



**The Comcast NBCUniversal
Post-Retirement Health Care &
Retiree Reimbursement Account Program
Summary Plan Description**

Updated 2022

The Comcast NBCUniversal Post-Retirement Health Care & Retiree Reimbursement Account Summary Plan Description (SPD) is intended to be read in conjunction with the separate SPDs for the IBC Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan. Together, they form a complete SPD as required by the Employment Retirement Income Security Act of 1974, as amended, describing the Comcast NBCUniversal Post-Retirement Health Care and Retiree Reimbursement Account Program for retirees and eligible dependents.

THE RETIREE HEALTH CARE PROGRAM

The Comcast NBCUniversal Post-Retirement Health Care & Retiree Reimbursement Account Program coverage available to you depends on your age, when you were hired, your employment history with Comcast and NBCUniversal (collectively, "Comcast NBCUniversal" or the "Company"), and whether you completed any actions that may have been or will be required of you to maintain your Retirement Reimbursement Account.

Please be aware that the Comcast NBCUniversal Retiree Health Care Program Retiree Reimbursement Account is closed to new hires and re-hires hired on or after January 1, 2017. Employees who were rehired on or after January 1, 2017 due to inter-company transfers between Comcast and NBCUniversal and whose rehires occurred immediately after their terminations without a break in service (i.e., the rehire date is the day immediately following the termination date) may still be eligible for the Retiree Reimbursement Account. Effective January 1, 2020, retirees who are eligible for the Retiree Reimbursement Account and are rehired by Comcast NBCUniversal may still be eligible for the Retiree Reimbursement Account upon re-retirement.

If you participate in, or are eligible to participate in, the Independence Blue Cross (IBC) Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan, refer to the separate Summary Plan Description (or "SPD") for more information about benefits under those plans. This SPD, when combined with the SPD describing the IBC Standard and Minimum PPO Health Care Plans, forms a complete Summary Plan Description as required by the Employment Retirement Income Security Act of 1974 (ERISA), as amended, describing the Comcast NBCUniversal Post-Retirement Health Care and Retiree Reimbursement Account Program for retirees and eligible dependents.

If you retire from Comcast and your retirement date is after 2003, retire from NBCUniversal, are a former MediaOne retiree, or you retired from AT&T Broadband, refer to this Summary Plan Description for details about your retiree health care plan coverage.

The Comcast NBCUniversal Retiree Health Care Program

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Comcast and NBCUniversal (collectively, "Comcast NBCUniversal"), affiliates of Comcast Corporation, are proud to offer you valuable benefit programs to support your needs. This Summary Plan Description (also referred to as "SPD") applies to some or all of the benefits you receive or may choose to receive as a retiree of Comcast NBCUniversal. This document does not constitute the full SPD for the Comcast NBCUniversal Post-Retirement Health Care & Retiree Reimbursement Account Program (also referred to as the "Retiree Health Care Program"). For a complete review of your SPD, please refer to the Independence Standard and Minimum PPO Health Care Plan SPD. This SPD has been developed to help you learn about and understand the Comcast NBCUniversal Post-Retirement Health Care & Retiree Reimbursement Account Program (also referred to as the "Retiree Health Care Program") which are benefit components of the Comcast Comprehensive Retiree Health and Welfare Plan ("Plan" or "official Plan document"). Keep this SPD handy and refer to it when you have questions about your benefits.

Many of the benefit programs offered are covered under the federal law known as the Employee Retirement Income Security Act of 1974 (also referred to as "ERISA"). This document will serve as the SPD for those benefits. Although the plans have been summarized in everyday language, this SPD does not replace the legal documents governing the plans. If there is any information in this SPD that is not in the official Plan document, then this SPD governs. If there is a conflict in language that exists between this SPD and the official Plan document or insurance contracts, the official Plan document will govern. If the official Plan document is silent on a specific issue, then the SPD controls on that issue. The administration of the benefit plans is the responsibility of the Plan Administrator. The Plan Administrator has the discretionary authority and the responsibility to, among other things, interpret the Plan provisions, and to exercise discretion where necessary or appropriate in the interpretation, administration, and determination of eligibility for benefits under the plans, except to the extent that such responsibility has been delegated.

Comcast Corporation reserves the right, by action of the appropriate representative, to amend, modify, suspend, or terminate the plans at any time, in whole or in part, in accordance with Comcast Corporation's normal operating procedures. These modifications or terminations may be made for any reasons Comcast Corporation or its representatives deem appropriate, or as a result of changes in the laws that govern the plans. Comcast Corporation's rights include the right to obtain coverage and/or administrative services from additional or different insurance carriers and third-party administrators at any time, and the right to revise the amount of retiree contributions. Nothing in this SPD is intended to guarantee that benefit levels or costs will remain unchanged in future years. By law, retirees will be notified of any material modifications to the Plan.

Comcast Corporation cannot advise you regarding tax, investment, or legal considerations relating to the Plan. Therefore, if you have questions regarding benefit planning, you should seek advice from a personal advisor (e.g., legal counsel, tax advisor, investment advisor.)

If you have any questions after reading this SPD, please contact Mercer Marketplace 365SM* at 1-866-435-5135. Comcast NBCUniversal has engaged Mercer Marketplace 365+ Retiree to provide Comcast NBCUniversal retirees and their eligible spouses, domestic partners, or civil unions with personalized support from knowledgeable, licensed benefits counselors. Mercer Marketplace 365+ Retiree counselors are trained to assist with claims and coverage matters.

Retirees, who while employed were represented by a labor union or Guild may, or may not, be eligible for any or all of the benefits, plans or programs described in this document. The eligibility of union- represented former employees for these benefits, plans or programs may be governed by the applicable collective bargaining agreement(s) and/or be subject to collective bargaining.

*Services provided by Mercer Health & Benefits Administration LLC.

Overview

The Comcast NBCUniversal Retiree Health Care Program is intended for individuals who retire immediately following their separation of employment from the Company and is primarily designed to help bridge these individuals to Medicare eligibility, which occurs at age 65.

The Program contains the following two components:

- **Retiree Reimbursement Account, or “RRA”** — this account is set up and funded by the Company and may be used to reimburse you and your eligible spouse, domestic partner, or civil union for eligible health care premiums. Read this SPD for more information about the RRA.
- **Retiree health care coverage you choose** — you can access individual retiree health care coverage through a private health care marketplace (sometimes referred to as a private health care exchange) administered by Mercer Marketplace 365. You may also choose ACA-compliant coverage through a public health care exchange. Other coverage options are also available if you meet certain eligibility requirements. See the *Retiree Medical Plan Coverage* section to learn more about retiree health care coverage options.

If you retired prior to January 1, 2018, you and your eligible dependents may have access to optional retiree health care plans made available by Comcast NBCUniversal. These optional plans are described in separate Summary Plan Descriptions (Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan) available from the Company at <https://retiree.mercermarketplace.com/comcastnbcu>. Use of the RRA to cover the costs of optional retiree health care premiums depends on several factors — see the *How the RRA Works* section for more information.

Eligibility for the Retiree Health Care Program

Eligibility Rules

Standard Eligibility Rule

Active employees of Comcast NBCUniversal who reach age 57 or older and have 10 or more years of full-time service based on their recognized service date are eligible to participate in the Retiree Health Care Program upon retirement. Full-time service is defined as working 30 hours or more per week, and the recognized service date is calculated by counting continuous full-time service with the Company from the most recent date of hire to a particular point in time. In certain cases, prior service credit may be granted. Contact HRConnection (NBCU) at 855-474-6228 or HR Shared Services (Comcast) at 877-909-4748 for more details.

Please note, if you reduce your hours before you reach age 57 and have attained 10 years of full-time service, and you never resume full-time employment status, you will not be eligible for the Retiree Health Care Program.

In cases where an active employee does not have a recognized service date:

- Full-time service is based on the employee’s rehire date, or
- If there is no rehire date, full-time service is based on the employee’s original date of hire.

Full-time service includes service with NBCUniversal completed prior to the close of the joint venture with Comcast on January 28, 2011. Prior to 2017, if your employment terminated with the Company and you were later rehired, your full-time service from your previous employment term generally did not carry forward. However, your full-time service from your previous employment term will carry forward if:

- You were transferred to NBCUniversal from either General Electric Company (GE) or Comcast in connection with the 2011 acquisition closing or
- If your employment is terminated due to a layoff and you are re-hired within one year.

If you are a Fairhaven, MA union retiree who retired on or after January 2, 2021, you are not eligible for the Retiree Health Care Program.

Protected Service Rule

If employment was terminated involuntarily due to position elimination or reduction in force, severance is offered, and you reach your 10 years of full-time service and reach age 57 within one year from your severance date or buyout date, you fall under the 12-month protected service rule under which you are still deemed eligible for the Retiree Health Care Program.

Note: This provision does not apply to Fairhaven, MA union employees, who are deemed eligible for the Retiree Health Care Program if they have at least 10 years of full-time service *at the time of* the severance or buyout date, reached age 57 within one year from their severance or buyout date and retired prior to January 2, 2021.

Early Retirement Rule — “Rule of 70”

Active employees not meeting the eligibility requirements listed above will be eligible to participate in the Early Retirement Program if employment was terminated involuntarily due to position elimination or reduction in force, severance is offered, and at the time of termination the sum of the employee’s age plus full-time service is equal to 70 or more. Active employees and their spouses/domestic partners/civil union partners eligible for the Early Retirement Program will have a 50% reduction in their RRAs.

“50 + 5 Rule”

For active employees not meeting the Standard Eligibility Rule, Protected Service Rule, or the Rule of 70, but have reached age 50 with at least 5 years of full-time service based on their recognized service date are eligible to participate in the Retiree Health Care Program upon retirement. Under this eligibility rule, retirees and eligible dependents will have access to individual plan options available through Mercer Marketplace 365+ Retiree without an RRA. Full-time service is the same as defined under the Standard Eligibility Rule.

Note: This provision applies to Fairhaven, MA union employees who retired prior to January 2, 2021.

New Hires and Rehires

Employees hired or rehired on or after January 1, 2017 (including those hired as part of an acquisition and those rehired with bridged service) are not eligible for the RRA, with the following exceptions:

- Employees who are rehired due to inter-company transfers with no break in service (Comcast to NBCUniversal, or vice versa)
- Fairhaven, MA union employees who retired prior to January 2, 2021
- Effective January 1, 2020, retirees who are eligible for the RRA and are rehired by Comcast NBCUniversal into a full-time benefits eligible position will retain eligibility for the RRA upon re-retirement. Access to the RRA will be frozen during active employment. Eligible retirees who are rehired and re-retire may be eligible for an increased RRA amount based on the following criteria:
 - Eligible retirees who are rehired with bridged service (severed and rehired within 1 year of termination) – All additional tenure after rehire (including time not actively working) will count towards the RRA calculation upon re-retirement, using the same RRA formula they were eligible for prior to rehire.
 - Eligible retirees who are rehired without bridged service – Additional tenure after rehire (not including time not actively working) will count towards the RRA calculation upon re-retirement using the same RRA formula they were eligible for prior to rehire.

Refer to the tables in the *Program Benefits for Comcast, NBCUniversal and Former MediaOne Retirees* section outlining specific plan eligibility.

Former MediaOne Employees — “Modified Rule of 75”

Former MediaOne employees who retired before January 1, 2018 are eligible to participate if the sum of their age and benefit service years equals at least 75 (in one of the following combinations) on the date of termination. Age and Term of Employment numbers are not rounded up to the next whole number when calculating the Modified Rule of 75.

Age	Benefit Service Years
Any Age	At least 30 years
50 through 54	At least 25 years
55 through 59	At least 20 years
60 through 64	At least 15 years
65 and older	At least 10 years

The eligibility of former MediaOne employees who retire on or after January 1, 2018 will be based on the better of the Modified Rule of 75 or Standard Eligibility Rule requirements described above. Former MediaOne employees who retire on or after January 1, 2018 will also be eligible if the Early Retirement Rule (Rule of 70), the Protected Service Rule, or the 50+5 Rule described above are met.

Program Benefits for Comcast, NBCUniversal and Former MediaOne Retirees

The retiree health care benefits available to you depend on several factors. Please refer to the tables in this section for more information.

Comcast Retirees

If your last day worked is...	You have access to these retiree health care benefits*	
	Pre-Medicare:	Medicare-Eligible:
Prior to 2018	<ul style="list-style-type: none"> ▪ An RRA ▪ Individual health plans available through Mercer Marketplace 365+ Retiree or an ACA-compliant plan available through a public health care exchange, or ▪ Optional retiree health care plans (Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan**) 	<ul style="list-style-type: none"> ▪ An RRA ▪ Individual health plans available through Mercer Marketplace 365+ Retiree or an individual Medicare-eligible plan available through a public health care exchange
On or after January 1, 2018	<ul style="list-style-type: none"> ▪ An RRA ▪ Individual health plans available through Mercer Marketplace 365+ Retiree or an ACA-compliant plan available through a public health care exchange 	<ul style="list-style-type: none"> ▪ Individual health plans available through Mercer Marketplace 365

* Additional provisions may apply to receive and maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. For more information about whether these rules apply to you, refer to the Actions Required to Maintain Eligibility for the RRA section of this SPD.

** Generally only available to retirees who retired prior to 2018 and enrolled in these plans for 2018.

NBCUniversal Retirees

Groups 1, 2, and 3: Active NBCUniversal salaried employees as of January 28, 2011 who were hired before 2005:

If you worked for NBCUniversal as a salaried employee as of January 28, 2011, were hired before 2005, and you meet these age, service, and/or earnings requirements as of January 1, 2009...	You have access to these retiree health care benefits* beginning January 1, 2018:	
	Last day of work is prior to January 1, 2018	Last day of work is on or after January 1, 2018
GROUP 1		
<ul style="list-style-type: none"> ▪ You are age 60 or older with 10 or more years of service, or ▪ Your age + years of service is at least 80 (Rule of 80), or ▪ You have 25 years or more of continuous service, or ▪ You earn less than \$70k at retirement, or ▪ You are age 65 or older, and ▪ You do not also qualify as a Group 4 retiree. 	<p><u>Pre-Medicare coverage:</u></p> <ul style="list-style-type: none"> ▪ Independence Minimum PPO Plan and CVS/Caremark Prescription Drug Plan**, or ▪ An RRA and: individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health care exchange <p><u>Medicare-eligible coverage:</u> An RRA and individual health plan options available through Mercer Marketplace 365+ Retiree or an individual Medicare-eligible plan available through a public health care exchange***</p>	<p><u>Pre-Medicare coverage:</u> An RRA and individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health care exchange</p> <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>

* Pre-65 retirees who enroll in a GE retiree medical plan will permanently forfeit eligibility for the Comcast NBCUniversal Retiree Health Care Program. Post-65 retirees who utilize the GE Retiree Reimbursement Account or the GE pharmacy assistance fund will permanently forfeit eligibility for the Comcast NBCUniversal Retiree Health Care Program. Pre-65 retirees who are enrolled in a GE retiree medical plan must dis-enroll from the GE retiree healthcare plan to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. Post-65 retirees enrolled in the GE Retiree Reimbursement Account or the GE pharmacy assistance fund must dis-enroll from the GE Retiree Reimbursement Account (opt out of the GE Retiree Reimbursement Account) and the GE pharmacy assistance fund to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. Additional provisions may apply to receive and maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. For more information about whether these rules apply to you, refer to the Actions Required to Maintain Eligibility for the RRA section of this SPD.

** Generally only available to retirees who retired prior to 2018 and enrolled in these plans for 2018.

*** Retirees whose last of work is prior to January 1, 2018 and who become Medicare-eligible after January 1, 2018 should refer to the How the RRA Works section of this SPD for additional plan provisions regarding claims eligible for reimbursement under their RRA.

If you worked for NBCUniversal as a salaried employee as of January 28, 2011, were hired before 2005, and you meet these age, service, and/or earnings requirements as of January 1, 2009...	You have access to these retiree health care benefits* beginning January 1, 2018:	
	Last day of work is prior to January 1, 2018	Last day of work is on or after January 1, 2018
GROUP 2		
<ul style="list-style-type: none"> ▪ You are age 50 or older and do not meet Group 1 service requirements, and ▪ You do not also qualify as a Group 4 retiree. 	<p><u>Pre-Medicare coverage:</u></p> <ul style="list-style-type: none"> ▪ Independence Minimum PPO Plan and CVS/Caremark Prescription Drug Plan**, or ▪ An RRA and: individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health exchange <p><u>Medicare-eligible coverage:</u> An RRA and individual plan options available through Mercer Marketplace 365+ Retiree or an individual Medicare-eligible plan available through a public health care exchange</p>	<p><u>Pre-Medicare coverage:</u> An RRA and individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health care exchange</p> <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>

**Pre-65 retirees who enroll in a GE retiree medical plan will permanently forfeit eligibility for the Comcast NBCUniversal Retiree Health Care Program. Post-65 retirees who utilize the GE Retiree Reimbursement Account or the GE pharmacy assistance fund will permanently forfeit eligibility for the Comcast NBCUniversal Retiree Health Care Program. Pre-65 retirees who are enrolled in a GE retiree medical plan must dis-enroll from the GE retiree healthcare plan to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. Post-65 retirees enrolled in the GE Retiree Reimbursement Account or the GE pharmacy assistance fund must dis-enroll from the GE Retiree Reimbursement Account (opt out of the GE Retiree Reimbursement Account) and the GE pharmacy assistance fund to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. Additional provisions may apply to receive or maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. For more information about whether these rules apply to you, refer to the Actions Required to Maintain Eligibility for the RRA section of this SPD.*

*** Generally only available to retirees who retired prior to 2018 and enrolled in these plans for 2018.*

If you worked for NBCUniversal as a salaried employee as of January 28, 2011, were hired before 2005, and you meet these age, service, and/or earnings requirements as of January 1, 2009...	You have access to these retiree health care benefits* beginning January 1, 2018:	
	Last day of work is prior to January 1, 2018	Last day of work is on or after January 1, 2018
GROUP 3		
<ul style="list-style-type: none"> ▪ You are under age 50 with less than 25 years of service and ▪ You do not also qualify as a Group 4 retiree. 	<p><u>Pre-Medicare coverage:</u></p> <ul style="list-style-type: none"> ▪ Independence Minimum PPO Plan and CVS/Caremark Prescription Drug Plan**, or ▪ An RRA and: individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health care exchange <p><u>Medicare-eligible coverage:</u> An RRA and individual health plan options available through Mercer Marketplace 365+ Retiree or an individual Medicare-eligible plan available through a public health care exchange</p>	<p><u>Pre-Medicare coverage:</u> An RRA and individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health care exchange</p> <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>

*** Pre-65 retirees who enroll in a GE retiree medical plan will permanently forfeit eligibility for the Comcast NBCUniversal Retiree Health Care Program. Post-65 retirees who utilize the GE Retiree Reimbursement Account or the GE pharmacy assistance fund will permanently forfeit eligibility for the Comcast NBCUniversal Retiree Health Care Program. Pre-65 retirees who are enrolled in a GE retiree medical plan must dis-enroll from the GE retiree healthcare plan to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. Post-65 retirees enrolled in the GE Retiree Reimbursement Account or the GE pharmacy assistance fund must dis-enroll from the GE Retiree Reimbursement Account (opt out of the GE Retiree Reimbursement Account) and the GE pharmacy assistance fund to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. Additional provisions may apply to receive and maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. For more information about whether these rules apply to you, refer to the Actions Required to Maintain Eligibility for the RRA section of this SPD.*

*** Generally only available to retirees who retired prior to 2018 and enrolled in these plans for 2018.*

Group 4: Former GE Access-only employees:

If you meet these requirements:	You have access to these retiree health care benefits beginning January 1, 2018:	
	Last day of work is prior to January 1, 2018	Last day of work is on or after January 1, 2018
<ul style="list-style-type: none"> ▪ You are a former Universal employee acquired by GE on May 12, 2004, or ▪ You were hired by NBCUniversal on or after May 12, 2004 through December 31, 2004, or ▪ You are a former GE employee hired or rehired after January 1, 2005 and were actively employed as of January 28, 2011. 	<p><u>Pre-Medicare coverage:</u></p> <ul style="list-style-type: none"> ▪ Independence Minimum PPO Plan and CVS/Caremark Prescription Drug Plan)*, or ▪ Individual health plan options available through Mercer Marketplace 365+ Retiree or an ACA-compliant plan available through a public health care exchange <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>	<p><u>Pre-Medicare coverage:</u> Individual plan options available through Mercer Marketplace 365+ Retiree or an ACA-compliant plan available through a public health care exchange</p> <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>

**Generally only available to retirees who retired prior to 2018 and enrolled in these plans for 2018.*

Group 5: Active Comcast programming employees as of January 28, 2011 (the close date of Comcast/NBCUniversal acquisition)

If you meet this requirement:	You have access to these retiree health care benefits* beginning January 1, 2018:	
	Last day of work is prior to January 1, 2018	Last day of work is on or after January 1, 2018
You were actively working for Comcast Programming Group as of January 28, 2011 and transferred to NBCUniversal	<p><u>Pre-Medicare coverage:</u> An RRA with:</p> <ul style="list-style-type: none"> ▪ Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan**, or ▪ Individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health care exchange <p><u>Medicare-eligible coverage:</u> An RRA and individual plan options available through Mercer Marketplace 365+ Retiree or an individual Medicare-eligible plan available through a public health care exchange</p>	<p><u>Pre-Medicare coverage:</u> An RRA and Individual health plan options available through Mercer Marketplace 365, or an ACA-compliant plan available through a public health care exchange</p> <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>

**Additional provisions may apply to receive and maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. For more information about whether these rules apply to you, refer to the Actions Required to Maintain Eligibility for the RRA section of this SPD.*

***Generally only available to retirees who retired prior to 2018 and enrolled in these plans for 2018.*

Group 6: Employees hired after January 28, 2011:

If you meet these requirements:	You have access to these retiree health care benefits* beginning January 1, 2018:	
	Last day of work is prior to January 1, 2018	Last day of work is on or after January 1, 2018
<ul style="list-style-type: none"> ▪ You are a new hire or rehire with NBCUniversal on or after January 28, 2011, or ▪ Post-close transfers of certain represented employees previously ineligible for the NBCUniversal Retiree Health Care Program. 	<p><u>Pre-Medicare coverage:</u></p> <ul style="list-style-type: none"> ▪ Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan**, or ▪ Individual health plan options available through Mercer Marketplace 365+ Retiree or an ACA-compliant plan available through a public health care exchange <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>	<p><u>Pre-Medicare coverage:</u> Individual health plan options available through Mercer Marketplace 365+ Retiree or an ACA-compliant plan available through a public health care exchange</p> <p><u>Medicare-eligible coverage:</u> Individual health plan options available through Mercer Marketplace 365</p>

**Additional provisions may apply to receive and maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. For more information about whether these rules apply to you, refer to the Actions Required to Maintain Eligibility for the RRA section of this SPD.*

***Generally only available to retirees who retired prior to 2018 and enrolled in these plans for 2018.*

Former MediaOne Retirees

If your last day worked is...	You have access to these retiree health care benefits beginning January 1, 2018:	
	Pre-Medicare:	Medicare-Eligible:
Prior to 2018	An RRA and: <ul style="list-style-type: none"> ▪ Individual health plan options available through Mercer Marketplace 365, or ▪ An ACA-compliant plan available through a public health care exchange 	An RRA and: <ul style="list-style-type: none"> ▪ Individual health plan options available through Mercer Marketplace 365, or ▪ An individual Medicare-eligible plan available through a public health care exchange
On or after January 1, 2018	An RRA and: <ul style="list-style-type: none"> ▪ Individual health plan options available through Mercer Marketplace 365, or ▪ An ACA-compliant plan available through a public health care exchange 	<ul style="list-style-type: none"> ▪ Access to individual health plan options available through Mercer Marketplace 365, or ▪ An individual Medicare-eligible plan available in through a public health care exchange

In addition, the following provisions apply to former MediaOne deferred retirees (i.e., those not using retiree benefits as of December 31, 2017):

- All former MediaOne deferred retirees will have the 2017 RRA formula as described under *RRA Amounts* effective January 1, 2018.
- Former MediaOne deferred retirees must submit an eligible RRA claim by December 31, 2018, and once per calendar year thereafter, in order to continue eligibility for the 2017 formula moving forward. Otherwise, MediaOne deferred retirees who do not submit an eligible RRA claim by December 31, 2018, and once per year thereafter, will permanently forfeit the RRA going forward.

If You Enroll in a GE Retiree Health Care Plan

Pre-65 retirees who enroll in a GE retiree medical plan will permanently forfeit eligibility for the Comcast NBCUniversal RRA . If you are a pre-65 retiree enrolled in a GE retiree medical plan, you must dis-enroll from the GE retiree healthcare plan to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. If you do not dis-enroll from the GE retiree healthcare plan, you will continue to have access to individual health plan options available through Mercer Marketplace 365+ Retiree but you will permanently forfeit your Comcast NBCUniversal RRA and eligibility for the Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan.

Post-65 retirees who utilize the GE Retiree Reimbursement Account or the GE pharmacy assistance fund will permanently forfeit eligibility for the Comcast NBCUniversal RRA. If you are a post-65 retiree utilizing the GE Retiree Reimbursement Account or the GE pharmacy assistance fund, you must dis-enroll from the GE Retiree Reimbursement Account (i.e., opt out of the GE Retiree Reimbursement Account) and the GE pharmacy assistance fund to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program. Post-65 retirees who do not dis-enroll from the GE Retiree Reimbursement Account and the GE pharmacy assistance fund will permanently forfeit their Comcast NBCUniversal RRA.

If you are a post-65 retiree enrolled in an individual health plan option through GE, you may maintain your current coverage rather than moving to an individual health plan option available through Mercer Marketplace 365. If you decide to dis-enroll from your current individual health plan option through GE, you will not be permitted to enroll in the same individual health plan option through Mercer Marketplace 365.

To drop retiree healthcare coverage with GE, contact the GE Benefits Center at 1-800-252-5259.

Retiree Reimbursement Account (RRA)

Who Is Eligible for the RRA

The RRA is available to eligible retirees and their spouse, domestic partner or civil union partner (as defined below). Dependent children are not eligible for an RRA.

Retirees

Retirees are eligible for the RRA if they are eligible for the Retiree Health Care Program subject to rules described in the *Eligibility for the Retiree Health Care Program* section of this SPD. Additionally, the following applicable groups should refer to the *Actions Required to Maintain Eligibility for the RRA* section to ensure all requirements are met to continue having access to the RRA in the future:

- **Comcast retirees**
- **NBCUniversal retirees in Groups 1, 2, 3 and 5**
- **NBCUniversal retirees currently eligible for or enrolled in a GE retiree health care plan**
- **Former MediaOne retirees**

Spouses, Domestic Partners and Civil Union Partners

Spousal, domestic partner and civil union partner coverage under the Retiree Health Care Program is only provided if your spouse, domestic partner, or civil union partner was an eligible dependent when you were an active employee.

A spouse is an adult of the same or opposite gender with whom you have a legally valid marriage. This includes individuals residing in states that recognize common law marriages who have satisfied the minimum state requirements to be considered married in common law. If you previously created a common law marriage in a state that recognized this relationship and have moved to another state that does not recognize common law marriages, Comcast NBCUniversal will continue to recognize your established relationship in the state in which you now reside.

A domestic partner is defined as a mentally competent adult who lives with you in the context of a long-term, committed relationship with mutual obligations similar to those of marriage. This does not include platonic roommate relationships, or any relationships prohibited by state law.

The criteria for domestic partnerships are as follows:

- Currently reside together and intend to do so permanently;
- Are not related by blood to a degree of closeness that would otherwise prohibit marriage;
- Have mutually agreed to be responsible for each other's basic living expenses;
- Be at least the age of consent in the state in which you reside and mentally competent to consent to contract;
- Neither you nor your partner is legally married to another person; and
- Neither you nor your partner is in a domestic partner relationship with anyone else.

Note, the Plan will define Domestic Partner consistent with the applicable state or local ordinance definition of Domestic Partner if such definition differs from the definition above.

Civil Union Partner: Eligible under a legally valid existing civil union.

The value of the RRA benefit for a domestic partner/civil union partner will be taxable to the retiree unless the domestic partner/civil union partner is a legal dependent of the retiree. To review the qualifications of a Section 152 dependent, see *IRS Publication 17, Your Federal Income Tax*.

In "dual" household situations, where both individuals are eligible for an RRA, each participant is treated as a primary participant for RRA eligibility upon retirement, and each will have an individual account set up to reimburse their own eligible expenses. In "split" household situations, where one individual is under age 65 and the other is over age 65, RRA eligibility is treated independently. That is, a pre-65 retiree or spouse/domestic partner/civil union partner will be eligible for the pre-65 amount, while the post-65 retiree or spouse/domestic partner/civil union partner will receive the applicable post-65 amount, as noted in the *RRA Amounts* section of this SPD.

Spouses, domestic partners, and civil union partners that result from marriages, domestic partnerships or civil union partnerships created after the retiree's initial eligibility for the RRA upon retirement **will not** be eligible for an RRA.

Please note: An individual cannot be covered as both a retiree and a spouse, domestic partner, or civil union partner. In cases where a retiree is also a spouse, domestic partner or civil union partner the retiree will receive the RRA based on his or her own years of service (counted from the recognized service date) as an employee.

RRA Amounts

The amount of your RRA benefit is based on your age and your "benefit service years" (also referred to as "recognized service years"), which are counted from your "recognized service date." For more information about the recognized service date, please see the *Standard Eligibility Rule* section of this SPD.

IMPORTANT NOTE: Your participation in the RRA may be subject to having completed prior action, and will be subject to completing ongoing action moving forward. Please refer to the tables in the *Actions Required to Maintain Eligibility for the RRA* section for further information. Failure to complete the required action(s) may result in the permanent loss of the RRA.

Active employees and their spouses/domestic partners/civil unions partners eligible for the Early Retirement Program will have a 50% reduction in their RRAs.

For retirees under the age of 65 who retired on or before December 31, 2017, the RRA is based on the pre-65 2017 RRA formula, which is \$288 multiplied by completed benefit service years from the recognized service date. Upon the first of the month you turn 65, the RRA is based on the post-65 2017 RRA formula, which is \$96 multiplied by completed benefit service years from the recognized service date.

For retirees age 65 and older who retired on or before December 31, 2017, the RRA is based on the post-65 2017 RRA formula, which is \$96 multiplied by completed benefit service years from the recognized service date.

For retirees under the age of 65 retiring after January 1, 2018, the RRA is based on a new RRA formula, which is \$216 multiplied by completed benefit service years from the recognized service date. Upon the first of the month you turn 65, retirees will become eligible for Medicare benefits and the RRA benefit will end. Retirees who deferred participation in the RRA and who completed the required action described in the *Actions Required to Maintain Eligibility for RRA* section also will receive the new RRA formula.

Retirees age 65 or older retiring after January 1, 2018* will be eligible for Medicare benefits and will not receive an RRA benefit.

Spouses/domestic partners/civil union partners who are eligible for the RRA will receive an RRA benefit of 50% of the retiree’s benefit service years multiplied by the spouse’s applicable RRA multiplier described above, provided eligibility requirements are met.

For former MediaOne retirees only: MediaOne post-65 retirees with a retirement date on or before December 31, 2017 will receive a minimum RRA benefit of \$100 per month beginning in 2018, regardless of whether the 2017 RRA formula results in an amount below \$100. If a former MediaOne post-65 retiree submits documentation (e.g., valid pay statement) proving more benefit service years than those on record, and the adjusted number of benefit service years results in an increase to the RRA to an amount greater than \$100, Comcast will adjust the RRA benefit to the greater benefit moving forward.

For spouses/domestic partners/civil union partners of former MediaOne retirees only: Spouses/domestic partners/civil union partners who are under the age of 65 will receive the RRA using the benefit service years calculation. For retirees who retired on or before December 31, 2017 and whose spouses/domestic partners/civil union partners are age 65 and older by December 31, 2017, the spouses/domestic partners/civil union partners will receive the RRA benefit of \$100 per month beginning in 2018. If retiree’s RRA changes to a benefit service years calculation (i.e., results in a benefit of greater than \$100 per month), the spouse’s benefit will also be based on that calculation even if it results in an RRA benefit of under \$100 per month. Spouses who turn age 65 in 2018 or beyond will have their RRA benefits calculated based on the “benefit service years” method.

For Fairhaven, MA union retirees only: Fairhaven, MA union retirees with a retirement date on or after January 1, 2018 and before January 2, 2021 will continue to receive the RRA based on the 2017 RRA formula. The pre-65 2017 RRA formula is \$288 multiplied by completed benefit service years from the recognized service date. The post-65 2017 RRA formula is \$96 multiplied by completed benefit service years from the recognized service date. If you retire after January 2, 2021, you are not eligible for the RRA.

How Benefits Are Determined

The table summarizes the RRA multipliers and the examples that follow summarize how the RRA formulas work.

Formula Year	Year of Retirement	Pre-65 Retiree	Pre-65 Spouse	Post-65 Retiree	Post-65 Spouse
2017	On or before 12/31/2017	\$288	\$144	\$96	\$48
2018	On or after 1/1/2018	\$216	\$108	No RRA	No RRA

Examples

Calculate Your RRA Benefit	Example: Retired Prior to 2018	Example: Actively Employed on 12/31/17 and Retires in or after 2018
Use the following formula to calculate your monthly RRA:	Mary was hired 06/01/1992,	Ann was hired 06/01/2007,

Note that the RRA benefit amount transitions from a pre-65 amount to a post-65 amount on the first of month in which you turn 65.

Early RRA

Active employees who do not meet the Standard Eligibility Rule or the Protected Service Rule, but who meet the Early Retirement Rule (Rule of 70) as described in *Eligibility for the Retiree Health Care Program* section of this SPD, are eligible to participate in the early RRA. An employee who met the Early Retirement Rule is eligible for the same health care plans as those eligible for the Post-Retirement Health Care and RRA Program but the reimbursement amount is reduced by 50%.

Calculate Your RRA Benefit		Example: Retired Prior to 2018	Example: Actively Employed on 12/31/17 and Retires in or after 2018
Retiree's Benefit Service Years (BSY) X Retiree's Benefit Multiplier (BM)		worked continuous on a full –time basis, retired 09/01/2003 and is currently age 60.	worked continuous on a full –time basis, retired 09/01/2018 and is currently age 62.
1.Determine your BSY based on your service in full months		Mary's BSY is 11 years 3 months, or 11.25 years	Ann's BSY is 11 years 3 months, or 11.25 years
2.Determine your BM based on when you retired and your current age Retired prior to 2018: under age 65, your BM is \$288; if age 65 or over, your BM is \$96 Retire(d) in or after 2018: under age 65, your BM is \$216; no RRA available if over age 65		Mary's current BM is \$288	Ann's current BM is \$216
3.Multiply your BSY by your BM and divide by 12		Mary's monthly RRA is $11.25 \times \$288 / 12 = \270	Ann's monthly RRA is $11.25 \times \$216 / 12 = \202.50
Calculate Your Spouse's/Domestic Partner's (DP's) /Civil Union Partners RRA Benefit		Example	
Use the following formula to calculate your spouse's/DP's monthly RRA: Retiree's BSY X Spouse's/DP's BM		Mary's spouse, Joe, is currently age 66.	Ann's spouse, John, is currently age 66.
1.Determine your spouse's/DP's BM based on when you retired and his/her current age <ul style="list-style-type: none"> ○ Retired prior to 2018: If under age 65, his/her BM is \$144 ○ If age 65 or over, his/her BM is \$48 ○ Retire(d) in or after 2018: under age 65, his/her BM is \$108; no RRA available if over age 65 		Joe's current BM is \$48	No RRA
2.Multiply your BSY by your spouse's/DP's BM and divide by 12		Joe's monthly RRA is $11.25 \times \$48 / 12 = \45	

Examples

Mary is a Comcast employee who terminated employment in 2018 at age 56 with 14 years and 3 months of benefit service. Mary meets the requirements for Early Retirement. Her RRA amounts are determined as follows:

Calculate Pre-65 Early RRA Benefit	Calculate Post-65 Early RRA Benefit
Retired prior to 2018: $\$288 \times 14.25 \text{ BSY} \times 50\% / 12 = \171.00 per month	$\$96 \times 14.25 \text{ BSY} \times 50\% / 12 = \57.00 per month
Retire in or after 2018: $\$216 \times 14.25 \text{ BSY} \times 50\% / 12 = \128.25 per month	No RRA

Mary's spouse, Joe, is the same age as Mary. His RRA amounts are determined as follows:

Calculate Pre-65 Spouse's/DP's Early RRA Benefit	Calculate Post-65 Spouse's/DP's Early RRA Benefit
Retired prior to 2018: $\$144 \times 14.25 \text{ BSY} \times 50\% / 12 = \85.50 per month	$\$48 \times 14.25 \text{ BSY} \times 50\% / 12 = \28.50 per month
Retired in or after 2018: $\$108 \times 14.25 \text{ BSY} \times 50\% / 12 = \64.13 per month	No RRA

Actions Required to Maintain Eligibility for the RRA

IMPORTANT NOTE: Your participation in the RRA requires ongoing action on your part. Eligible participants in the RRA who do not complete the actions below will permanently forfeit the RRA.

Company and Group	Actions Required to Maintain Eligibility for RRA
All Comcast Retirees	<p>Pre-Medicare and Medicare-eligible: Retirees must submit an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement.</p> <p>Pre-Medicare Retirees who retire on or after June 1, 2019 and enroll in Comcast COBRA benefits with company-subsidized premiums must submit an eligible claim no later than 90 days following the end of the subsidy period and at least one eligible claim per calendar year during retirement. All other retirees must have submitted an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement.</p> <p>Pre-Medicare and Medicare-eligible on severance who retired prior to January 1, 2018: Retirees must have submitted an eligible claim no later than 90 days following the end of their severance period and at least one eligible claim per calendar year during retirement.</p>
Comcast Retirees Who Had Deferred Participation Prior to 2018	<p>Pre-Medicare deferred retirees must have submitted an eligible RRA claim by June 22, 2017 to retain the 2017 RRA formula and Post-65 RRA formula beginning in 2018. Pre-Medicare deferred retirees who submitted an eligible claim after June 22, 2017 but prior to January 1, 2018 receive the new Comcast RRA formula and receive no Post-65 RRA. Pre-Medicare deferred retirees who did not submit an eligible claim in 2017 are not eligible for the RRA.</p> <p>Medicare-eligible deferred retirees must have submitted an eligible claim by December 31, 2017 to retain the 2017 Comcast RRA formula beginning in 2018. If they did not submit an eligible claim in 2017, they are not eligible for the RRA.</p> <p>Pre-Medicare and Medicare-eligible deferred retirees: Effective January 1, 2018, retirees must submit at least one eligible claim per calendar year during retirement.</p>

Company and Group	Actions Required to Maintain Eligibility for RRA
<p>All Retirees in NBCU Groups 1, 2, and 3</p>	<p>Pre-Medicare and Medicare-eligible: Retirees must submit an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement.</p> <p>Pre-Medicare and Medicare-eligible on subsidized COBRA: Retirees whose termination date was on or before December 31, 2017 must have enrolled in the Minimum PPO Plan in 2017 within 90 days of the end of their subsidized COBRA benefits or submitted an eligible claim starting in 2018 no later than 90 days following the end of their subsidized benefits and at least one eligible claim per calendar year during retirement.</p> <p>Retirees who retire on or after June 1, 2019 and enroll in Comcast COBRA benefits with company-subsidized premiums must submit an eligible claim no later than 90 days following the end of the subsidy period and at least one eligible claim per calendar year during retirement. All other retirees must submit an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement.</p>
<p>Retirees in NBCU Groups 1, 2, and 3 Who Had Deferred Participation Prior to 2018</p>	<p>Pre-Medicare deferred retirees must have enrolled in the Minimum PPO Plan by August 2, 2017 to retain the 2017 Comcast RRA formula and the Post-65 RRA beginning in 2018. If they enrolled after August 2, 2017 but prior to 2018, they will receive the new Comcast RRA formula and no Post-65 RRA benefit.</p> <p>Medicare-eligible deferred retirees in NBCU Group 1 are eligible for the 2017 Post-65 RRA formula beginning in 2018. They must submit an eligible claim by December 31, 2018 to retain the 2017 Post-65 RRA formula moving forward.</p> <p>Medicare-eligible deferred retirees in NBCU Group 2 and 3 must have submitted an eligible claim by December 31, 2017 to retain the 2017 Comcast RRA formula beginning in 2018. If they did not submit an eligible claim in 2017, they are no longer eligible for the RRA.</p> <p>Pre-Medicare and Medicare-eligible deferred retirees: Starting on January 1, 2018, retirees must submit at least one eligible claim per calendar year during retirement.</p>
<p>All Retirees in NBCU Group 5</p>	<p>Pre-Medicare and Medicare-eligible: Retirees must submit an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement.</p> <p>Pre-Medicare and Medicare-eligible on subsidized COBRA: Retirees whose termination date was on or before December 31, 2017 must submit an eligible claim no later than 90 days following the end of their subsidized benefits and at least one eligible claim per calendar year during retirement.</p> <p>Retirees who retire on or after June 1, 2019 and enroll in Comcast COBRA benefits with company-subsidized premiums must submit an eligible claim no later than 90 days following the end of the subsidy period and at least one eligible claim per calendar year during retirement. All other retirees must submit an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement.</p>

Company and Group	Actions Required to Maintain Eligibility for RRA
<p>Retirees in NBCU Group 5 Who Had Deferred Participation Prior to 2018</p>	<p>Pre-Medicare deferred retirees must have submitted an eligible claim by August 2, 2017 to retain the 2017 RRA formula and Post-65 RRA formula beginning in 2018. If they submitted an eligible claim after August 2, 2017 but prior to January 1, 2018, they will receive the new Comcast RRA formula and will receive no Post-65 benefits. If they did not submit an eligible claim in 2017, they are not eligible for the RRA.</p> <p>Medicare-eligible deferred retirees must have submitted an eligible claim by December 31, 2017 to retain the 2017 Comcast RRA formula beginning in 2018. If they did not submit an eligible claim in 2017, they are not eligible for the RRA.</p> <p>Pre-Medicare and Medicare-eligible deferred retirees: Starting on January 1, 2018, retirees must submit at least one eligible claim per calendar year during retirement.</p>
<p>NBCUniversal Retirees Currently Enrolled in a GE Retiree Medical Plan</p>	<p>Pre-Medicare retirees enrolled in the GE retiree medical plan must have dis-enrolled from the GE retiree healthcare plan by December 31, 2018 to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program.</p> <p>Medicare-eligible retirees enrolled in the GE Retiree Reimbursement Account or the GE pharmacy assistance fund must have dis-enrolled from the GE Retiree Reimbursement Account (opt out of the GE Retiree Reimbursement Account) and the GE pharmacy assistance fund by December 31, 2018 to maintain eligibility under the Comcast NBCUniversal Retiree Health Care Program.</p> <p>Retirees must have also submitted their first eligible claim for the Comcast NBCUniversal RRA by December 31, 2019 in order to maintain eligibility. Starting January 1, 2020, retirees must submit at least one eligible claim per calendar year during retirement.</p> <p>Please refer to the <i>Actions Required to Maintain Eligibility for RRA</i> section for additional requirements that may apply for your applicable group.</p>
<p>All Former MediaOne Retirees</p>	<p>Pre-Medicare and Medicare-eligible retirees: Retirees must submit an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement. Retirees must have submitted a claim by March 31, 2018 in order to maintain their RRA.</p> <p>Pre-Medicare and Medicare-eligible on subsidized COBRA: Retirees whose termination date on or before December 31, 2017 must have submitted an eligible claim within 90 days of the end of their severance period and at least one eligible claim per calendar year during retirement.</p> <p>Retirees who retire on or after June 1, 2019 and enroll in Comcast COBRA benefits with company-subsidized premiums must submit an eligible claim no later than 90 days following the end of the subsidy period and at least one eligible claim per calendar year during retirement. All other retirees must submit an eligible claim within 90 days of retirement and at least one eligible claim per calendar year during retirement.</p>

Company and Group	Actions Required to Maintain Eligibility for RRA
<p>All Former MediaOne Retirees Who Had Deferred Participation Prior to 2018</p>	<p>Pre-Medicare and Medicare-eligible deferred retirees are eligible for the 2017 Comcast RRA formula beginning in 2018. They must have submitted an eligible claim by December 31, 2018 to retain the 2017 RRA formula moving forward. Otherwise, MediaOne deferred retirees who did not submit an eligible RRA claim by December 31, 2018, and once per year thereafter, permanently forfeit the RRA going forward.</p> <p>Pre-Medicare and Medicare-eligible deferred retirees: Starting on January 1, 2019, retirees must submit an eligible claim at least one eligible claim per calendar year during retirement.</p>

Your Account

An RRA account will be set up for the retiree and a separate RRA account will be set up for the retiree's eligible spouse/domestic partner/civil union partners, if applicable. Only eligible premium expenses incurred by the retiree are eligible for reimbursement under the retiree's RRA and only eligible premium expenses incurred by the spouse/domestic partner/civil union partners are eligible for reimbursement under the spouse/domestic partner's/civil union partners' RRA. Dependent children are not eligible for an RRA and expenses incurred by dependent children are not eligible for reimbursement.

For retirees submitting RRA reimbursement claims for two individuals or family plans, the retiree and eligible spouse or domestic partner/civil union partner submitting the claim to their own individual account will need to provide a breakdown of the premium from the carrier. If this documentation is not available, the following rules will be applied to the premium:

- 1) **Plans covering two individuals:** Premiums will be split 50/50 and the covered individuals will only be able to submit half the premium under the retiree or eligible spouse or domestic partner/civil union partner individual accounts.
- 2) **Plans covering two or more individuals:** Premiums will be divided by 3 (three) and the covered individuals will only be able to submit 1/3 (one-third) of the premium under the retiree or eligible spouse/DP individual accounts

When you retire, you will receive a Welcome Kit with an RRA Instructional Guide from Mercer Marketplace 365. This package will include the necessary information and instructions on how to access your RRA.

Changes in Status

If you or your spouse, domestic partner, or civil union partner have an address change or change in status, you or your spouse domestic partner, or civil union partner should contact Mercer Marketplace 365+ Retiree by phone at 1-866-435-5135 or by email at Retiree.Exchange@mercer.com so that your RRA and plan coverage participation information (and that of your spouse or domestic partner/civil union partner, if applicable) can be updated. Examples of changes in status that affect participation in the RRA include:

- **Death of retiree** — In the event of the retiree's death, any unused portion of the retiree's RRA is forfeited. The estate has 90 days after the end of the year in which the retiree passed away to submit requests for expenses incurred prior to the death. The surviving spouse, domestic partner or civil union partner will continue to receive their RRA benefit only.
- **Death of spouse, domestic partner, or civil union partner** — In the event of the death of a spouse, domestic partner or civil union partner the account of the spouse, domestic partner or civil union partner will be closed. The estate has 90 days after the end of the year in which the spouse or domestic partner/civil union partner passed away to submit requests for expenses incurred prior to the death.
- **Post-retirement divorce** — Eligibility for an RRA ends for the spouse/domestic partner/civil union partner upon divorce or termination of a domestic partnership/civil union partnership.

Note that a spouse must be married at the time of the retirement effective date to be eligible for an RRA. A new spouse as a result of post-retirement marriage is not eligible for an RRA benefit but is eligible to obtain an individual health plan on an access-only basis through Mercer Marketplace 365. Also, in the event of a retiree's death, a surviving spouse does not lose his or her RRA as the result of a post-retirement marriage. However, the new spouse of a surviving spouse is not eligible for an RRA benefit; however, the new spouse can still access individual health plan options through Mercer Marketplace 365.

If you terminate your marriage, domestic partnership or civil union partnership, contact Mercer Marketplace 365+ Retiree by phone at 1-866-435-5135 or by email at Retiree.Exchange@mercer.com within 31 days of the date on which any of the criteria of marriage, domestic partnership or civil union partnership is no longer met. Termination of a domestic partnership/civil union partner also requires completion of an *Affidavit of Termination of Domestic Partnership/Civil Union*

Partnership Form within that 31-day period.

The plan has a separate feature that lets coverage continue in certain cases if the full cost is paid. See *Continuation of RRA Coverage — COBRA* section of this SPD. For more information about how changes in status may affect coverage under your health care plan options, refer to the Independence Standard and Minimum PPO Plans and CVS/Caremark

Prescription Drug Plan Summary Plan Description describing coverage under your retiree medical plan.

Change in Address, Family Status or Mid-Year Election Change Event

To ensure timely and accurate processing of claims, it is important that you notify Mercer Marketplace 365+ Retiree by phone at 1-866-435-5135 of any change in your address, family status change event such as marriage, divorce, termination of domestic partnership/civil union partnership, and death of a spouse. Notice of events and election changes must be made within 31 days of the event. The Plan Administrator will then update your participation information (and that of your spouse, domestic partner, or civil union partner, if applicable) as well as any optional health care plan made available by Comcast NBCUniversal that you elect, as appropriate.

How the RRA Works

The RRA is considered a retiree health reimbursement arrangement under Internal Revenue Service rules. With this account, you accumulate annual credits¹ from Comcast NBCUniversal based on your age and years of service. If eligible, you and your spouse, domestic partner or civil union partner can use their RRA to help pay for certain after-tax health care related expenses as described in the table below.

Note: Short-term insurance plans, Healthshare Ministry Plans, and any other arrangement that is not ACA-compliant and included in the categories listed in the table below are **not** eligible for reimbursement.

Group	Eligible Reimbursements Beginning January 1, 2018
Comcast Retirees and NBCUniversal Retirees (Group 5)	<p>Retired by 12/31/2017</p> <p><u>Pre-Medicare Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual (e.g., purchased through a private health care marketplace or exchange) plan or group (e.g., employer-sponsored) plan medical, prescription drug, dental and vision coverage (including premiums for Tricare coverages: medical, prescription drug, dental and vision) ▪ After-tax premiums for Comcast optional retiree health care plan coverage (Independence Standard PPO or Independence Minimum PPO and CVS/Caremark Prescription Drug Plans) ▪ After-tax Comcast COBRA premiums* ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019 <p><u>Medicare-Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan or group plan medical, prescription drug, dental and vision coverage ▪ Medicare Part B premiums (including IRMAA) ▪ Medicare Part D premiums (including IRMAA) ▪ After-tax Comcast COBRA premiums* <p>Retire on or after 1/1/2018 or become Medicare-eligible after 1/1/2018 (<i>member who is retiring on or after 1/1/2018 will receive the 2018 formula and will not be RRA eligible at age 65</i>)</p> <p><u>Pre-Medicare Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan medical, prescription drug, dental and vision coverage ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019 <p><u>Medicare-Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan medical, prescription drug, dental and vision coverage if purchased through Mercer Marketplace 365 ▪ Medicare Part B premiums (including IRMAA) ▪ Medicare Part D premiums (including IRMAA), if purchased through Mercer Marketplace 365 ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019

**If you retired prior to 2018, and become eligible for Medicare in 2018 or later, you are eligible to use your RRA to pay for any after tax COBRA premiums with Comcast NBCUniversal. After COBRA ends, only medical, prescription drug, dental and vision premiums you incur for a Medicare-eligible plan purchased through Mercer Marketplace 365+ Retiree are eligible for reimbursement.*

¹ Annual credits do not carry over from one year to the next. Any amounts that are unused each year are forfeited once the claims runout period, described elsewhere in this SPD, for a given year ends.

Group	Eligible Reimbursements Beginning January 1, 2018
NBCUniversal Retirees (groups 1, 2 and 3)	<p>Retired by 12/31/2017</p> <p><u>Pre-Medicare Eligible</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual (e.g., purchased through a private health care marketplace or exchange) plan or group (e.g., employer-sponsored) plan medical, prescription drug, dental and vision coverage (including premiums for Tricare coverages: medical, prescription drug, dental and vision) ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019 <p><u>Medicare Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan or group plan medical, prescription drug, dental and vision coverage ▪ Medicare Part B premiums (including IRMAA) ▪ Medicare Part D premiums (including IRMAA) ▪ After-tax Comcast COBRA premiums* if over 65 and a NBCUniversal retiree from groups 2 or 3 ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019 <p>Retire on or after 1/1/2018 or become Medicare-eligible after 1/1/2018 (<i>member who is retiring on or after 1/1/2018 will receive the 2018 formula and will not be RRA eligible at age 65</i>)</p> <p><u>Pre-Medicare Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan medical, prescription drug, dental and vision coverage ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019 <p><u>Medicare-Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan medical, prescription drug, dental and vision coverage if purchased through Mercer Marketplace 365 ▪ Medicare Part B premiums (including IRMAA) ▪ Medicare Part D premiums (including IRMAA), if purchased through Mercer Marketplace 365 ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019

<p>Former MediaOne Retirees</p>	<p>Retired by 12/31/2017:</p> <p><u>Pre-Medicare Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual (e.g., purchased through a private health care marketplace or exchange) plan or group (e.g., employer-sponsored) plan medical, prescription drug, dental and vision coverage (including premiums for Tricare coverages: medical, prescription drug, dental and vision) ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019 <p><u>Medicare-Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan or group plan medical, prescription drug, dental and vision coverage ▪ Medicare Part B premiums (including IRMAA) ▪ Medicare Part D premiums (including IRMAA) ▪ After-tax Comcast COBRA premiums* <p>Retire on or after 1/1/2018 or become Medicare-eligible after 1/1/2018:</p> <p><u>Pre-Medicare Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan medical, prescription drug, dental and vision coverage ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019 <p><u>Medicare-Eligible:</u></p> <ul style="list-style-type: none"> ▪ After-tax premiums for individual plan medical, prescription drug, dental and vision coverage if purchased through Mercer Marketplace 365 ▪ Medicare Part B premiums (including IRMAA) ▪ Medicare Part D premiums (including IRMAA), if purchased through Mercer Marketplace 365 ▪ After-tax unsubsidized Comcast COBRA premium expenses incurred on or after June 1, 2019
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**If you retired prior to 2018, and become eligible for Medicare in 2018 or later, you are eligible to use your RRA to pay for any after-tax COBRA premiums with Comcast NBCUniversal. After COBRA ends, only premiums you incur for a Medicare-eligible plan purchased through Mercer Marketplace 365+ Retiree are eligible for reimbursement.*

Note that the RRA can be used for after-tax premiums for a pre-65 health care insurance plan purchased through the Health Insurance Marketplace (“public exchange”). If you enroll in a pre-65 health care plan through a public exchange and are eligible for a federal subsidy, refer to the *Public Health Care Exchange (Pre-Medicare Eligible Retirees)* section to learn more about the implications the RRA has on your subsidy eligibility.

Please note: By receiving a federal subsidy (federal tax credit) for retiree health care coverage, you will permanently forfeit your Comcast RRA.

When Participation Begins

Participation in the RRA for eligible retirees begins on the first day of the month following termination of employment.

Receiving Your RRA

Once you are eligible, you and your spouse, domestic partner or civil union partner will receive a Welcome Kit from Mercer Marketplace 365+ Retiree including information on your RRA reimbursement options including instructions on how to

submit a claim. Claim Forms for Recurring Premium Reimbursement and One-Time Claim Reimbursement, as well as instructions on how to sign up for Automatic Premium Reimbursement (APR) (no form needed), will be included. APR is available only for plans purchased through Mercer Marketplace 365. To receive reimbursement from your RRA, you must submit the appropriate RRA Claim Form with the required proof of premium and proof of after-tax premium payment for group plans of an eligible expense to Mercer Marketplace 365. If submitting a One-Time Claim Reimbursement, proof of payment is also required. You can submit claims to Mercer Marketplace 365+ Retiree in the following ways:

- **Fax:** 1-857-362-2999 to the attention of the Claims Department. Please include the participant's name in all correspondence.
- **Mail:** Mercer Health & Benefits Admin., Attn: Claims Dept., P.O. Box 14401, Des Moines, IA 50306-3401
- **Online:** at <https://retiree.mercermarketplace.com/comcastnbcu>

Each plan year, the Retiree Health Care Program will refund you for eligible expenses until the sooner of:

- Your benefit is exhausted for the year; or
- All of your eligible expenses submitted have been reimbursed.

An expense is considered to be incurred on the date which health care services or goods are provided. Eligible participants must submit eligible claims for health care services or goods received in a calendar year by March 31st of the following year ("claims runout period"). Note, eligible participants must remit an eligible claim by December 31st each year to remain RRA eligible. Remitting a claim expense between January 1st – March 31st will not satisfy the RRA submission requirement for the prior year.

Mercer Marketplace is responsible for evaluating all RRA claim requests incurred under the plan after January 1, 2018. If you have any questions about your account, including eligibility, or need website assistance, call Mercer Marketplace 365+ Retiree at 866-435-5135.

When RRA Participation Ends

Participation under the RRA will end if:

- You voluntarily stop your coverage by not filing an eligible claim December 31st each year,
- You are no longer eligible for coverage,
- You enroll in Medicaid benefits,
- You enroll in a pre-65 health care plan through a public exchange and receive a federal subsidy (refer to the *Public Health Care Exchange (Pre-Medicare Eligible Retirees)* section for more information),
- You move outside of the US *and* do not maintain a US address *and/or* you do not maintain eligibility for and enrollment in Medicare Parts A and B (**Exception:** Eligible participants who retire on or before December 31, 2017 will be able to submit premiums for non-US plans as an eligible claim),
- If you do not submit an eligible claim within 90 days of retirement (or 90 days following the end of the COBRA subsidy period for retirees who retire on or after June 1, 2019 and enroll in Comcast COBRA benefits with company-subsidized premiums) and at least once per calendar year thereafter,
- If you participate in the pre-65 GE retiree healthcare plan,
- If you utilize the post-65 GE Retiree Reimbursement Account or the GE pharmacy assistance fund,
- If you are rehired as an active employee (including but not limited to regular full-time employee, part-time employee, temporary employee, benefit eligible or benefit ineligible employee) your RRA participation will be suspended during your active employment,

- The plan is discontinued, or
- You die.

Coverage for your spouse, domestic partner, or civil union partner will end if:

- Your coverage ends for any of the reasons listed above (except death of the participant),
- Your spouse, domestic partner, or civil union partner is no longer eligible for coverage,
- Spouse, domestic partner, or civil union partner coverage is no longer available under the plan,
- Your spouse participates in the pre-65 GE retiree healthcare plan,
- Your spouse utilizes the post-65 GE Retiree Reimbursement Account or the GE pharmacy assistance fund,
- The plan is discontinued, or
- Your spouse, domestic partner, or civil union partner dies.

The plan has a separate feature that lets coverage continue in certain cases if the full cost is paid. See *Continuation of RRA Coverage – COBRA* section for more information.

Retiree Medical Plan Coverage

Private Health Care Exchange

All Comcast NBCUniversal retirees have access to individual medical plans through Mercer Marketplace 365, an online private health care marketplace or “exchange.” Through Mercer Marketplace 365, pre-65 participants can choose from plans under the following tiers: Bronze, Silver, Gold and Platinum. Plans in these categories differ based on how you and the plan share the costs of your care. Bronze plans will have lower premiums but higher out-of-pocket expenses when you go to a doctor. Gold plans will have higher premiums but will have lower out of pocket expenses when you go to a doctor. Medicare eligible participants can choose from Medicare Advantage, Medicare Supplement (Medi-Gap) and Part D Prescription Drug plans.

You will pay premiums for your health care coverage purchased through Mercer Marketplace 365+ Retiree directly to the insurance carrier. If you are eligible for the RRA and submit an eligible claim, you will be reimbursed either via direct deposit into your bank account or a paper check. When you enroll, you will receive a Mercer Marketplace 365+ Retiree health care Welcome Kit that will include an RRA Instructional Guide.

To enroll in an individual plan through Mercer Marketplace 365, call a licensed benefits counselor at 1-866-435-5135. You may access the website to review plan options: <https://retiree.mercermarketplace.com/comcastnbcu> (if you are eligible to participate in the RRA) or <https://retiree.mercermarketplace.com/comcastnbcuaccess> (if you are *not* eligible for the RRA). Through this site, you will be able to review individual insurance plan information and compare your options. You may also contact Mercer Marketplace by phone and speak with a benefits counselor. A counselor can explain your health care benefits, help you determine the best option and assist you with enrollment.

In addition to retiree medical benefits coverage, you will also be able to enroll for dental and vision coverage through Mercer Marketplace 365.

Enrolling Dependents

You can cover yourself and eligible members of your family under your individual health care insurance coverage through Mercer Marketplace 365. See your health insurance carrier’s information for details about enrolling dependent children. Note, if you are eligible for the RRA, you cannot use the RRA to pay for after-tax premiums to enroll a dependent child(ren).

See *How the RRA Works* for more information.

Public Health Care Exchange (Pre-Medicare Eligible Retirees)

If you or your spouse, domestic partner or civil union partner enroll in an individual health care plan through a public exchange and do not receive a federal subsidy (federal premium tax credit), you may use your RRA to pay for the premium cost of that coverage.

In this case, you will pay the premium directly to the insurance company. You can then be reimbursed for those premium expenses from your RRA after you submit an eligible claim.

If you or your spouse, domestic partner or civil union partner enroll in an individual health care plan through a public exchange and are eligible for a federal subsidy (federal premium tax credit) based on your income, participation in the RRA will disqualify you from receiving federal subsidies. Therefore, to receive the federal subsidy (federal premium tax credit), by law, you must decline participation in your RRA. To decline participation, contact Mercer Marketplace 365+ Retiree by phone at 1-866-435-5135. If you elect to utilize a federal premium tax credit, you are choosing to permanently opt out of participation in the RRA. RRAs are established automatically for eligible retirees. Opt-out elections must be made within 31 days of the end of the month in which your active employee coverage ends.

Note: Eligible Fairhaven, MA retirees who retired prior to January 2, 2021 will not be able to access their RRA if they are

receiving a federal subsidy but they will have the option to defer participation in an RRA to a later date without losing access the Comcast 2017 RRA formula.

In order to qualify for federal subsidies (federal premium tax credit), you should make your opt-out election of the RRA, before the date that you want to qualify for a federal subsidy (federal tax credit). Your RRA dis-enrollment will be effective the first of the month following your opt-out election. In order for your RRA dis-enrollment to be effective for the following month, it is recommended that you contact Mercer Marketplace 365+ Retiree by phone at 1-866-435-5135 or by email at **Retiree.Exchange@mercerc.com** on the first business day before the 15th. Note that you may decline participation for either or both yourself and your spouse, domestic partner, or civil union partner if applicable, based on your situation. Because these are separate accounts, each of you has the option of keeping or declining your own RRA.

Effect of Enrolling in Medicaid on Your RRA

Note that if you enroll in Medicaid, you are choosing to permanently opt out of participation in the RRA.

Optional Retiree Health Care Plans

There are retiree health care plan options available to pre-Medicare eligible retirees and their dependents who are eligible for the Retiree Health Care Program (see the *Eligibility for the Retiree Health Care Program* section of this SPD for the eligibility requirements), retired on or before December 31, 2017 and enrolled in coverage prior to 2018 or immediately following their retirement date:

1. Independence Minimum PPO Plan (Available to all pre-Medicare eligible Comcast and NBCUniversal retirees)

This medical plan covers most doctor visits and other medical services at a 70% benefit level after you meet an annual deductible. Independence Blue Cross is the named Claims Administrator for this plan.

2. Independence Standard PPO Plan (Available to pre-Medicare eligible Comcast and NBCUniversal group 5 and 6 retirees)

This medical plan covers most doctor visits and other medical services at an 80% benefit level after you meet an annual deductible. Independence Blue Cross is the named Claims Administrator for this plan.

3. CVS/Caremark Prescription Drug Plan

Available to Comcast and NBCUniversal pre-Medicare eligible retirees and spouses, domestic partners or civil union partner this prescription drug plan can be purchased alone or in addition to a PPO medical plan option. It offers both retail and mail-order prescription drug benefits.

Details about the optional retiree health care plans are included in the IBC Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan Summary Plan Description.

Entitlement to Governmental Benefits

If you, or your spouse, domestic partner or civil union partner becomes entitled to, or loses entitlement to Medicaid or certain other governmental group medical programs you may make a corresponding change to your coverage elections.

Change in Address, Family Status or Mid-Year Election Change Event

To ensure timely and accurate processing of claims, it is important that you notify Mercer Marketplace 365+ Retiree by phone at 1-866-435-5135 of any change in your address, family status change event such as marriage, divorce, and death of a spouse. Notice of events and election changes must be made within 31 days of the event. The Plan Administrator will then update your participation information (and that of your spouse, domestic partner, or civil union partner if applicable) as well as any optional health care plan made available by Comcast NBCUniversal that you elect, as appropriate.

Discontinuation of Retiree Death Benefit

Prior to January 1, 2018, a Retiree Death Benefit was payable with respect to the life of a retiree participant who met the following eligibility requirements:

- was classified as an NBCUniversal Group 1 Retiree, Group 2 Retiree, Group 3 Retiree or Group 4 Retiree; and
- was actively employed by the GE immediately prior to the Closing (January 28, 2011); and
- had not attained age 60 or older with at least 10 years of Continuous Service prior to the Closing; and
- was not classified as an Executive, Senior Executive or Office Band employee of the GE or any of its affiliates at any time prior to the Closing who was enrolled in the Leadership Life Plan prior to Closing; or
- was a former MediaOne employee who met the eligibility requirements described in the Former MediaOne Employees — “Modified Rule of 75” section.

The Retiree Death Benefit was discontinued effective January 1, 2018.

**OTHER IMPORTANT INFORMATION ABOUT THE COMCAST
NBCUNIVERSAL RETIREE HEALTH CARE PROGRAM**

COORDINATION OF BENEFITS & SUBROGATION

The terms of the optional retiree health care plans that can be purchased with RRA benefits will determine the order of payment of health care claims when a participant is covered under more than one plan. Please see the Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan Summary Plan Description for more information.

To the extent the RRA is available to pay medical, dental, vision or prescription drugs premium expenses, the RRA will not pay expenses that are payable under any other health program, including Medicare, except as otherwise provided by law.

Refund of Overpayments

Whenever payments have been made by the Comcast NBCUniversal health care plan that at any time total an amount in excess of the maximum amount payable under the plan provisions, you (or your spouse/domestic partner/civil union partner) must make a refund of the excess amount to the Plan or help the Plan obtain the refund from another person or organization.

If you or any other person or organization that was paid does not promptly refund the full amount, the Plan may reduce the amount of any future benefits that are payable. The reductions will equal the excess amount paid. In the case of recovery from a source other than the plan, the refund equals the amount of recovery up to the amount that would have been paid under the Plan.

In addition, whenever payments have been made based on fraudulent information provided by you, the Plan will exercise the right to withhold payment on future benefits until the overpayment is recovered. The Plan may have other rights in addition to the right to reduce future benefits (see *Acts of Third Parties* below).

Acts of Third Parties

The terms of the optional retiree health care plans that can be purchased with RRA benefits describes those plan's procedures with respect to subrogation and right of recovery (also referred to as "reimbursement"). Please see the Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan and the Independence Limited Access PPO Summary Plan Description for more information.

CONTINUATION OF RRA COVERAGE — COBRA

This section contains important information about the right to a temporary extension of coverage under the Comcast NBCUniversal RRA. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that Comcast NBCUniversal provide your covered spouse (and domestic partner/civil union partner) who are qualified beneficiaries under COBRA with the opportunity to continue coverage under the plan for a temporary period at COBRA premium rates in certain instances where your coverage under the plan would otherwise end.

This SPD provides the qualified beneficiary initial COBRA notice rights with respect to the RRA. This notice explains COBRA continuation coverage, a qualified beneficiary's right to obtain it, and when it may become available to your family. COBRA continuation rights with respect to the optional health care coverage that can be purchased with RRA benefits are described in the Independence Standard and Minimum PPO Plans and CVS/Caremark Prescription Drug Plan Summary Plan Description.

A qualified beneficiary will have to pay the entire premium (i.e., full cost of the RRA) plus a 2% administrative fee for continuation coverage. Regularly scheduled payment is due by the first day of each month to which the payments apply. There is a grace period of 30 days for the payment of the regularly scheduled premium. Payments must be postmarked on or before the end of the 30-day grace period.

The Plan Administrator is Comcast Corporation. Information regarding the Plan's COBRA Administrator can be found in *Administrative Information* section.

COBRA Extensions due to COVID-19 Pandemic

Note that some of the COBRA deadlines may be extended due to the COVID-19 national emergency. Please contact the COBRA Administrator if you have questions about the deadlines associated with COBRA during the COVID-19 emergency period.

Who Is Covered

If you are the spouse or eligible domestic partner/civil union partner of a retiree and are covered under the RRA on the day before the qualifying event, you are a qualified beneficiary and have the right to choose continuation coverage for yourself if you lose coverage under the RRA due to divorce or the termination of your domestic partnership/civil union partner.

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Comcast Corporation, and that bankruptcy results in the loss of coverage of any retired employee covered under the RRA, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse or domestic partner/civil union partner will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the RRA.

Special Rules for Domestic Partners/Civil Union Partners: Although eligible domestic partners/civil union partners are generally not considered qualified beneficiaries for purposes of legal entitlement to COBRA continuation coverage, Comcast NBCUniversal does make COBRA-like coverage available to domestic partners/civil union partners who meet the requirements for eligibility under the Retiree Health Care Program. Accordingly, eligible dependents for purposes of receiving COBRA coverage as described in this section also include domestic partners. If your domestic partner/civil union partner is covered under the Retiree Health Care Program and you terminate your domestic partnership or civil union partnership, you must notify Comcast NBCUniversal within 60 days of the event. Your domestic partner/civil union partner will thereafter be eligible to continue to receive COBRA continuation coverage under the Retiree Health Care Program as described in this section.

Your Duties

Under the law, the retiree or a representative acting on your behalf (such as a family member) has the responsibility to inform Mercer Marketplace 365, if applicable, of a divorce or termination of domestic partner/civil union partnership. This notice must be provided in writing within 60 days from the date of the divorce or termination of domestic/civil union partnership (or, if later, the date coverage would normally be lost because of the event). You or a representative acting on your behalf (such as a family member) is responsible for providing the required notice.

The notice must include the following information:

- The name of the retiree who is or was covered under the Plan;
- The name(s) and address(es) of all qualified beneficiar(ies) who lost (or will lose) coverage under the Plan due to the qualifying event;
- The qualifying event giving rise to COBRA coverage;
- The date of the qualifying event;
- The signature, name and contact information of the individual sending the notice.

A qualified beneficiary must provide this notice to the COBRA Administrator at the address listed in the *Administrative Information* section of this SPD.

When the COBRA Administrator is notified that one of these events has happened, the COBRA Administrator will, in turn,

notify the qualified beneficiary that they have the right to elect continuation coverage. If the above procedures are not followed or if a qualified beneficiary fails to notify the COBRA Administrator within the 60-day notice period, then continuation rights are forfeited. Additionally, if any benefits are mistakenly paid for expenses incurred after the date coverage would normally be lost because of the divorce or termination of domestic/civil union partnership, then the retiree and/or family members will be required to reimburse the employer-sponsored group health plans for any benefits mistakenly paid.

Electing COBRA

To inquire about COBRA coverage, contact the Plan's COBRA Administrator:

BenefitConnect | COBRA

P.O. Box 981915

El Paso, TX 79998

1-877-292-6272 [(858) 314-5108 International callers only]

If a qualified beneficiary has questions regarding the election forms or process, they should contact the Plan's COBRA Administrator.

Under the law, a qualified beneficiary must elect continuation coverage within 60 days from the date your spouse or eligible domestic/civil union partner would lose coverage because of one of the events described earlier, or, if later, 60 days after Comcast NBCUniversal provides notice of the right to elect continuation coverage. A qualified beneficiary who does not elect continuation coverage within the time period described above will lose the right to elect continuation coverage. A qualified beneficiary's election must be postmarked within the 60-day election period. If qualified beneficiary does not submit a completed election form within the 60-day election period, the qualified beneficiary will lose the right to COBRA.

If a qualified beneficiary elects continuation coverage, Comcast NBCUniversal is required to give coverage that, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated family members. This means that if the coverage for similarly situated family members is modified, a qualified beneficiary's coverage will be modified. "Similarly situated" refers to a current spouse or eligible domestic/civil union partner who has not had a qualifying event.

Notice of Unavailability of Continuation Coverage: The Department of Labor requires that the Plan Administrator provide a notification to a qualified beneficiary if continuation of coverage is not available once the Plan Administrator receives notice of an initial qualifying event resulting from divorce, loss of dependent status, or termination of domestic/civil union partnership. This notice must be provided no later than 14 days after the Plan Administrator receives notice from the qualified beneficiary.

Duration of COBRA

The law requires that a qualified beneficiary be afforded the opportunity to maintain continuation coverage for 36 months.

Early Termination of COBRA

The law provides that a qualified beneficiary's continuation coverage may be cut short prior to the expiration of the 36-month period for any of the following reasons:

- Comcast NBCUniversal no longer provides the RRA to any of its retirees;
- The premium for continuation coverage is not paid on time (within the applicable grace period);
- The qualified beneficiary becomes covered — after the date COBRA is elected — under another group health plan (whether or not as an employee) that does not contain any applicable exclusion or limitation for any pre-existing condition of the individual; or

- If a qualified beneficiary becomes covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated.

Please note: If you are receiving subsidized COBRA, the end of your subsidized COBRA coverage is not a special enrollment period that would allow you to enroll in Medicare. You will not be able to enroll in Medicare when subsidized COBRA coverage ends unless you are first eligible for Medicare at that time (e.g., you are just turning age 65). Otherwise, you will have to wait for the Medicare Annual Enrollment period, between January 1 and March 31, and your coverage will not begin until July 1.

Cost of Coverage

Qualified beneficiaries will be required to pay the full cost of the RRA. In addition, there is a 2% administrative fee, making the payment a total of 102% of the cost of coverage.

The cost of the RRA may change periodically. If qualified beneficiary elects COBRA coverage, they will be notified by the COBRA Administrator of any cost changes.

COBRA coverage is not effective and claims for coverage will not be processed until COBRA is elected and the required payments are made. The qualified beneficiary's first premium is due within 45 days after they elect COBRA coverage. The first payment must cover the cost of COBRA coverage from the time the coverage under the Plan would have otherwise terminated up through the end of the month before the month in which first payments are made. The qualified beneficiary is responsible for making sure that the amount of the first payment is correct. The qualified beneficiary may contact the COBRA Administrator to confirm the correct amount of the first payment.

If a qualified beneficiary does not make the first payment for COBRA coverage within the 45 days after the date of the timely election, the qualified beneficiary will lose all COBRA rights under the Plan. Thereafter, payments are due by the first day of each month to which the payments apply (payments must be postmarked on or before the end of the 30-day grace period).

All COBRA premiums must be paid by check or money order. The first payment and all monthly payments for COBRA coverage must be mailed to the COBRA Administrator. Each payment is considered to have been made on the date that it is postmarked. If the qualified beneficiary pays part but not all the premium, and the amount paid is not significantly less than the full amount due, the qualified beneficiary will have 30 days from the end of the initial 30-day grace period to pay the outstanding amount due. If the qualified beneficiary fails to make a monthly payment before the end of the grace period for that month, all rights to COBRA coverage under the Plan will be lost. A qualified beneficiary will not be considered to have made any payment by mailing a check if the check is returned due to insufficient funds or otherwise.

If a qualified beneficiary does not make timely payments, the COBRA coverage will be terminated as of the last day of a full coverage month for which a timely payment was made.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was enacted on August 21, 1996 and directed the U.S. Department of Health and Human Services to issue various rules known as the HIPAA regulations. These rules addressed a few topics, including: confidentiality and privacy and certain individual rights in connection with the handling of your health information by health plans. For more information, see *Special Privacy Rights under the Health Insurance Portability and Accountability Act (HIPAA)* below.

Special Privacy and Security Rights under HIPAA

HIPAA imposes rules on health plans with respect to the use and disclosure of each participant's protected health information (PHI) in certain situations. In addition, HIPAA provides participants with certain rights with respect to their PHI, including the right to receive a privacy notice. It is Comcast NBCUniversal's intent to comply with HIPAA's privacy and security requirements, as they apply to the plans which it sponsors. You may obtain a copy of the Plan's privacy notice at any time and at no cost by contacting the Plan Administrator.

Claims Review and Appeal Procedures for the RRA

You must file a claim for reimbursement in accordance with the Plan's procedures and requirements as described in this section. In general, any participant or beneficiary under the Plan (or his or her authorized representative) may file a written claim for benefits using the proper form and procedure. A claimant can obtain the necessary claim forms from Mercer, the Claims Administrator. When the Claims Administrator receives your claim, it will be responsible for reviewing the claim and determining how to pay it on behalf of and under the instruction of the Plan. All claims and appeals must be filed in accordance with these claims and appeals procedures. Before pursuing legal action for benefits under the Plan, you must first exhaust the Plan's claim, review and appeal procedures.

This section provides general information about the claims and appeals procedure applicable to the Plan under the Employee Retirement Income Security Act of 1974 (ERISA). Claims for benefits under the RRA are considered "Post-service claims", meaning the claims involve the payment or reimbursement of costs for health care that has already been provided.

The Plan has a specific amount of time, by law, to evaluate and respond to claims for benefits covered by ERISA. The period of time the Plan has to evaluate and respond to a claim begins on the date the Plan receives the claim.

Claim and Appeal Extensions due to COVID-19 Pandemic

The federal government has extended certain timeframes for employee benefit plans, participants, and beneficiaries affected by the National Emergency for the COVID-19 outbreak. The following will be disregarded during the "Outbreak Period:" (i) the date within which individuals may file a benefit claim; (ii) the date within which claimants may file an appeal under ERISA's claim procedures; (iii) the date within which claimants may file a request for an external review under a group health plan; and (iv) the date within which a claimant may file information to substantiate a request for external review if the initial request was not complete. The "Outbreak Period" is defined as March 1, 2020 until 60 days after the announced end of the National Emergency.

Claim-Related Definitions

"Claim" is any request for plan benefits made in accordance with the plan's claims-filing procedures. "Adverse Benefit Determination" is a denial, reduction, or termination of a benefit, or failure to provide or pay for (in whole or in part) a benefit. An adverse benefit determination includes a decision to deny benefits based on:

- An individual being ineligible to participate in the Plan;
- Utilization review; and
- A service being characterized as experimental or investigational or not medically necessary or appropriate.

Initial Claim Determination

The Plan has a specific amount of time, by law, to evaluate and respond to claims for benefits covered by the Employee Retirement Income Security Act of 1974 (ERISA). The period of time the Plan has to evaluate and respond to a claim begins on the date the Plan receives the claim. If you have any questions regarding how to file or appeal a claim, contact the Claims Administrator. The timeframes on the following pages apply to the claims that you may make under the Plan.

If the Plan does not fully agree with your claim, you will receive an "adverse benefit determination" — a denial, reduction, or termination of a benefit, or failure to provide or pay for (in whole or in part) a benefit. If your claim for reimbursement is denied, in whole or in part, you will receive a written notice of adverse benefit determination within 30 days from the date the Claim Administrator receives your claim.

The written notice of adverse benefit determination will contain:

- The specific reason(s) for the adverse determination (denial).
- The specific Plan provisions on which the determination is based.
- Any additional information or material necessary to perfect the claim and an explanation of why such information or material is necessary.

- A description of the Plan's appeal procedures and the time limits applicable to such procedures.

If necessary, due to matters beyond the control of the Plan, the initial 30-day period may be up to an additional 15 days. You will be notified by the Claim Administrator within the initial 30-day period if such an extension is necessary. If the extension is necessary because you failed to provide sufficient information for the claim to be evaluated, you will be notified within the initial 30-day period and you will have at least 45 days from the date of notification to provide the additional information.

First Level Mandatory Appeal

If your claim is denied, in whole or in part, and you disagree with the decision, you are entitled to apply for a full and fair review of the claim and the adverse benefit determination. You (or an appointed representative) can appeal and request a claim review within 180 days of the notice of adverse benefit determination. The request must be made in writing and should be filed with the Claims Administrator. If you don't appeal on time, you lose your right to later object to the decision. You may not proceed to the Second-Level Voluntary Appeal without completing a First-Level Mandatory Appeal.

The review will be conducted by the Claims Administrator, or the appropriate named fiduciary of the Plan depending on the subject of the review. No deference will be afforded to the initial adverse benefit determination.

You will be able to review your file and present evidence as part of the review. You will have the opportunity to submit written comments, documents, records, and other information relating to the claim; and you will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits. Whether a document, record, or other information is relevant to the claim will be determined in accordance with the applicable Department of Labor (DOL) regulations. The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim without regard to whether such information was submitted or considered in the initial benefit determination.

You will receive a written notification of the Plan's determination on review (appeal) within 60 days from the date the Claims Administrator receives your claim.

If your appeal is denied, you will receive a written notice of adverse benefit determination, which will indicate:

- The specific reason(s) for the adverse determination on review.
- The specific Plan provisions upon which the determination denial is based.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claim for benefits.
- A description of the voluntary appeals procedure under the Plan, if any, and your right to obtain information about such procedures.
- A statement of your right to bring a civil action under section 502(a) of ERISA following an adverse benefit determination on review.

Second Level Voluntary Appeal

If your first-level appeal is denied, and you disagree with the decision, you (or an appointed representative) may submit a final voluntary appeal within 30 days of the notice of the denial of your first-level mandatory appeal. The request must be made in writing and should be filed with the Plan Sponsor (not the Claim Administrator). If you don't appeal on time, you lose your right to later object to the decision.

The review will be conducted by the Plan Sponsor and any additional appropriate named fiduciaries of the Plan depending on the subject of the review.

The final voluntary appeal should include any new information pertinent to the claim.

You will receive a written notification within 15 days after your request was received whether the information is considered new information.

If it is determined that there is no new information pertinent to your claim, you will be notified in writing that your final appeal will not be considered. If it is determined that there is new information, a decision will be made within 60 days of the date the Plan Sponsor receives the voluntary appeal.

Legal Action

Before pursuing legal action for benefits under the Plan, you must first exhaust the Plan's claim, review and appeal procedures. Additionally, any lawsuit you bring for Plan benefits must be filed within 36 months of the date on which your claim is incurred under the Plan.

The time frame for filing an appeal starts when you receive written notice of adverse benefit determination. The time frame for providing a notice of the appeal decision (a "notice of benefit determination on review") starts when the appeal is filed in accordance with the Plan's procedures. The notice of appeals decision may be provided through in-hand delivery, mail, or electronic delivery before the period expires. References to "days" mean calendar days. The Plan can require two levels of mandatory appeal review.

Period for Filing Appeal	You have at least 180 days.
Time Frame for Providing Notice of Benefit Determination on Review	Within a reasonable period of time, but not later than 60 days after receipt of request for review. If you file a second level appeal, notice will be provided within 60 days of the date the Plan Sponsor receive the voluntary appeal.
Extensions	None

YOUR RIGHTS UNDER ERISA

As a participant in an employee welfare benefit plan, 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 certain rights.

Review Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, copies of the latest annual report (Form 5500 Series) and an updated SPD. The administrator may assess a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of the summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for spouse/domestic partner/civil union partner or dependents if there is a loss of coverage under the plan as a result of a qualifying event. Your dependents may have to pay for such coverage. Review the *CONTINUATION OF RRA COVERAGE — COBRA* section of this SPD and the documents governing the plan for the rules governing your Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people responsible for the operation of employee benefit plans. 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, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a plan benefit or exercising your rights under ERISA. If your claim for a plan benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim.

Enforce Your Rights

If your claim for a pension or 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 materials 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 \$110 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 that is denied or ignored, in whole or in part, you may file suit in a court of competent jurisdiction. 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, you should contact the nearest area 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, NW, Washington, DC 20210. You can also obtain certain procedures about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at 1-800-998-7542.

If you have any specific questions about any of the plans discussed in this SPD, contact the Mercer Marketplace 365+ Retiree at 1-866-435-5135.

Further assistance may be obtained by writing to the Plan Administrator.

ADMINISTRATIVE INFORMATION

Plan Information	
Plan Name	Comcast Comprehensive Retiree Health and Welfare Benefit Plan.
Plan Number	506
Plan Year	January 1 through December 31
Plan Type	Retiree Reimbursement Account
Source of Contributions	The cost of RRAs is paid for out of the general assets of Comcast Corporation, except for any amount paid by COBRA beneficiaries.
Employer Identification Number	Comcast: 27-0000798 NBCUniversal: 27-3526824
Plan Administrator	Comcast Corporation Benefits Fiduciary Committee 1701 John F Kennedy Blvd. Philadelphia, PA 19103 215-286-1700
Plan Sponsor	Comcast Corporation 1701 John F Kennedy Blvd. Philadelphia, PA 19103
Claims Administrator	RRA: Mercer Health & Benefits Admin., Attn: Claims Dept., P.O. Box 14401 Des Moines, IA 50306-3401 See the Independence Standard and Minimum PPO Plan SPDs for information on the Claim Administrators.
COBRA Administrator	BenefitConnect BenefitConnect COBRA P.O. Box 981915 El Paso, TX 79998 1-877-292-6272
Agent for Service of Legal Process	Plan Administrator

Plan Fiduciaries

Plan fiduciaries oversee the operation and administration of the plans under the terms of the official plan texts that describe the rights of plan participants. The plan fiduciaries have the sole discretion to interpret plan provisions and to determine questions of fact and eligibility for benefits. The Plan Fiduciary for Comcast Corporation is the Benefits Fiduciary Committee and has reserved the right to delegate certain fiduciary duties to a representative (for example, the Claims Administrator).

Comcast Corporation
Benefits Fiduciary Committee
1701 John F Kennedy Blvd.
Philadelphia, PA 19103

Plan Administrator

The Plan Administrator is responsible for review of the plans' day-to-day operation. You may contact the Plan Administrator in writing:

Comcast Corporation
Benefits Fiduciary Committee
1701 John F Kennedy Blvd.
Philadelphia, PA 19103

The Plan Administrator will receive any legal process if it ever becomes necessary for a retiree to take legal action because of a dispute over any provision of the plans.

Administration of the plans is the responsibility of the Plan Administrator. With respect to certain benefits, the Claims Administrators determine eligibility for benefits in accordance with the official plan document.

The Plan Administrator has the exclusive right, power and authority in its sole and absolute discretion to:

- Construe and interpret the provisions of the plans
- Make factual determinations
- Take all actions and decide all questions of eligibility for benefits
- Determine the amount of such benefits
- Resolve issues arising in the administration, interpretation, and/or application of the plans
- Correct any defects
- Reconcile and/or clarify any inconsistencies or ambiguities, and
- Supply any omissions with respect to the plans.

Its decisions on such matters are binding, final and conclusive. The Plan Administrator has reserved the right to delegate all or any portion of its discretionary authority described in the preceding sentence to a representative (for example, the

Claims Administrator) and such representative's decisions on such matters are binding, final and conclusive. Any interpretations or determinations made pursuant to such discretionary authority of the Plan Administrator or its representative will be upheld in judicial review unless it is shown that the interpretation or determination was an abuse of discretion.

Plan Amendment, Continuation and Termination

Comcast NBCUniversal intends to continue the plans, but reserves the right, in its sole and absolute discretion, to amend, modify or terminate any and all provisions of the plans (including any related documents or policies), in whole or in part, at any time and for any reason, with respect to participants or their spouses, domestic partners, civil union partners or eligible family members or beneficiaries or retirees who are, or may become, covered by any of the plans (as retiree, spouse, domestic partner, civil union partner or eligible family members). This means Comcast NBCUniversal may amend, modify or end the plans, including:

- Changing the eligibility rules
- Reducing the benefit amounts
- Increasing or requiring deductibles or coinsurance
- Eliminating particular types of benefits
- Substituting certain benefits for others
- Imposing or decreasing maximums on the amounts of benefits, and
- If Comcast NBCUniversal deems necessary, requiring contributions or increasing contributions from participants and beneficiaries as a condition of eligibility.

The right to terminate all or any part of the Plan at any time is reserved to the Board of Directors or Compensation Committee of such Board of Directors, as it may deem necessary or appropriate in its sole discretion. The Chief Administrative Officer or the Chief Financial Officer of Comcast Corporation (or the functional equivalents thereof) may approve any amendment to the Plan for any purpose. The Benefits Management Committee may approve any amendment to the Plan that is not expected to increase the costs of the Plan by more than \$100 million annually based on a reasonable actuarial or other estimate. The Senior Vice President of Total Rewards or the Vice President of Global Benefits of Comcast Cable (or the functional equivalents thereof) may approve certain amendments to the Plan as detailed in the Plan document.

If the plans are amended, modified, or terminated, the ability of either present and future participants (including any eligible retirees) and/or their family members or beneficiaries to participate in and receive benefits from the plans may be amended, modified or terminated, as applicable law permits.

If Comcast NBCUniversal terminates the plans for any reason, and does not replace the coverage with comparable benefits, you will be given ample notice of your rights under the plans as outlined in the official plan document.

ADDITIONAL INFORMATION

Limitations on Rights

Neither this SPD or your participation in any of the Comcast NBCUniversal benefit plans should be construed as a contract of employment, nor do they give you or any other plan participant the right to be retained in the employ of Comcast NBCUniversal, or the right to interfere with the prerogative of Comcast NBCUniversal to discharge any individual at any time with or without cause, except as may be otherwise agreed to in writing, or provided by applicable law, or collective bargaining agreement.

Non-assignment of Benefits

Plan participants cannot assign, pledge, borrow against or otherwise promise any benefits payable under the Plan before receipt of the benefit. However, benefits will be provided to a participant's child if required by a Qualified Medical Child Support Order. In addition, subject to the written direction of a Plan participant, all or a portion of benefits provided by the Plan may, at the option of the Plan and unless a participant requests otherwise in writing, be paid directly to the person rendering such service. The payment of benefits directly to a health care provider (whether in-network or out-of-network), if any, is done as a convenience to you and does not constitute an assignment of rights or benefits under the Plan. Health care providers are not, and shall not be construed as, either "participants" or "beneficiaries" under this Plan and have no rights to receive benefits from the Plan or to pursue legal causes of action on behalf of (or in place of) Participants and Beneficiaries under any circumstances. Any payment made by the Plan in good faith pursuant to this provision shall fully discharge the Plan and Comcast to the extent of such payment.

Venue

Any court proceeding brought in connection with the Plan must be brought in the Commonwealth of Pennsylvania before the United States District Court for the Eastern District of Pennsylvania.