

Windstream Communications
50 Executive Parkway
Hudson, OH 44236-1676

Katherine J. Warn
Director, Labor Relations
t: 330.650.7456

October 19, 2007

Mr. Frank Mathews
President
Communications Workers of America, Local 4321
54449 Hickory Flats Drive
West Lafayette, OH 43845



Dear Frank:

The Windstream Annual Enrollment for 2008 will take place November 12 through November 23, 2007. Enclosed for your reference are the 2008 medical and dental rates for your areas. The enclosed chart includes the monthly medical and dental premiums, monthly company and employee contributions, as well as the employee contribution per pay for the plans offered in your area.

Nationally, Windstream's annual gross benefit cost will exceed \$100 million in 2008. The Windstream PPO continues to be a good option for our employees with no increases in co-pays, deductibles or out-of-pocket maximums. The Company will decrease out-of-pocket maximums for the Enhanced and Basic PPO options for 2008 and are illustrated in the enclosed comparison. The Company's 2008 annualized contributions range from \$3,537.04 (employee only) to \$8,649.16 (employee and family) for the PPO plan.

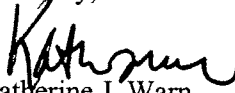
The EPO Plan will be eliminated by Windstream due to declining participation and escalating costs. Our prescription drug administrator, PharmaCare, has merged with Caremark and will change their name in 2008 to Caremark. PharmaCare/Caremark will issue new identification cards with a unique number (not social security) January 1, 2008.

Annual enrollment announcement letters will be mailed on October 25th with new eight-digit PIN numbers for the Web enrollment system. Benefits Center Representatives are available 24 hours per day 7 days a week except holidays. The first week of November annual enrollment packets will be mailed to employee's home address. Information from the HMO's in your area may be mailed to employee's home address. If not, employees may access the Intranet. Plan summaries may also be viewed at the "My Benefits" section.

In addition, the Company is providing Advice Access, which is a financial planning tool for those employees participating in the Windstream 401(k). Employees will receive information via email and participating employees will receive a personalized Projection Statement at their home address in late October.

If you have any questions, please contact either Barb or me.

Sincerely,


Katherine J. Warn

Enclosures

cc: Hetty Scofield
Barb Beigie
Susan Schraibman
Michelle Tessmer

2008 MEDICAL AND DENTAL RATES
Windstream Ohio, Inc. - (NEWARK)
CWA Local Union 4321
January 1, 2008

CARRIER OPTIONS	EMPLOYEE CONTRIBUTION PER PAY (BI-WEEKLY)				MONTHLY EMPLOYEE CONTRIBUTION				MONTHLY COMPANY CONTRIBUTION				MONTHLY PREMIUM			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Family	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
DELTA DENTAL-HIGH Newark	\$6.25	\$12.89	\$11.07	\$19.08	\$13.55	\$27.93	\$23.99	\$41.34	\$13.56	\$27.93	\$24.00	\$41.35	\$27.11	\$55.86	\$47.99	\$82.69
DELTA DENTAL-LOW Newark	\$2.96	\$6.11	\$5.25	\$9.04	\$6.42	\$13.23	\$11.37	\$19.59	\$6.42	\$13.23	\$11.37	\$19.60	\$12.84	\$26.46	\$22.74	\$39.19
WINDSTREAM Premium PPO Plan Newark	\$21.75	\$43.46	\$43.01	\$119.16	\$47.13	\$94.17	\$93.18	\$258.19	\$294.75	\$589.28	\$457.37	\$733.77	\$341.88	\$683.45	\$550.55	\$991.96
WINDSTREAM ENHANCED PPO Plan Newark	\$17.35	\$34.69	\$35.80	\$106.38	\$37.60	\$75.17	\$77.56	\$230.50	\$294.75	\$589.28	\$457.37	\$733.77	\$332.35	\$664.45	\$534.93	\$964.27
WINDSTREAM BASIC PPO Plan Newark	\$6.92	\$16.15	\$16.15	\$65.70	\$15.00	\$35.00	\$35.00	\$142.34	\$287.00	\$568.90	\$450.38	\$733.77	\$302.00	\$603.90	\$485.38	\$876.11
The Health Plan of the Upper Ohio Valley-Newark	\$18.17	\$62.21	\$62.46	\$134.45	\$39.37	\$134.78	\$135.32	\$291.31	\$294.75	\$589.28	\$457.37	\$733.77	\$334.12	\$724.06	\$592.69	\$1,025.08

PPO Options Comparison

Three options available:

	Premium PPO	Enhanced PPO	Basic PPO
Co-Pay	\$20	\$20	\$20
Individual Deductible	\$300	\$500	\$1,000
Family Deductible	\$600	\$1,000	\$2,000
Individual Annual Out-of-Pocket Max (Includes Deductible)	\$1,300	\$2,000 (was \$2,500)	\$3,000 (was \$4,000)
Family Annual Out-of-Pocket Max (Includes Deductible)	\$2,600	\$4,000 (was \$5,000)	\$6,000 (was \$8,000)
Network Coinsurance (Participant Portion)	10%	20%	30%
Non-Network Coinsurance (Participant Portion)	30%	40%	50%
Lifetime Maximum Benefit	\$1,500,000	\$1,500,000	\$1,500,000