover a portion of your deductible and/or save for future health care costs.
- > Eligible, in-network expenses for covered dependents count toward the annual deductible except copays in the HRA plans.
- > Copays apply to the annual out-of-pocket maximum but not to the annual deductible.

WHAT'S DIFFERENT

Review your options to see the differences in:

- > How much you pay out of your paycheck for coverage.
- > How much you pay out of your pocket for services.
- > The health accounts you can / cannot have.

Then ask yourself: Do you prefer a policy with a lower paycheck deduction but a higher deductible? Are you more comfortable managing your risk or your out-of-pocket expenses?

COPAYS AND OUT-OF-POCKET MAXIMUMS

When comparing plans, there are two other important factors to consider: your copays and out-of-pocket maximums for each plan. In other words, how much you will pay versus how much your plan will pay for qualifying medical expenses.

THE IMPORTANCE OF PREVENTIVE CARE

With your Charter medical plan, preventive care screenings are covered 100%. Having annual preventive care services can help detect health issues early, when your chances for treatment and a cure are better, or prevent health problems before they become bigger ones. It's one of the most important ways for you and your family to stay healthy.

For a complete listing of recommended preventive screenings, visit [healthcare.gov/coverage/preventive-care-benefits](https://www.healthcare.gov/coverage/preventive-care-benefits).

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STAY IN NETWORK

We encourage you to choose in-network providers to reduce and limit your out-of-pocket expenses. Out-of-network providers are not limited in the amount they can charge for their services. You are fully responsible for the differences between the maximum allowed amount established by the medical plan provider for out-of-network services and the amount billed by the out-of-network services providers. Amounts above the maximum allowed amount that you pay to the provider do not apply to your out-of-pocket maximum.

To make sure your doctors are part of your plan's network, or to find new providers, use the Doctor Search tool on your provider's site.

HOW THE MEDICAL PLANS WORK

You and Charter share the costs of your medical plan - both the cost to have coverage as well as the cost of any care you receive. Here's an overview of how claims are paid:

PREVENTIVE CARE	100% COVERAGE	
	After you reach your annual out-of-pocket maximum, Charter then pays 100% of eligible medical expenses for the remainder of the plan year.	You pay 0%
	COINSURANCE	
	After you've reached your annual deductible, Charter and you each pay a portion of eligible medical expenses.	Charter pays 70-90% (depending on your plan) You pay 30-10% (depending on your plan)
Charter pays 100% for preventive care, such as your annual physical, and eligible tests and immunizations with no reduction in your HRA or HSA. You pay 0%	ANNUAL DEDUCTIBLE	
	Once you've used all your HRA dollars, or if you decide to save your HSA funds for future eligible expenses, you pay for the cost of care until you reach your annual deductible as specified in your plan.	You pay 100%
	HEALTH ACCOUNT (HRA or HSA, depending on the plan you select)	
	These accounts can help you pay for eligible health care expenses.	If you have an HRA, eligible expenses are automatically paid from your HRA first. If you have an HSA, you decide if you want to use those funds or save for later.
YOUR CONTRIBUTIONS		

HMOs

A Health Maintenance Organization (HMO) contracts with specific doctors and hospitals in an area to provide care at a negotiated rate. While this can help you save, you are limited to in-network care, meaning you can't use an out-of-network provider except in an emergency.

Since your carrier is determined by your home ZIP code, your carrier could change if you have a change of address. Additionally, if you are enrolled in an HMO and your new address does not align with an HMO offering, you may have to change plans during the year.

To enroll, visit panorama.charter.com/benefits and look for the “Enroll Now” button or contact the Charter Benefits Center at 877-892-2367.

For specific HMO questions, please contact the HMO directly.

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USE THESE TOOLS TO HELP YOU CHOOSE

On the Charter enrollment site - accessible from panorama.charter.com/benefits - you'll find many resources that can help you choose the right plan for you and your family. Be sure to check out these two valuable comparison tools:

> **Health Plan Comparison Charts:**

Use these side-by-side comparisons of the plans offered in your area. You'll see detailed information about your payroll contributions and out-of-pocket costs when you get health care services.

> **Medical Expense Estimator:**

Compare your estimated out-of-pocket costs under each plan available to you to find the one that best fits your needs.

Additional Healthcare Programs

When you elect an HRA or HSA medical plan, Charter also provides the following health care support services to you and your covered dependents.

BEST DOCTORS - LIKE A SECOND OPINION, ONLY BETTER

Charter is introducing Best Doctors, a service that offers in-depth medical review services from a medical specialist ranked within the top 5% of doctors in the country. With this benefit, you have three ways to be sure about your health care decisions:

- 1. In-depth Medical Review:** An expert specialist will conduct a full review of your diagnosis and treatment plan, and either confirm what you've been told or recommend a change.
- 2. Ask the Expert:** Get the advice you need, from an expert physician, about your particular medical condition. They will also help make sure you're asking the right questions when you visit your doctor.
- 3. Find a Best Doctor:** When you need to find an in-network specialist you can trust, call Best Doctors and they will help you find the right doctor for your health issues from their database of 46,000 doctors voted best-in-class by their medical peers.

For detailed information, visit members.bestdoctors.com.

BRIDGEHEALTH - SURGICAL SERVICES AND SUPPORT

Charter partners with BridgeHealth to ensure you receive the best care when you need non-emergency surgery. BridgeHealth facilities and providers are selected to participate in their network based on quality scores and positive health outcomes for their patients. The BridgeHealth Centers of Excellence are available to Anthem and Cigna members and their covered dependents. Savings for services provided through BridgeHealth are shown below:

BRIDGEHEALTH: QUALITY COVERAGE FOR LESS		
	PREMIER OR PROTECTION PLAN - HRA	SAVER PLAN - HSA
COST	\$0 NO DEDUCTIBLE AND NO COINSURANCE	\$0 AFTER YOU MEET YOUR IN-NETWORK DEDUCTIBLE
QUALITY	Access to nationally ranked, top-tier providers for surgical specialty based on factors such as patient safety, patient satisfaction and low readmission and complication rates.	

HERE ARE SOME OF THE PROCEDURES COVERED BY BRIDGEHEALTH:

CARDIAC · GENERAL · ORTHOPEDIC · SPINE · WOMEN'S HEALTH

For more detailed information visit www.bridgehealth.com (company code: CHRTR).

LIVONGO - A COMPLETELY NEW APPROACH TO DIABETES MANAGEMENT

Charter is introducing the Livongo for Diabetes™ Program for all Anthem or Cigna members that have a diagnosis of type 1 or type 2 diabetes. This voluntary program is available at no additional cost to you.

> When you join Livongo, you'll receive:

- Real-time support from a Livongo coach.
- Touch-screen, cellular-enabled glucose meter that automatically uploads your results into your online account and delivers tips directly to you. No more log books!
- Free, unlimited test strips and lancets shipped right to your door.
- 24/7 access to a team of certified diabetes educators to help answer your questions and to help you stay in range.

If you or a covered dependent is identified as someone who could benefit from this program, more information on how to enroll will be mailed to your home. A diagnosis of type 1 or type 2 diabetes is required.

For detailed information, visit welcome.livongo.com/charter.

VIRTUAL VISITS - 24/7 CARE FROM JUST ABOUT ANYWHERE

For everyday health care, from cold and flu symptoms to behavioral health issues, you can connect to in-network doctors 24 hours a day, seven days a week from your own computer or mobile device. A virtual visit is similar to seeing your doctor in person but fits more easily into your everyday life. Through this service, you can talk to a high-quality doctor who can discuss your health care concerns and treatment options, and who can even prescribe medications, where allowed by state law.

Charter covers 100% of the cost of virtual visits for employees enrolled in an Anthem or Cigna HRA medical plan.

After enrolling, visit [anthem.com](https://www.anthem.com) or [cigna.com](https://www.cigna.com) for more information.

WINFERTILITY PROGRAM - THE INDUSTRY LEADER IN INFERTILITY MANAGEMENT

The WINFertility Program takes a holistic approach to assisting with infertility. Their representatives will work with you and make recommendations for treatments, facilities and prescription medications based on your personal situation. Fertility benefits will be coordinated through WINFertility when you're enrolled in one of the Anthem or Cigna medical plans. If you are considering or pursuing fertility treatment, you will need to work with WINFertility in order to use your Charter fertility benefits.

For more information, visit [winfertility.com/charter-communications](https://www.winfertility.com/charter-communications).

Charter HSA & HRA

Charter's three account-based medical plans are consumer driven, meaning that you are in control of how you shop, save and pay for your care. To help with your day-to-day health care expenses, our medical plans are supported with health accounts. Knowing the differences in each plan, and the potential tax advantages associated with them, can help you choose the medical plan option that best suits your financial needs.

HEALTH ACCOUNT OVERVIEW

> **Health Savings Account (HSA):**

Available only to eligible employees enrolled in the Saver Plan - HSA.

- > Charter contributes to your HSA once you establish an account.
- > You also have the opportunity to make pre-tax contributions to save additional dollars for your qualified healthcare expenses or to save additional funds to use in retirement.
- > Your HSA balance rolls over from year to year, and is portable - your balance is yours if you leave Charter.

> **Health Reimbursement Account (HRA): Available to eligible employees enrolled in the Protection Plan - HRA or the Premier Plan - HRA.**

- > Charter's contribution differs, depending on the medical plan you choose and whom you cover. In the HRA plans, Charter's contribution is automatically used first toward your medical and prescription drug expenses.
- > Your balance rolls over from year to year, as long as you are enrolled in a Charter HRA plan, but you can't take it with you if you leave Charter.

THE DETAILS

HEALTH SAVINGS ACCOUNT

The Saver Plan - HSA offers tax-advantaged savings through a Health Savings Account (HSA). Money in your HSA can be used for eligible medical, prescription drug, dental and vision expenses. HSA dollars earn interest, can be invested when your account balance reaches \$1,000 or more, and your earnings grow tax-free.

HERE'S HOW AN HSA WORKS:

- If you are newly electing the Saver Plan - HSA, watch for your HSA Welcome Kit in the mail for any final actions required to establish your new account.
- Once you complete the account setup process through Health Equity, Charter will contribute money to your HSA on a monthly basis. You can use this money to help pay for eligible health care expenses, or you can choose to pay out of pocket and save what's in your HSA for future eligible health care expenses, or for use in retirement.
- In addition to Charter's contribution, you can contribute pre-tax dollars from each paycheck. The maximum that can be contributed in 2018, which includes Charter's contributions, is \$3,450 if you enroll in Employee Only coverage and \$6,900 for all other coverage levels. (See page 36 to view bi-weekly contribution amounts for your plan.)
- If you are age 55 or older, you can contribute an additional \$1,000 each year.

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HOW MUCH SHOULD I CONTRIBUTE TO MY HSA?

Health Equity administers Charter's HSA. Their HSA Savings Calculator can help you determine how much you should save tax-free in your account each year.

Check out the tool at healthequity.com/calculator/hsa-contribution

- You decide how to use your HSA: spend it, save it or both.
- Keep in mind that you will only be able to use up to the amount that is in your HSA at any given time (like a bank account). If you must pay out of your pocket, you can choose to reimburse yourself once additional HSA funds are available.
- Money left in your HSA at the end of the year automatically rolls over to the next year.
- You can stop, change or restart your HSA contributions at any time during the year.
- If you leave Charter, you can take the funds in your HSA with you.
- For a full list of eligible HSA expenses, see IRS Publication 502 at www.irs.gov.
- To be eligible to contribute to an HSA:
 - You must not be enrolled in Medicare;
 - You may not be enrolled in another health insurance plan (such as a spouse's medical plan) that is not a qualified High Deductible Health Plan; and
 - You cannot be claimed as a dependent on another person's tax return.

*REMEMBER: You may only use your HSA funds for eligible health care expenses. If you do not, any withdrawals will be subject to income taxes and a 20% penalty.

THE HSA'S TRIPLE TAX ADVANTAGE

The HSA is a great way to save because it is “tax-free times three”:

1. Tax-free when you contribute to your account, reducing your current taxable income.
2. Tax-free as your account grows through interest and investments.
3. Tax-free at withdrawal for eligible health care expenses, no matter when you use the money - one day after it's deposited or 20 years later.

USING YOUR HSA FOR YOUR DEPENDENTS' EXPENSES

According to IRS regulations, you can only use your HSA for dependents if they qualify as taxable dependents, like your spouse and children. These regulations do not recognize domestic partners or grandchildren as taxable dependents, so you cannot use your HSA to cover health care costs for these individuals.

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UNDERSTAND HSA REGULATIONS

If you have a 2017 Health Care FSA and enroll in the Saver Plan - HSA for 2018, you must fully deplete your Health Care FSA by December 31, 2017. Under IRS regulations, neither you nor Charter can contribute funds into your HSA until April 1, 2018, if you have a Health Care FSA balance on January 1, 2018. This results in forfeited company contributions between January and March.

HEALTH REIMBURSEMENT ACCOUNT

Charter offers two medical plans with Health Reimbursement Accounts (HRAs). Only Charter can contribute to your HRA, as IRS rules do not allow you to contribute to an HRA. Funds from your HRA will **automatically** be applied toward your medical and prescription drug expenses. This is different from an HSA, in which you choose when and how to spend your account dollars.

HERE'S HOW AN HRA WORKS:

- > Charter's full annual HRA contribution will be deposited into your HRA on January 1, or for new employees, a prorated amount on the date your benefits begin.
- > Your HRA funds will be automatically used to pay for eligible medical and prescription drug expenses that apply toward your deductible and copays. If you want to use your HRA funds for eligible dental or vision expenses, you will need to submit a claim for reimbursement.
- > If you don't use the entire balance during the year, the money will roll over into next year, as long as you remain in a Charter HRA plan.
- > Unlike an HSA, HRA funds are not portable if you leave Charter, do not earn interest, and cannot be invested.
- > You may use your HRA funds for the eligible healthcare expenses of any dependent covered under your Charter medical plan.

HSA vs. HRA - KEY DIFFERENCES			
	PREMIER PLAN - HRA	SAVER PLAN - HSA	PROTECTION PLAN - HRA
DO ACCOUNT FUNDS GO WITH ME IF I LEAVE CHARTER?	NO	YES	NO
IS THERE A TAX ADVANTAGE FOR ME?	NO, BECAUSE YOU DON'T CONTRIBUTE FUNDS	YES You have a triple tax advantage: Contributions, growth earnings, and withdrawals for eligible expenses are all tax-free.	NO, BECAUSE YOU DON'T CONTRIBUTE FUNDS
WILL I RECEIVE A DEBIT CARD FOR THE ACCOUNT?	NO	YES	NO
CAN I ADD A HEALTH CARE FSA TO THIS PLAN?	YES	NO	YES

Charter FSA

Charter offers two Flexible Spending Accounts (FSAs) - **the Health Care FSA and the Dependent Day Care FSA** - to help you save on health care and dependent day care expenses by using pre-tax money you contribute. You decide how much to set aside from each paycheck, and Health Equity helps you use your money for eligible expenses online, with your FSA debit card, or through direct deposit reimbursement.

If you wish to participate in an FSA, you must elect to participate during enrollment. You can participate in the Health Care FSA regardless of whether or not you elect Charter medical coverage. Remember: If you enroll in the Saver Plan - HSA, IRS rules do not allow you to participate in a Health Care FSA.

HEALTH CARE FSA

- You decide the total amount of pre-tax dollars that you want to contribute — up to \$2,600 for 2018 (minimum contribution is \$100 per year).
- Your Health Care FSA contributions are divided evenly and deducted pre-tax from your paychecks throughout the year, but you have the full annual amount available for use right away.
- Your election stays in effect for the remainder of the year. You cannot increase, decrease or stop contributions during the year, unless you have a qualified life event.
- You can use your Health Care FSA to pay for health care expenses that are not covered by your medical, dental, and vision plans—including deductibles, coinsurance and copays - for you and your tax dependents (such as spouses and children).
- You have a two-and-a-half-month grace period that allows you access to prior year funds, which means you can incur eligible expenses through March 15, 2019. You have until May 31, 2019 to submit claims from your 2018 balance.
- Funds in your Health Care FSA are “use it or lose it.” You forfeit any amount remaining at the end of the grace period (March 15, 2019).

DO YOU ALSO HAVE AN HRA?

In accordance with IRS regulations, funds in your HRA will automatically be applied to your eligible medical and prescription drug expenses before you can use your FSA. You choose whether to use your HRA or FSA funds first for any eligible dental or vision expenses.

SMART START

tip

CONSIDER HOW MUCH YOU WANT TO CONTRIBUTE TO YOUR FSA

It's important to plan carefully since FSA dollars don't roll over to the next year. Unlike the HSA and HRA, any money you don't use, you lose. Use the Health Equity Expense Estimator to input your information and calculate how much you should contribute.

To use this tool, visit panorama.charter.com/benefits > Tools to Use or learn.healthequity.com/charter/hcfsa/tax-worksheet

DEPENDENT DAY CARE FSA

Through this account, you can be reimbursed for eligible dependent day care expenses for a child, disabled adult child or disabled spouse. You may not use the Dependent Day Care FSA for eligible health care expenses for your dependents. You may participate in the Dependent Day Care FSA regardless of your medical plan election.

- > To be eligible, dependent day care must be needed so you and/or your spouse can be employed or attend school on a full-time basis.
- > You can reimburse yourself for eligible childcare services for your dependent child(ren) under age 13 or your disabled spouse, child(ren) or other adults, such as parents who are mentally or physically handicapped and reside at least eight hours a day in your home.
- > You may only be reimbursed up to the amount that you have contributed through payroll contributions and is available in your account.
- > Funds in your Dependent Day Care FSA are “use it or lose it.” You must incur all eligible expenses by December 31, 2018, and you must submit any claims for those expenses by May 31, 2019.
- > You can set aside up to \$5,000 per year. If your spouse also has a Dependent Day Care FSA through his/her employer, the combined maximum you and your spouse can contribute is \$5,000 per year.

Unlike the Health Care FSA, a debit card is not available for use for the Dependent Day Care FSA, so claims must be filed with a reimbursement form and receipts.

Special Tax Note:

The amount you contribute to the Dependent Day Care FSA will reduce the amount available for the dependent credit on your tax return.

Prescription Drug Coverage

OVERVIEW OF IN-NETWORK BENEFITS

All three medical plans provide prescription drug coverage through Express Scripts. The plan offers higher benefits if you use in-network pharmacies.

PROTECTION PLAN - HRA AND PREMIER PLAN - HRA	SAVER PLAN - HSA
<p>> In both HRA plans, copays apply to prescription drugs and will automatically be paid with available HRA funds.</p> <p>> Copays and the coinsurance on brand-name prescription drugs apply to the annual out-of-pocket maximum, but not to the deductible.</p> <p>Benefits Available With HRA Plans:</p> <p>> Retail Pharmacy Benefits (up to a 30-day supply)</p> <ul style="list-style-type: none"> • Generic medications: \$10 • Formulary brand medications: You pay 20% with a minimum cost per prescription of \$30, and a maximum of \$80 • Non-formulary brand medications: You pay 35% with a minimum cost per prescription of \$45, and a maximum of \$105 <p>> Mail Order Benefits (up to a 90-day supply)</p> <ul style="list-style-type: none"> • Generic medications: \$20 • Formulary brand medications: You pay 20% with a minimum cost per prescription of \$75, and a maximum of \$200 • Non-formulary brand medications: You pay 35% with a minimum cost per prescription of \$112, and a maximum of \$262 	<p>> Eligible generic adherence drugs: covered at 100%.</p> <p>> You pay the full cost for prescriptions out-of-pocket until you meet your deductible.</p> <p>> If you reach your deductible, you and Charter share the cost of your prescriptions (both retail and mail order).</p> <ul style="list-style-type: none"> • You'll pay 20% and Charter will pay 80% - up to your annual out-of-pocket maximum. • If you reach that maximum, Charter pays 100% of your prescription costs for the rest of the year.

To keep prescription drug coverage affordable and promote safe and effective prescription drug use, Charter's prescription drug coverage includes several rules to keep in mind as you work with your doctor to find the most effective and affordable medications.

EXPRESS SCRIPTS NATIONAL PREFERRED FORMULARY

Express Scripts has a preferred drug list called a formulary. When you choose prescription drugs on this list, your cost will be lower. The formulary is updated continually - it's a good idea to contact Express Scripts at 877-861-0398 or express-scripts.com for the most up-to-date list to make sure any medications you take are included.

SAVING WITH GENERICS

Ask your doctor if there is a lower cost generic equivalent available for your prescription. If you choose to take a brand-name drug when there is a generic substitute available, you'll pay more.

- > Certain cholesterol medications are covered at 100% in both the HRA and HSA plans.

PREFERRED DRUG STEP THERAPY

Step Therapy requires patients to try less expensive medications for certain conditions before "stepping up" to drugs that cost more. If you don't try Step Therapy, your medication may cost more or not be covered. This rule will not apply if less expensive medications are not available or if your doctor provides medical documentation that a certain drug is necessary for your health care needs.

PRIOR AUTHORIZATION

Some drugs require approval before you fill your prescription (prior authorization) to ensure that they're used safely and appropriately, according to national clinical guidelines. Have your physician review the drug categories included on the Prior Authorization list prior to prescribing a medication.

Contact Express Scripts at 877-861-0398 or express-scripts.com to learn more about the approval process or to obtain authorization.

SMART START

tip

RESEARCH YOUR CURRENT Rx

To find out if a generic drug is available for a brand-name medication you currently take, visit [**express-scripts.com**](http://express-scripts.com).

QUANTITY LIMITS

Certain medications have maximum limits on the number of pills that can be dispensed, per fill, based on FDA-approved guidelines.

Before you fill your prescriptions, contact Express Scripts to learn if any coverage limitations exist.

RETAIL REFILL ALLOWANCE (RRA)

If you take a maintenance drug on an ongoing basis (typically for 90 days or longer), you can save money by filling your prescriptions through the mail rather than at a retail pharmacy. If you fill a maintenance prescription at a retail pharmacy more than three times, the cost you pay will be higher. The cost difference does not apply toward your annual out-of-pocket maximum.

ADHERENCE MEDICATIONS

Certain generic, adherence medications, including but not limited to some medications that treat conditions such as asthma, high blood pressure, and diabetes, are covered at 100% in the Saver Plan – HSA. To find out if your medication is included, contact Express Scripts.

Dental Coverage

Charter offers a dental plan through Cigna. The plan covers eligible preventive care at 100% for in-network providers and gives you freedom to choose your dentist. It's important to note that you will pay less when you choose providers who are in network.

WHAT'S COVERED

In-network benefits covered under the Dental Plan:

CHARTER DENTAL PLAN	
DEDUCTIBLE	\$50 PER MEMBER \$150 MAXIMUM PER FAMILY
ANNUAL BENEFIT MAXIMUM	CHARTER PROVIDES UP TO \$1,500 EMPLOYEE PAYS FOR ANY ADDITIONAL COSTS
PREVENTIVE CARE Like semi-annual check-ups	CHARTER PAYS 100%
BASIC SERVICES Like fillings and sealants	CHARTER PAYS 80% AFTER DEDUCTIBLE EMPLOYEE PAYS 20% AFTER DEDUCTIBLE
MAJOR SERVICES Like crowns, bridges and implants	CHARTER PAYS 50% AFTER DEDUCTIBLE EMPLOYEE PAYS 50% AFTER DEDUCTIBLE
ORTHODONTIA (For dependent children up to age 26)	CHARTER PAYS 50% AFTER DEDUCTIBLE TO A \$1,500 LIFETIME MAXIMUM EMPLOYEE PAYS 50% AFTER DEDUCTIBLE AND 100% AFTER LIFETIME MAXIMUM

For details, call Cigna at 888-806-5106.

SMART START



FIND AN IN-NETWORK DENTIST

Visit [cigna.com](https://www.cigna.com) to find in-network providers under the Cigna Dental DPPO network. If you choose out-of-network providers, you will receive different benefits.

Vision Coverage

Charter offers a vision plan through EyeMed. Like the medical and dental plans, you can choose any doctor, but you'll receive higher benefits if you use a provider in the Insight network.

WHAT'S COVERED

In-network benefits covered under the Vision Plan.*

CHARTER VISION PLAN	
EXAM Once per calendar year	CHARTER PAYS 100%
LENSES Once per calendar year	<ul style="list-style-type: none"> • STANDARD LENSES: \$25 copay • STANDARD PROGRESSIVE LENSES: \$75 copay • PREMIUM PROGRESSIVE LENSES: Copays vary; contact EyeMed for more information
FRAMES Once every two calendar years	\$0 COPAY, \$125 ALLOWANCE WITH 20% OFF BALANCE OVER \$125
CONTACT LENSES	<ul style="list-style-type: none"> • ELECTIVE AND CONVENTIONAL LENSES (IN LIEU OF EYEGLASSES): Charter pays up to \$125; additional discounts may apply • MEDICALLY NECESSARY LENSES: Charter pays 100%

*If you choose out-of-network providers, you will receive different benefits.

Note: An allowance can be used once during the calendar year. If you receive frames or contact lenses and do not spend the entire allowance, you will forfeit the remainder.

For more information and to find providers in the Insight network, contact **EyeMed at 866-800-5457 or eyemedvisioncare.com/charter**.

Life & Disability

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Life insurance helps ease the financial burden your dependents may face in the event of your death. Charter provides basic life and AD&D insurance coverage at no cost to you and offers you the option to purchase supplemental life coverage.

Your benefit is calculated based on your Annual Base Benefits Rate (ABBR).

ANNUAL BASE BENEFIT RATE (ABBR)	
EMPLOYEE TYPE	HOW YOUR ABBR IS DETERMINED
Non-commissioned	Annual base rate of pay
Commissioned with less than 1 year of service	Annual base rate of pay
Commissioned with greater than 1 year of service	Annual base rate of pay + prior year's commission

LIFE AND ACCIDENTAL INSURANCE		
CHARTER PROVIDED BENEFITS*	COVERAGE DETAILS	BENEFIT MINIMUMS AND MAXIMUMS
<p>Basic Employee Life Insurance</p>	<p>In the event of your death, your designated beneficiary receives two times your ABBR rounded up to the next \$1,000 in coverage.</p>	<p>\$20,000 minimum \$500,000 maximum</p>
<p>Basic Accidental Death And Dismemberment (AD&D)</p>	<p>If you are injured or die because of an accident, your designated beneficiary receives an additional two times your ABBR rounded up to the next \$1,000 in coverage. The full benefit amount will be paid in the event of death or multiple dismemberments; one half of the benefit amount is payable for single dismemberments.</p>	<p>\$20,000 minimum \$500,000 maximum</p>

*Charter benefits available at no cost to you and with no need to enroll.

Note: The IRS requires that you pay taxes on the value of company-provided life insurance that exceeds \$50,000 of coverage. The value is determined by your age and a schedule established by the IRS. You may notice Imputed Income (“Life Imp”) listed on your pay stub. The Imputed Income is added to your gross wages and is included on your form W-2.

SUPPLEMENTAL EMPLOYEE, SPOUSE/DOMESTIC PARTNER* AND CHILD LIFE INSURANCE

In addition to the life insurance benefits provided by Charter, you can choose to buy additional coverage, subject to Evidence of Insurability (EOI) rules. The cost per \$1,000 of coverage for you and your spouse is based on your age. Your rate will be displayed during enrollment.

SUPPLEMENTAL EMPLOYEE, SPOUSE/DOMESTIC PARTNER* AND CHILD LIFE INSURANCE		
OPTIONAL BENEFITS	COVERAGE DETAILS	BENEFIT MAXIMUM
Supplemental Employee Life And AD&D	Increments of \$50,000, up to seven times your ABBR, rounded to the next \$50,000.	The benefit maximum is \$1,000,000. New employees are guaranteed up to \$500,000 coverage without Evidence of Insurability (EOI).
Supplemental Spouse/ Domestic Partner Life	A flat amount of \$10,000 or \$25,000 increments. You automatically are the beneficiary for this benefit.	The benefit maximum is \$250,000. New employees are guaranteed up to \$50,000 of coverage without EOI.
Supplemental Dependent Child Life	\$5,000, \$15,000 or \$25,000 for children from birth to age 26. You automatically are the beneficiary for this insurance benefit.	EOI is not required.

*Your lawful spouse who is not legally separated from you, or your same sex domestic partner, as recognized under the laws of the jurisdiction of celebration.

NAMING A BENEFICIARY

For life insurance coverage you must name a beneficiary, a person or Trust, that will receive the benefit in the event of your death. You can name more than one beneficiary and indicate percentages of the benefit you want each to receive. You may change your beneficiaries at any time during the year through the enrollment site.

DEPENDENT CHILD LIFE INSURANCE

There are three Dependent Child Life Insurance Options - \$5,000, \$15,000, or \$25,000. You pay 100% of the cost for coverage. You may enroll your dependent child(ren) in life insurance coverage up to age 26 regardless of student, marital or employment status. You are automatically the beneficiary for this coverage. Your first eligible newborn child is automatically covered for \$5,000 for 60 days from the child's live birth. To continue coverage on the first child, you must elect child coverage within 60 days of the child's birth.

DISABILITY

Charter’s disability coverage provides financial support if you become unable to work due to injury or illness. Charter automatically provides Short-Term Disability (STD) and Long-Term Disability (LTD) coverage at no cost to you after one year of service. You do not need to enroll in these benefits.

DISABILITY			
COVERAGE	WEEKS 2-12	WEEKS 13-26	WEEK 27+
<p>SHORT-TERM DISABILITY: Applies when illness or injury make you unable to work. Benefits begin on your eighth calendar day of disability or when you have used all your sick, personal or vacation hours, whichever is later.</p>	<p>75% OF YOUR ABBR</p>	<p>66-2/3% OF YOUR ABBR</p>	<p>N/A</p>
<p>LONG-TERM DISABILITY: Begins after you have been disabled continuously for 26 weeks (or after STD ends).</p>	<p>N/A</p>	<p>N/A</p>	<p>60% of your ABBR (monthly maximum of \$15,000)</p>

TAKE NOTE: Life and disability coverage benefit calculations are based on your Annual Base Benefits Rate (ABBR), which is your base pay plus past year commissions if you’re commission-eligible.

Biweekly Employee Contributions

MEDICAL PLAN CONTRIBUTIONS

BIWEEKLY PAYCHECK CONTRIBUTIONS IF YOUR ABRR IS LESS THAN \$50,000			
MEDICAL	PREMIER PLAN - HRA	SAVER PLAN - HSA	PROTECTION PLAN - HRA
EMPLOYEE ONLY	\$38.60	\$32.03	\$25.46
EMPLOYEE + SPOUSE/SAME SEX DOMESTIC PARTNER	\$125.84	\$108.08	\$90.33
EMPLOYEE + CHILD(REN)	\$84.33	\$74.02	\$63.71
EMPLOYEE + FAMILY	\$145.10	\$128.52	\$111.95

BIWEEKLY PAYCHECK CONTRIBUTIONS IF YOUR ABRR IS GREATER THAN OR EQUAL TO \$50,000			
MEDICAL	PREMIER PLAN - HRA	SAVER PLAN - HSA	PROTECTION PLAN - HRA
EMPLOYEE ONLY	\$47.90	\$40.56	\$33.22
EMPLOYEE + SPOUSE/SAME SEX DOMESTIC PARTNER	\$159.04	\$138.19	\$117.35
EMPLOYEE + CHILD(REN)	\$107.32	\$95.22	\$83.13
EMPLOYEE + FAMILY	\$185.55	\$161.70	\$137.86

Employee contributions are the amount you pay out of your paycheck for benefits coverage and are based on biweekly contributions (26 pay periods during the calendar year).

Employee medical and dental contributions are based on coverage tiers and salary bands. Applicable salary bands are calculated according to your Annual Base Benefit Rate (ABRR) - your base pay as of October 2, 2017 (or your hire date if you are a new hire) plus your prior year's commissions, if you're commission-eligible.

NOTE: If you change salary bands during the year, your premium will change on your first paycheck of the following calendar year.

DENTAL PLAN CONTRIBUTIONS

DENTAL COVERAGE BIWEEKLY PAYCHECK CONTRIBUTIONS		
	IF YOUR ABBR IS LESS THAN \$50,000	IF YOUR ABBR IS GREATER THAN OR EQUAL TO \$50,000
EMPLOYEE ONLY	\$3.64	\$4.83
EMPLOYEE + SPOUSE/SAME SEX DOMESTIC PARTNER	\$12.50	\$14.39
EMPLOYEE + CHILD(REN)	\$9.68	\$11.07
EMPLOYEE + FAMILY	\$21.80	\$23.47

VISION PLAN CONTRIBUTIONS

VISION COVERAGE BIWEEKLY PAYCHECK CONTRIBUTIONS	
EMPLOYEE ONLY	\$1.52
EMPLOYEE + SPOUSE/SAME SEX DOMESTIC PARTNER	\$3.33
EMPLOYEE + CHILD(REN)	\$2.58
EMPLOYEE + FAMILY	\$4.61

SUPPLEMENTAL LIFE INSURANCE CONTRIBUTIONS

Rates are based on the employee’s age.

SUPPLEMENTAL EMPLOYEE & SPOUSE LIFE INSURANCE		
AGE	EMPLOYEE BIWEEKLY RATE* (PER \$1,000 OF COVERAGE)	SPOUSE BIWEEKLY RATE (PER \$1,000 OF COVERAGE)
UNDER 30	\$0.024	\$0.014
30-34	\$0.027	\$0.023
35-39	\$0.033	\$0.032
40-44	\$0.044	\$0.037
45-49	\$0.061	\$0.051
50-54	\$0.088	\$0.083
55-59	\$0.156	\$0.134
60-64	\$0.233	\$0.217
65-69	\$0.416	\$0.383
70+	\$0.654	\$0.646

Note: If you change age bands during the year, your premium will change on your first paycheck of the following calendar year.

*Includes Supplemental AD&D at an amount equal to Supplemental Employee Life.

DEPENDENT CHILD LIFE INSURANCE PLAN CONTRIBUTIONS

DEPENDENT CHILD LIFE INSURANCE		
COVERAGE OPTION	COVERAGE PER CHILD	CHILD BIWEEKLY RATE Regardless of the number of children covered
OPTION A	\$5,000	\$0.231
OPTION B	\$15,000	\$0.692
OPTION C	\$25,000	\$1.154

Retirement

Charter takes pride in offering a competitive and market-leading retirement program with tools and resources that will help you save, plan for, and meet your retirement and financial goals. Charter's retirement program includes the 401(k) Savings Plan, the Retirement Accumulation Plan (RAP), and the opportunity to save for retirement in the Health Savings Account (HSA), a triple tax advantage retirement savings option.

401(K) SAVINGS PLAN

The 401(k) Savings Plan is an important component of your total benefits package at Charter and your future. You may choose to:

- > Make automatic pre-tax contributions out of your paycheck
 - If you elect to make pre-tax contributions, you lower the amount of your current income taxes. As a new hire, you are automatically enrolled at a pre-tax contribution rate of 3%, unless you elect otherwise.
- > Make Roth after-tax contributions
 - If you elect to make Roth after-tax contributions, you will pay current income taxes on your contribution, but your qualified withdrawals (including any investment earnings) will not be subject to taxation. Roth income restrictions do not apply to contributions made to the 401(k) Plan.
- > Make regular after-tax contributions out of your paycheck
 - Regular after-tax contributions are not matched, but can help you save above the IRS annual limit. With regular after-tax contributions, you will pay income taxes prior to making your contribution, but not on the investment earnings until you make a withdrawal. You can rollover after-tax contributions from the 401(k) to a Roth IRA as an in-service withdrawal (investment earnings may only be rolled to a traditional IRA). Income restrictions do not apply to after-tax contributions rolled over to a Roth IRA.

CONTRIBUTIONS FROM CHARTER

Charter matches 100% of every dollar you contribute, up to 6% of your eligible pay when you make pre-tax and/or Roth after-tax contributions.

- > Our employer match is 100% of up to 6% of eligible pay in the 401(k). An additional 3% company contribution is made to eligible employee accounts in the RAP.
- > Charter's potential contribution of 9% (for those who are eligible) combined with an employee contribution of 6% has the potential for a total retirement savings rate of 15% of pay.

You can enroll or change your contributions at any time. New hires are eligible to enroll the first of the month following one month of service. You choose how you want to invest your savings based on your goals and risk tolerance.

Your 401(K) belongs to you

- > The money you contribute to the 401(k) Plan and any earnings on your contributions always belong to you.
- > In addition, once you meet vesting requirements (three years of service), Charter's matching contributions, plus earnings, also belong to you.
- > If you terminate from Charter, you can rollover your balance, including your contributions and any Charter contributions in which you are vested (plus any earnings), to another qualified retirement plan tax-free.

Be aware that withdrawals before age 59 1/2 generally have tax consequences, and you may wish to consult with your tax advisors to fully understand your personal tax circumstances.

CHOOSING THE RIGHT RETIREMENT INVESTMENT MIX FOR YOU

During your enrollment process, you have the opportunity to select each of the investments you wish to include in your portfolio. If you do not actively make investment elections for your retirement account, your contributions - and those made by Charter - will be automatically deposited into the JP Morgan Target Retirement fund that most closely corresponds to your projected retirement date, based on your age.

NOTE: If you wish to select your investment options, you must actively select investments in both the Retirement Accumulation Plan (RAP) and the 401(k) Plan.

ROTH IN-PLAN CONVERSION OPTION

You have the option to convert your 401(k) balances eligible for distribution to a Roth 401(k) account within Charter's 401(k) plan. Once converted, future earnings grow tax-free and are not taxed upon withdrawal from the plan. The amount eligible for distribution depends on your age.

- If you're under 59 1/2 years of age, money eligible for withdrawal includes after-tax contributions.
- If you're age 59 1/2 or above, money eligible for withdrawal includes pre-tax, after-tax, and vested employer contributions

An in-plan Roth conversion is considered a withdrawal/distribution. Charter's plan limits withdrawals to two per year. If you have exhausted your withdrawal availability, you will not be eligible for a Roth conversion until the following year.

- > You may wish to consult a tax advisor to understand the tax impact of a Roth in-plan conversion.

RETIREMENT ACCUMULATION PLAN

- > Under the Retirement Accumulation Plan, Charter contributes an amount equal to 3% of your eligible pay. You will receive this contribution regardless of whether you contribute to the 401(k) Plan.
- > The Retirement Accumulation Plan is for employees up to the Director position level. Employees covered by a collective bargaining agreement are not covered by this plan unless their agreement calls for their participation in the Retirement Accumulation Plan.
- > If eligible, you will receive this contribution in addition to any matching contributions Charter is making to your 401(k) Plan account.
- > Once you meet the Plan's vesting requirements (three years of service), Charter's contributions to the Retirement Accumulation Plan (and any earnings on those contributions) belong to you.

For more information on retirement benefits, visit Fidelity's website at netbenefits.com or 401k.com, also accessible from panorama.charter.com/benefits.

HEALTH SAVINGS ACCOUNT (HSA) RETIREMENT SAVINGS ADVANTAGES

In addition to paying health care claims, your HSA can play an important role in your retirement savings strategy because of its triple tax advantage.

Unlike the 401(k), you are not required to start to withdraw HSA funds at a certain age. However, you may no longer contribute once you enroll in Medicare. Once your HSA balance exceeds \$1,000, you have the option to invest your funds into a diversified lineup of investment options. You must actively make your investment elections for the portion of your account you wish to invest.

Visit healthequity.com to learn more about investing your HSA balance.

Additional Resources

ADDITIONAL RESOURCES

Employee Assistance Program (EAP)

In partnership with Morneau Shepell, Charter provides you and your eligible family members with free, confidential counseling sessions for things like:

- > Depression and anxiety
- > Stress management
- > Alcohol or drug abuse
- > Parenting concerns

Learn more at workhealthlife.com/charter.

You may have up to five free sessions per year for each individual situation.

Rethink - Inspiring hope, powering potential.

Rethink provides support for parents of children with autism, Down syndrome, and other developmental delays. Rethink can provide you with the tools and resources you need to understand, teach and communicate better with your child. They offer a unique curriculum to help your child build specific life skills. You can share this curriculum with doctors, teachers and other caregivers, and you'll have up to 12 hours of annual online access to a counselor to refine the curriculum along the way.

Visit charter.rethinkbenefits.com to learn more.

Rethink's resources are offered at no cost to you.

ADDITIONAL CHARTER PROGRAMS AND BENEFITS INCLUDE:

- > Free and discounted employee cable services at your primary residence (Spectrum TV, Internet and Phone)
- > Paid Time Off (Vacation, Sick Time, Holidays, Personal Days)
- > Education Assistance
- > Adoption Reimbursement
- > Discounts for things like childcare, entertainment tickets, computers and more

Voluntary Legal Plan - Opt in for access to legal services

Voluntary Legal coverage through ARAG helps you address everyday situations like dealing with traffic tickets, resolving warranty issues, disputes with a contractor or buying a home. You will have access to a network of credentialed attorneys who can provide counsel, review documents and represent you, if needed. When you work with an in-network attorney, you don't pay any attorney fees for most covered matters.

To see a full list of coverages available under the voluntary legal plan, visit araglegalcenter.com and enter access code: 18063cc.

You must enroll in this benefit during the enrollment period. The cost is \$5.54 per paycheck.

Commuter Benefit Program

Charter offers a Commuter Benefit Program that allows you to set aside pre-tax money for eligible commuting-related expenses like parking and mass transit. You cannot be reimbursed for ineligible expenses, like bicycle travel, airfare, tolls, taxi, mileage, carpool and gas.

This program is similar to an FSA but with fewer restrictions and more flexibility. You can choose from convenient account options like the Commuter Card, Pay My Provider or Pay Me Back, depending on what is best for you.

Here's how the program works:

- > Visit healthequity.com/charter and enter how much you spend on your monthly commute.
- > You can contribute up to \$255 per month for parking and up to \$255 per month for mass transit.
- > Health Equity will process your order just before the start of the month, and you can choose to order monthly or place a recurring order.
- > You may join or make a change to your participation at any time during the year.

For more information, visit healthequity.com/charter.

Key Contacts

KEY CONTACTS				
PLAN PROVIDER/ RESOURCE	TOPIC	PHONE	WEBSITE	APP AVAILABLE
CHARTER BENEFITS CENTER	Assistance with enrollment, eligibility and other benefit items	877-892-2367 MONDAY THROUGH FRIDAY 8 A.M. TO 8 P.M. ET		
HEALTH GUIDE - ANTHEM	Assistance with provider billing issues and claims, questions about most of your benefit plans, locating an in-network provider or community resources and more	866-645-3269 MONDAY THROUGH FRIDAY 8 A.M. TO 8 P.M. ET	anthem.com	✓
HEALTH GUIDE - CIGNA		888-806-5106 MONDAY THROUGH FRIDAY 8 A.M. TO 9 P.M. ET	cigna.com	✓
PANORAMA.CHARTER.COM	Charter's employee intranet, accessible on or off the Charter network, to enroll in benefits and get the latest company news and information	FOR SUPPORT FOR ENROLLMENT ISSUES: 877-892-2367	panorama.charter.com	

Other Contacts

OTHER CONTACTS				
PLAN PROVIDER/ RESOURCE	BENEFIT	PHONE	WEBSITE	APP AVAILABLE
CHARTER EMPLOYEE CABLE SERVICES ACCOUNT ASSISTANCE TEAM	Employee Cable Services	888-765-4096	Panorama.Charter.com Email: Employee_Account_ Assistance_ Team@charter.com	
BEST DOCTORS	Referrals/Second Opinions	866-904-0910	members.bestdoctors.com	
BRIDGE HEALTH	Surgical Services/Support	855-456-9060	bridgehealth.com (company code: CHRTR)	
LIVONGO	Diabetes Support	800-945-4355	welcome.livongo.com/ charter	✓
WINFERTILITY	Fertility Treatment	844-236-1983	winfertility.com/charter- communications/	
HEALTH EQUITY	Health Savings Account (HSA) and Flexible spending Accounts (FSAs)	844-373-6980	healthequity.com/charter	✓
EXPRESS SCRIPTS	Prescription Drug Coverage	877-861-0398	express-scripts.com	✓
CIGNA	Dental coverage	888-806-5106	cigna.com	✓
EYEMED	Vision Coverage	866-800-5457	eyemedvisioncare.com/ charter	✓

Other Contacts

OTHER CONTACTS				
PLAN PROVIDER/ RESOURCE	BENEFIT	PHONE	WEBSITE	APP AVAILABLE
SECURIAN	Life and Accidental Death & Dismemberment Insurance	EOI questions: 800-872-2214 Claim questions: 888-658-0193 Website technical assistance and general inquiries: 877-491-5265	lifebenefits.com	✓
SEDGWICK	Disability Coverage (Short-term and Long-term)	877-892-6707	claimlookup.com/charter	
FIDELITY INVESTMENTS	Charter 401(k) Plan and Retirement Accumulation Plan	877-892-2367	401k.com or netbenefits.com	✓
MORNEAU SHEPELL	Employee Assistance Program (EAP)	800-272-2727	workhealthlife.com/charter	✓
RETHINK	Parental Support for those with Developmentally Delayed Children	877-988-8871	charter.rethinkbenefits.com	✓
ARAG	Legal Plan	800-247-4184	araglegalcenter.com Password: 18063cc	✓
HEALTH EQUITY	Commuter benefit	844-373-6980	healthequity.com/charter	✓

