

What's Changing for 2023

We're inspired by what makes you unique.

AT&T provides comprehensive benefits to meet your unique needs and encourage your total wellbeing. Be a thoughtful participant in your healthcare this year. Prepare for annual enrollment by reviewing the information on this website — it's personalized for you!

Right now, check out what's changing with your AT&T benefits for next year.

+ Medical

- **Medical premiums.** Your contributions for medical coverage may change.

+ Surcharges

Here's what's changing with AT&T's Working Spouse/Partner and Tobacco Use Surcharges for next year:

- The Working Spouse/Partner Surcharge will be \$110 in 2023.
- The Tobacco Use Surcharge will be \$70 in 2023.
- **New administrator for tobacco cessation program.** Beginning Jan. 1, 2023, a new program will replace Castlight's 2Morrow health as our tobacco cessation program. You can use 2Morrow Health until Dec. 31, 2022.
- **Default certification applies if your tobacco use has not changed since 2022 enrollment.** If you certified your tobacco use during 2022 Annual Enrollment and that tobacco certification remains the same, you do not need to take action.

+ ID Cards

- **In most cases, you will receive a new medical ID card for 2023 in the mail.** Your new card should arrive by Jan. 1, 2023.

+ Your Personal Healthcare Team

- Beginning Jan. 1, 2023, Your Personal Healthcare Team (brought to you by Included Health) is adding capabilities to expand access to care and simplify your healthcare experience. These new services add virtual care options (including primary care and 24/7 nurse access) to the urgent and mental health care services currently available through AT&T's medical plan options to create a unified experience for members.

+ Wellbeing

- **All-new wellbeing program.** On Jan. 1, 2023, the AT&T Benefits Center is replacing Castlight as our wellbeing platform. You will easily find all your AT&T benefits and wellbeing content on the AT&T Benefits Center website and the mobile app administered by Alight Solutions.
- While you will no longer have access to sweepstakes or rewards, you and your spouse/partner (if applicable) are invited and encouraged to access the new platform to take advantage of the personalized wellbeing content.

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+ CarePlus

- CarePlus is a supplemental benefit program providing coverage for specified treatments and services generally not covered under the AT&T Medical Program. You don't need to be enrolled in the AT&T Medical Program to sign up, but you must be enrolled in CarePlus to receive any CarePlus benefits.
- CarePlus services are periodically evaluated so AT&T can provide the most up-to-date coverage. New or revised expanded and experimental services are being added effective Jan. 1, 2023, and some are being removed. Information about what is included in CarePlus benefits and how to use them is available at <https://careplus.att.com/>.

+ Health Savings Accounts (HSAs)

- **Increase to maximum HSA contribution amount.** The HSA contribution maximums will increase from \$3,650 to \$3,850 for individual coverage and \$7,300 to \$7,750 for family coverage in 2023.
- **Increase to maximum Health Care FSA contribution amount.** The Health Care FSA contribution maximum will increase from \$2,750 to \$2,850 in 2023.

+ Dental

- While your dental options for 2023 haven't changed, your monthly contributions may have. Use this opportunity to explore and choose what's right for you.

+ Vision

- While your vision options for 2023 haven't changed, your monthly contributions may have. Use this opportunity to explore and choose what's right for you.

Member-Only Special Offers

- You can get special savings exclusive to EyeMed members. To access them, register online at eyemedvisioncare.com/att or go to the EyeMed app. Sign in, then select **Special Offers** to shop the savings.

+ Ancillary Benefits

- The legal services program now includes Felony Defense and Parental Legal services.
- During annual enrollment, you can elect coverage in these AT&T ancillary benefits:

Critical illness insurance	Hospital indemnity insurance
Accident insurance	Legal services

- You pay the cost of coverage through payroll deduction. Visit metlife.com/att for details.

+ ID Theft Protection

AT&T is introducing a new identity theft protection benefit for 2023. You will receive more information soon.

Medical Options

AT&T offers excellent medical plan options, but depending on your preferences, one plan may stand out as the best value for you. That's why you should compare your options and choose what works best for you and your family.

Confirm your doctor is in-network.

If your preferred providers are not in-network, you could pay more for medical services.

Getting started is easy. Your Personal Healthcare Team provided by Included Health can help.

During annual enrollment, you also can confirm a provider's network status directly with your doctor/provider or by visiting the benefits administrator's website. When you enroll, you can quickly review the doctors you see most often to determine if they are in or out of the network for the plan option you are considering.

Remember, network doctors and group providers can change their status during the year. Always check your provider's network status before receiving services.

What's Changing for 2023

- Your contributions for medical coverage may change.

Your 2023 Coverage: Much Like 2022

While your medical plan options for 2023 haven't changed, some details of your coverage — including monthly contributions and other costs such as deductibles and coinsurances — may have.

Remember, if your preferred providers are not in-network, you could pay more for medical services.

You can check to see if your doctor is in your network or search for new doctors by visiting Blue Cross and Blue Shield of Illinois (BCBSIL*) at www.bcbsil.com/att. Even if you are currently a BCBSIL member, follow the prompts on the home page to locate the correct network based on your bargaining region and state of residence.

+ HMO Options

You may be eligible for an HMO, also referred to as a Fully-Insured Managed Care Option (FIMCO), based on your home ZIP code.

If your current HMO/FIMCO is not offered in 2023 and you do not actively enroll during annual enrollment, you will be automatically enrolled in the company self-insured option with the lowest contribution amount.

Important: If your dependents meet the eligibility rules for coverage under your company self-insured option, they will likely be eligible for HMOs/FIMCOs. However, for some dependents (e.g., partners and disabled dependents), certain HMOs/FIMCOs may need more information or may not provide coverage.

Before you enroll or re-enroll in an HMO/FIMCO for 2023, it's important to review and compare all your 2023 medical plan options. If you have questions, call the HMO/FIMCO service center (not the AT&T Benefits Center). Phone numbers and your reference number are listed on your online medical plan options chart. Have the reference number from your medical plan options chart handy and be sure to tell the service representative that you are an AT&T participant.

For More Information

- Review and compare all your 2023 medical plan options and their costs, and prescription drug coverage.

2023 Options for Medical

[Prescription Drug Details](#)
[Medical Program Options summary](#)
[Medical Details](#)

Option	Deductible	Copay/ Coinsurance	Annual Out-of-pocket maximum
Southeast HCN Option 2 1-800-621-7336	\$1,600 Individual \$3,200 Family combined with Mental Health (MH/SUD), Prescription Drug (Rx) and CarePlus	90%	\$6,650 Individual \$13,300 Family includes Annual Deductible combined with MH/SUD, Rx and CarePlus capped at \$6,650 per Individual
Southeast HCN Option 1 1-800-621-7336	\$850 Individual \$1,700 Family combined with Mental Health (MH/SUD) Capped at \$850 per Individual	90%	\$3,500 Individual \$7,000 Family includes Annual Deductible combined with MH/SUD capped at \$3,500 per Individual
AvMed S/SE Florida Plan 1-800-331-3851; AvMed's Nurse On Call (24/7): 1-888-866-5432; When calling this Plan with questions, please reference #10420	\$1,000 Individual \$2,000 Family Deductible does not apply to preventive care and other services associated with a copay	90%	\$5,000 Individual \$10,000 Family includes ded. copays apply copays/coin. cost-sharing apply to OOP max OOP max doesn't include premiums, Rx brand add. Charges & serv. this plan doesn't cover

2023 Options for Prescription Drugs

[Medical Option Details](#)
[Medical Details](#)

Option	Deductible	Annual Out of Pocket Maximum	Retail	Mail Order
Southeast HCN Option 2	Medical, including MH/SUD, Rx and CarePlus; see Annual Deductible Individual/Family section for amount; deductible must be met before Co-payment applies except for certain preventive care drugs.	Medical, including Rx, MH/SUD and CarePlus; see Annual out-of-pocket maximum Individual/Family section for amount	<p>Generic \$10 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required.</p> <p>Preferred \$40 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug then Mail Order required.</p> <p>Non-Preferred \$80 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug then Mail Order required.</p>	<p>Generic \$20 copay; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.</p> <p>Preferred \$80 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference. Retail pickup at specified Retail Pharmacies also available.</p> <p>Non-Preferred \$160 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference. Retail pickup at specified Retail Pharmacies also available.</p>
Southeast HCN Option 1	Not applicable	\$1,700 Individual; \$3,400 Family; Network copays apply	<p>Generic \$10 copay; up to 30 day supply; two Fill max on maintenance drug, mandatory mail order</p> <p>Preferred \$40 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug, mandatory mail</p> <p>Non-Preferred \$80 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug, mandatory mail</p>	<p>Generic \$20 copay; up to 90 day supply</p> <p>Preferred \$80 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference</p> <p>Non-Preferred \$160 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference</p>

AvMed S/SE Florida Plan	Not Applicable	Not Applicable	Generic 90% covered; \$50 maximum copay; 30 day supply; Value Generics (Tier 1) and Generics (Tier 2)	Generic 90% covered; \$100 maximum copay; 90 day supply; Value Generics (Tier 1) and Generics (Tier 2)
			Preferred 90% covered; \$400 maximum copay; 30 day supply; Preferred Brand (Tier 3). When generic is available member pays copay plus difference in cost between generic and brand.	Preferred 90% covered; \$800 maximum copay; 90 day supply; Preferred Brand (Tier 3). When generic is available member pays copay plus difference in cost between generic and brand.
			Non-Preferred 80% covered; No maximum copay; 30 day supply; Non-Preferred Brand (Tier 4). When generic is available member pays copay plus difference in cost between generic and brand.	Non-Preferred 80% covered; No maximum copay; 90 day supply; Non-Preferred Brand (Tier 4). When generic is available member pays copay plus difference in cost between generic and brand.



Medical Quick Tip

Stay on top of your health! Remember to get your health screenings and to schedule your annual physical if you haven't already. Preventive care is 100% covered so these very important services are provided to you at no cost. Early detection of health issues can be a real game changer — so don't miss out!

Working Spouse/Partner Surcharge

What's Changing for 2023

Here's an overview of what's changing with AT&T's Working Spouse/Partner Surcharge for next year:

- The Working Spouse/Partner Surcharge will be \$110 in 2023.

You must take action to certify that your spouse/partner does not have medical coverage available from a current employer.

AT&T encourages you and your spouse/partner to compare the cost of AT&T medical options with those available through your spouse's/partner's current employer.

If you enroll your spouse/partner for AT&T medical coverage and your spouse/partner:

- Has access to coverage through a current employer, you will pay a \$110 monthly surcharge.
- Does not have access to coverage through a current employer, you must certify that during annual enrollment to avoid the surcharge. Otherwise, the surcharge will be added to your monthly medical coverage contribution (what you pay out of your paycheck each month). **Be sure to check the correct status to avoid the surcharge.**

Tobacco Use Surcharge

What's Changing for 2023

Here's an overview of what's changing with AT&T's Tobacco Use Surcharge for next year:

- The Tobacco Use Surcharge will be \$70 in 2023.
- Beginning Jan. 1, 2023, a new program will replace Castlight's 2Morrow Health as our tobacco cessation program.

Important action required: In 2023, you only have to state your smoker status once. Your answer for the medical tobacco surcharge applies to any other plans (e.g., life insurance) that may have smoker rates. You must take action during your enrollment window whether or not you and/or your spouse/partner are a tobacco user, even if you do plan to enroll in an AT&T medical plan option. **How Does my Tobacco User status affect my monthly medical contributions?**

- If you or your spouse/partner (if applicable) doesn't use tobacco, be sure to certify your non-smoker status when you enroll so the surcharge will not apply to you.
- If you or your spouse/partner (if applicable) uses tobacco and enroll in an AT&T medical plan, you'll pay an additional monthly surcharge.
- If you use tobacco and want to avoid the surcharge, you can participate in a tobacco cessation program offered at no charge by AT&T.

Who's a "tobacco user"?

A "tobacco user" is someone who uses tobacco products at least once a month or more, on average. This includes cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco.

If you use tobacco and want to avoid the surcharge, you can participate in a tobacco cessation program offered at no charge by AT&T.

Tobacco Use Surcharge and Cessation Program

The Tobacco Use Surcharge is \$840 per year (\$70 per month) per person, up to \$1,680 for both employee and spouse/partner, if applicable.

For the remainder of this year Tobacco Users who wish to avoid the 2023 Tobacco User Surcharge can complete their 2023 tobacco cessation program with 2morrow Health through the Castlight app. However, beginning in 2023, AT&T will offer a new tobacco cessation program. If you started your 2023 tobacco cessation program in 2022 with 2Morrow Health, the best way to ensure you receive credit and avoid Tobacco Use Surcharge deductions is to complete cessation through 2Morrow Health prior to Jan. 1, 2023.

For more information on how you can download the 2Morrow Health app and complete the tobacco cessation program to waive the Tobacco Use Surcharge before the end of 2022, see your [2022 AT&T Medical Plan Summary Plan Description \(SPD\)](#).

For more information on how you can access the 2023 tobacco cessation program, see your 2023 AT&T Medical Plan Summary Plan Description (SPD) for the AT&T Medical Plan in which you are enrolling, text **BENEFITS** to 949-942-8683 to download the app, or visit <https://alight.com/app>.

Get the Scoop on Medical ID Cards

What's Changing for 2023

Here's an overview of what's changing with your medical ID card for next year:

- **In most cases, you will receive a new medical ID card for 2023 in the mail.** Your new card should arrive by Jan. 1, 2023.

If you don't yet have your card in January (or have lost your current card) and need care, your provider can confirm coverage through your benefits administrator. Or contact Your Personal Healthcare Team to confirm that a provider is in-network and to view your medical and prescription drug ID card information. You also may be able to print a digital copy of your medical ID card from your benefits administrator's website or app.

Please note when you enroll in a company self-insured medical option, your prescription drug benefits administrator will be CVS Caremark. If you are newly enrolled in an AT&T medical plan, you will receive a separate prescription drug ID card from CVS Caremark for your prescriptions. If you need to request a replacement card or print a temporary card, visit [caremark.com](https://www.caremark.com) or access your ID card from the CVS Caremark app.

Note: If you are enrolling in one of AT&T's Fully-Insured Managed Care Option (FIMCO) medical plans, you may not receive a new card if you are enrolling in the same plan you had in 2022. ID cards are available either on the plans' mobile apps (where applicable) or on their websites.

Review Your 2022 Prescription Copayment Deadlines

This article does not apply to those enrolled in Fully-Insured Managed Care options, such as an HMO.

For 2022 prescription drug coinsurance/copayments to apply, you must submit eligible prescription drug orders or refills according to the guidelines below. These dates apply to retail as well as specialty pharmacy fills.

Note: You may want to allow for additional time when ordering mail order prescriptions or refills during holiday periods.

Your 2023 copay/coinsurance and deductible will apply to orders eligible for refill on or after Jan. 1, 2023, no matter when you place the order. You can contact CVS Caremark Customer Service at 800-378-8851 or online at [caremark.com](https://www.caremark.com).

Type of Order	Deadline
Mail order for refills or new prescriptions	Dec. 30, 2022 by 11 a.m. Central time
Responses due from your physician for any prescriptions requested through FastStart	Dec 30, 2022 by 11 a.m. Central time
Prescriptions purchased at a Retail or Specialty Pharmacy	Dec. 31, 2022 by 11:59 p.m. Central time
Refill orders completed via CVS Caremark's IVR/phone system*	Dec. 30, 2022 by 11:59 p.m. Central time
Refill orders completed via the caremark.com website*	Dec. 30, 2022 by 11:59 p.m. Central time
Refill orders placed by phone through a CVS Caremark service associate*	Dec 30, 2022 by 5 p.m. Central time

* You will receive a confirmation from CVS Caremark that your order is complete.

CarePlus

What's Changing for 2023

CarePlus is a supplemental benefit program providing coverage for specified treatments and services generally not covered under the AT&T Medical Program. You don't need to be enrolled in an AT&T Medical Program to sign up, *but you must be enrolled in CarePlus to receive any CarePlus benefits.*

CarePlus services are periodically evaluated so AT&T can provide the most up-to-date coverage. New or revised expanded and experimental services are being added effective Jan. 1, 2023, and some are being removed. Information about what is included in CarePlus benefits and how to use them is available at <https://careplus.att.com/>.

In 2023, you will continue to pay a monthly contribution for CarePlus coverage:

2023 Contributions
Individual: \$1 per month
Family: \$3 per month

If you're already enrolled in CarePlus, you'll automatically stay enrolled during annual enrollment to continue your CarePlus coverage. If you want to opt out, you must make an active election during annual enrollment.

If you are not currently enrolled in CarePlus, you can make an election during annual enrollment. If you do not make an election during annual enrollment, you can elect coverage during a subsequent qualified status change event or at annual enrollment.

CarePlus Services

Information about what is included in CarePlus benefits and how to use them is available at <https://careplus.att.com/>. In addition, review your CarePlus Summary Plan Description (SPD) and find a complete list of CarePlus-covered services.

IMPORTANT: Most services must be preapproved by UnitedHealthcare. For additional services or to learn more call UnitedHealthcare at 877-261-3340 (711 from a TTY phone), Monday through Friday from 7 a.m. to 7 p.m. Central time.

Your Personal Healthcare Team Is Expanding to Serve More of Your Healthcare Needs

What's Changing for 2023

Note: If you enroll in an HMO or other Fully Insured (FIMCO) medical plan option, many of the virtual care and support services described below will be provided by your plan as in-network benefits. Be sure to review your plan's specific virtual care and support services. You can access selected health services, including the LGBTQ+ Health services listed below, through Included Health.

Beginning Jan. 1, 2023, Your Personal Healthcare Team (brought to you by Included Health) is adding capabilities to expand access to care and simplify your healthcare experience. These new services work with AT&T's medical plans to create a unified experience for you and your eligible dependents.

This high-tech benefit helps you navigate your care journey and the healthcare system, combining all of Included Health's features into a total healthcare experience in a single location.

Your Personal Healthcare Team will offer the following virtual health services available on your phone, tablet or computer all year long, as often as needed, if you are enrolled in one of the self-insured AT&T medical plan options.

- **NEW:** Virtual Primary Care — elect and use a Primary Care Physician (PCP) directly through Your Personal Healthcare Team, just as you would an in-person PCP. Included Health providers are high-quality, diverse and culturally competent providers available in a fully virtual setting — making access to primary care easier. Through Virtual Primary Care, you can expect the same level of care and service you get through an in-office setting, including the ability to:
 - Connect with experts from care teams who build long-term relationships with you and your family.
 - Get comprehensive, coordinated care and referrals to other in-network providers as needed.
- Virtual urgent care — quick and easily accessible care for you and your covered dependents, on-demand 24/7.
 - Note that this is replacing the same services currently offered by MDLive (available through Blue Cross and Blue Shield of Illinois) and Teladoc (available through Aetna).
- Virtual mental health care — connect with therapists, psychiatrists and coaches from anywhere for high-quality mental health care.
 - Note that this is replacing the same services currently offered by MDLive (available through Blue Cross and Blue Shield of Illinois) and Teladoc (available through Aetna).

These Included Health services are available exclusively to participants in a self-insured medical plan option under the AT&T Medical Program, administered by BCBSIL, and are subject to cost-sharing under the network level of benefits. As Included Health is a network provider in all of AT&T's self-insured medical plan options, other Included Health services are covered by your medical plan option as in-network benefits.

Make sure you get the Included Health app on your smartphone or tablet for access to Your Personal Healthcare Team starting Jan. 1, 2023. To download the app, go to [includedhealth.com/get-the-app/](https://www.includedhealth.com/get-the-app/).

New: LGBTQ+ Health

AT&T's new LGBTQ+ Health care navigation services will provide more services, at no cost, for you and your eligible dependents. Through the program, you can become familiar with AT&T resources that support the needs of LGBTQ+ employees and their families.

Services include:

- Concierge care to assist with finding in-network LGBTQ+ affirming healthcare providers.
- Care navigation services assisting with specialty needs such as legal name change, support groups, family building, coming out, LGBTQ+ parenting, gender affirming hormone therapy, surgery information, medication cost assistance resources (e.g., manufacturer discounts) and gender transition journey support.
- Advocacy and support services assisting with family, social and workplace questions pertaining to being LGBTQ+.
- Education to assist in understanding an Explanation of Benefits (EOB) received for healthcare services.

These new services will be offered through your Personal Health Care Team by Included Health.

LGBTQ+ Health care coordinators will be available Monday through Friday, 9 a.m. – 8 p.m. in your time zone (excluding holidays). In addition, care coordinators will be able to connect you to other Personal Healthcare Team services for which you may be eligible.

Your Total Healthcare Experience

As a reminder: these services are part of Included Health's total healthcare experience today.

Get a doctor that gets you.

The Included Health app makes it easier to find high-quality doctors and providers who are in-network, accepting patients, available for virtual appointments and more.

Access advice anytime, anywhere.

Call or chat with a doctor whenever is most convenient to you using Included Health's app, website or phone number to connect with Your Personal Healthcare Team. For questions about health conditions, symptoms, treatment options, and more, Your Personal Healthcare Team is on call and on your side to get you the right answers, right away.

Don't second guess, get an expert medical opinion (electronically).

Managing a medical condition? Considering surgery or new medications? Get expert answers without getting off your couch. Have a top specialist for your condition review your case and provide a written opinion to you and your doctor.

Understand your medical plan — what's covered and what's not.

See all your health plan coverage details in one place. Track your deductible, view your claims, even learn ways to save on healthcare.

Don't get overcharged for healthcare. Get expert help.

With Your Personal Healthcare Team, learn what's covered under your medical plan, see how much you've spent towards your deductible, and track your healthcare expenses in one place. Your Personal

Healthcare Team will even check your medical bills for errors and assist with denied insurance claims to help you save.

Learn how to make the most of your benefits resources.

View your other AT&T-provided benefits and programs all in one place. Get help figuring out which is the best fit for your or your dependents' healthcare needs in the Included Health app or with the help of Your Personal Healthcare Team.

Get cancer support shaped around you.

Get a virtual team of oncologists, pain management specialists, nurses and care coordinators who will work for you. Your Personal Healthcare Team supports your doctor to identify gaps in your treatment plan, and works with you to create a complete, personalized support plan.

Getting started is easy. Access Your Personal Healthcare Team by Included Health today.

1. Download the Included Health app at includedhealth.com/get-the-app/, visit includedhealth.com/att, or call 800-374-1009. You can call or chat with Your Personal Healthcare Team 24/7.
2. Create an account or log in to your existing account.
3. Connect with Your Personal Healthcare Team today.

Save Money with HSAs & FSAs

No one knows your health and wellness needs better than you. Save for eligible health care and dependent care costs by enrolling in AT&T Flexible Spending Accounts (FSAs). You generally don't pay taxes on FSA contributions, leaving more money in your paycheck. Ensure you have the coverage needed to take care of yourself and those who matter most.

Note: If you enroll in a high deductible medical option, you can enroll in a non-AT&T Health Savings Account (HSA). For more information on HSAs, refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).

What's Changing for 2023

- **Increase to maximum HSA contribution amount.** The HSA contribution maximums will increase from \$3,650 to \$3,850 for individual coverage and \$7,300 to \$7,750 for family coverage in 2023.
- **Increase to maximum Health Care FSA contribution amount.** The Health Care FSA contribution maximum increased from \$2,750 to \$2,850 in 2023.

See the **HSA vs. FSA: What's the Difference** chart below to compare your options.

This article applies only to those employees who enroll in an HSA-eligible medical option.

Disclosure

HSA payroll contributions and any other contributions described in this notice are governed by the AT&T Flexible Spending Account Plan. For more information, refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD). In the case of any discrepancy between this notice and the terms of the Plan as defined in the SPD, the Plan terms will govern.

HSA vs. FSA: What's the Difference?

AT&T offers a Health Savings Account and two Flexible Spending Accounts that you can use to save money when you pay for eligible health care and dependent care. Each account type offers certain advantages. Use the information below to understand these advantages and decide what's best for you.

Below is a quick look at the HSA and FSAs. Contribution limits apply for calendar year 2023.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)*	Dependent Care Flexible Spending Account (FSA)*
Description	An HSA is an account that allows you to save tax-free money for qualified health care expenses.	A Health Care FSA also allows you to save tax-free money for qualified health care expenses, but you must use all the money in the account each year or you lose it.	A Dependent Care FSA offers you tax-free savings on child or elder care coverage (e.g., day care, summer camp and home care expenses).
Maximum annual contribution	\$3,850 individual coverage; \$7,750 family coverage	\$2,850	\$5,000
Offer “catch-up” contributions?	Yes, for 55 and older (\$1,000 maximum)	No	No
Ability to invest balance?	Yes	No	No
Are contributions taken pre-tax or after-tax?	Pre-tax**	Pre-tax	Pre-tax
Balance carries over each year?	Yes, HSA funds can be used now and in the future (even after you retire or leave the company)	No, must be used each calendar year or you forfeit the money	No, must be used each calendar year or you forfeit the money
Eligibility	You can open an HSA if you: <ul style="list-style-type: none"> • Enroll in an HSA-eligible high deductible health plan. • Are not claimed as a dependent on someone else's tax return. • Do not have other low-deductible health care coverage, such as through a spouse's/partner's employer. • Do not participate in a Health Care FSA unless your Health Care FSA is designated as “limited purpose” to reimbursement of eligible dental, vision, and preventive care expenses. 	You can participate whether or not you elect coverage in a medical option. If you contribute to an HSA, money in your FSA can ONLY be used for eligible dental, vision and preventive care expenses.	You can participate (if eligible) whether or not you elect coverage in a medical option. This can only be used to pay for eligible dependent care expenses.

- Are not enrolled in any part of Medicare.

*To be eligible for reimbursement, eligible **Health Care** and **Dependent Care FSA** expenses **must** be incurred by Dec. 31, 2023. Claims must be submitted to Your Spending Account (YSA), the FSA administrator, postmarked by Mar. 31, 2024. Any unused balance in the account will be forfeited.

**State income taxes apply to your HSA contributions in Alabama, California and New Jersey. Other states may vary in their tax treatment of earnings and withdrawals from the federal tax treatment. For more information, consult your personal tax advisor. You will also take home more pay when you contribute the same amount pre-tax as after-tax, and you'll pay fewer taxes to the IRS.

A Closer Look at HSAs

HSA Basics

The Health Savings Account (HSA) is a tax-free* way to pay for qualified health care expenses. You must enroll in a high deductible HSA-eligible medical plan option to be eligible for the HSA.

You decide how much money to save in your HSA, and you can change that amount at any time. You can put money into your HSA on a pre-tax* basis through convenient payroll deductions to use now or in the future. Setting aside money in an HSA has a few other advantages as well:

- Not only do you save money on qualified expenses... your taxable income is also lowered.
- You can invest your HSA and your contributions and any earnings grow tax-free.
- You don't pay any taxes when you spend your HSA money on qualified health care expenses. **See [irs.gov/publications/p502](https://www.irs.gov/publications/p502).**
- The money in your HSA is yours even if you change medical options, leave the company or retire.

You can contribute up to the annual maximum amount as determined by the IRS. For 2023, maximum contribution amounts are \$3,850 for individuals or \$7,750 for families. The annual "catch-up" contribution amount for individuals aged 55 or older is \$1,000.

Contributions will be taken in equal amounts from each of your paychecks (or the first two checks of each month if you receive biweekly checks) throughout the year. You can only access whatever amount is in your account at a given time (e.g., if you have \$100 in your HSA and a health care expense costs \$150, you will have to pay \$50 out of pocket). Your HSA carries over year-to-year so you don't have to worry about depleting your funds at the end of the year.

*State income taxes apply to your HSA contributions in Alabama, California and New Jersey. Other states may vary in their tax treatment of earnings and withdrawals from the federal tax treatment. For more information, consult your personal tax advisor. You will also take home more pay when you contribute the same amount pre-tax as after-tax, and you'll pay fewer taxes to the IRS.

For more information, refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).

If You Are Enrolling in an HSA for the First Time

If you meet certain requirements, you can open an HSA with any financial institution. However, to make HSA payroll contributions, you must establish an HSA account with Fidelity, and you must complete the following steps:

- During annual enrollment, input your desired annual HSA payroll contribution amount when you enroll in medical coverage.

- Outside of annual enrollment, make your HSA election on the AT&T Benefits Center website by clicking on the Change Your HSA Contributions icon or by calling 877-722-0020.
- Log on to [Fidelity NetBenefits®](#). On the home page, next to Health Savings Account, click **Open** to complete your online application.
- To designate your beneficiary, choose **Beneficiaries** from the Quick Links menu under the **Health Savings Account** tile on the home page.
- Take advantage of tax-free earnings growth of your HSA by designating how your future payroll contribution will be invested. Click **Investing** from the Quick Links menu under the **Health Savings Account** tile on the home page.

Elections made at annual enrollment will be effective Jan. 1, 2023.

Remember, you can change your HSA election at any time on the AT&T Benefits Center website by clicking on the Change Your HSA Contributions icon or by calling 877-722-0020.

IMPORTANT: The HSA offered by Fidelity Investments is not an arrangement established or maintained by the company. Rather, an HSA that you open with Fidelity Investments is an arrangement between you and Fidelity Investments that is established and maintained by Fidelity Investments, the HSA trustee. It is the company's intention to comply with Department of Labor guidance set forth in Field Assistance Bulletin No. 2004-1, which specifies that an HSA is not an ERISA plan if certain requirements are satisfied.

Note: HSA eligibility is restricted if you are enrolled in Medicare. You cannot contribute or receive Company contributions to your HSA starting the month you are enrolled in Medicare Part A or Part B. If you are age 65 or will turn age 65 in 2023 and want AT&T medical coverage, consider enrolling in a Plan without HSA coverage. Your AT&T coverage would be primary, and Medicare is secondary.

FSA Basics

- **Health Care Flexible Spending Account:** A Health Care FSA can help you pay for eligible out-of-pocket health care expenses for you and your eligible dependents. These could be doctor visits, prescription drugs, dental expenses, vision costs and more.

You can contribute up to \$2,850 in 2023, but you must use your entire Health Care FSA balance by the end of each year, or you lose it. Contributions will be taken in equal amounts from each of your paychecks, but you can access your full annual contribution amount for eligible health care out-of-pocket expense reimbursement at any time during the year.

- **Child and elder Dependent Care Flexible Spending Account:** If you and your spouse work, are looking for work or are in school full time, the Dependent Care FSA offers the added benefit of child or elder care account coverage. Eligible expenses include day care, summer day camp, after school or home care expenses. Qualified dependents include children under age 13 (or older, if disabled), as well as your spouse and your parents if they:
 - Are mentally or physically incapable of self-care;
 - Live with you; and
 - Are your financial responsibility.

You can contribute up to \$5,000 in 2023, but as with the Health Care FSA, you must use your entire Dependent Care FSA balance before the end of each year, or you lose it.

- **For Health Care and Dependent Care FSAs:**

- To be eligible for reimbursement, services for all health care and dependent care eligible expenses must be incurred by Dec. 31 with claims for reimbursement postmarked by Mar. 31 of the following calendar year. Otherwise, you will lose any remaining FSA amounts.
- The Dependent Care FSA and the Health Care FSA are separate accounts. Dependent care eligible expenses can't be reimbursed from your Health Care FSA and health care eligible expense can't be reimbursed from your Dependent Care FSA.

Here are a few examples of the types of expenses that are eligible for FSA reimbursement:

Health Care FSA	Dependent Care FSA
<p>Eligible expenses incurred for medical care, such as:</p> <ul style="list-style-type: none"> • Fees for services performed by licensed practitioners • Medical, dental and vision expenses not covered by a medical plan (including deductibles, copays, coinsurance, etc.) • Prescription drugs • Over-the-counter insulin • Eligible over-the-counter cough and cold medications (e.g., pain relievers/fever reducers, cough medicines, non-prescription allergy medication, etc.) 	<ul style="list-style-type: none"> • Payments to a private child care provider (as long as you can provide a tax identification or Social Security number) • Payments to a daycare center • Payments for summer day camp (if it allows you to work) • Payments to an adult dependent care program (individual or center-based)

For more information refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).

If You Are Enrolling in an FSA

Input your desired annual Health Care FSA and/or Dependent Care FSA payroll contribution amounts when you enroll in the FSAs.

Elections made at annual enrollment will be effective Jan. 1, 2023.

If you don't enroll during annual enrollment, you will not be enrolled in either the Health Care FSA or the Dependent Care FSA in 2023. However, if you have a qualified change in status (e.g., you get married or add a dependent), you may enroll in the FSA during the year.

Limited-Purpose Health Care FSAs If You Have an HSA

If you have both an HSA (your own HSA, whether through AT&T or a previous employer, or if your spouse opens an HSA from which you can be reimbursed for eligible expenses) the IRS requires that your Health Care FSA be designated as a "limited-purpose" Health Care FSA. This means it can only be used to reimburse your eligible out-of-pocket dental, vision and preventive care expenses.

You can request that your Health Care FSA be "limited purpose" by contacting the AT&T Benefits Center. Once your FSA is designated as "limited purpose" it cannot be changed to a "full" FSA during the calendar year.

Dental Options

With AT&T dental coverage, certain preventive care, such as regular cleanings, is covered at no cost to you when you visit an in-network provider. Each dental plan option also covers basic, major and

orthodontia services. Remember, seeing in-network dental providers could mean that more of the costs of services are covered under the plan, reducing your overall out-of-pocket expenses.

While your dental options for 2023 haven't changed, your monthly contributions may have. Use this opportunity to explore and choose what's right for you.

You may also have a Dental Health Maintenance Organization (DHMO) option (depending on your ZIP code) available to you.

Note: Depending on your employment history you and your dependents may not be eligible for coverage. See your Dental Summary Plan Description (SPD) for more information.

Look Over Your Dental Options

Take time to look at your 2023 AT&T dental plan options and their costs. It's worth the effort.

See your Dental Summary Plan Description (SPD) for more information.

2023 Options for Dental

Dental Details

Options	Deductible	Annual Maximum	Coinsurance: Preventive	Coinsurance: Minor restorative	Orthodontia lifetime max
AT&T Dental PPO 1-888-722-5505	\$25 per Individual per calendar year (combined Network and Non-Network) see the "Annual Deductible" section of the SPD for more information.	\$1,750 each covered Individual (combined Network and Non-Network) see the "Annual Maximum" section of the SPD for more information.	Exams, Bitewing X-rays and cleanings: Limited to 2 per Plan Year. Topical fluoride treatment: Limited to 1 per Plan Year. Except if diagnosis of periodontal disease, 4 more cleanings per Plan Year.	90% of PPO contract fee. Subject to Annual Deductible. Member owes difference between Provider's fee and Program payment	Reimbursed at 80% of PPO contract fee up to Program maximum of \$2,000 per covered individual (combined Network and Non-Network) see the "Benefit Maximums" section of the SPD.
AT&T Dental HMO 1-888-722-5505	Not applicable	Maximum does not apply	Oral evaluations are limited to a combined total of 4 during a 12 consecutive month period: topical fluoride treatments: limit 2 per calendar year	100% covered; no member liability; paid according to the DHMO Patient Charge Schedule Q3100	Limited to 24 months of treatment per individual per lifetime



Dental quick tip!

Good oral hygiene can keep your smile at its best and help keep serious health problems at bay. The American Dental Association recommends brushing your teeth twice daily, flossing at least once per day and regular dental visits. AT&T dental benefits cover Basic Care, such as regular cleanings, at no cost to you when you visit an in-network provider.

Vision Options

Seeing clearly affects your wellbeing wherever you are. In 2023 your AT&T vision coverage will continue to be administered by EyeMed.

With AT&T vision coverage, you and each covered family member can get an annual eye exam at no or low cost to you when you visit a network provider. Your vision plan will help cover expenses related to frames, lenses and contact lenses, as well as provide you access to discounts within a network of vision providers that includes independent providers as well as leading optical retail outlets.

While your vision options for 2023 haven't changed, your monthly contributions may have. Use this opportunity to explore and choose what's right for you.

Member-Only Special Offers

You can get special savings exclusive to EyeMed members. To access them, register online at eyemedvisioncare.com/att or go to the EyeMed app. Sign in, then select **Special Offers** to shop the savings.

Look Over Your Vision Options

Take time to look at your 2023 AT&T vision options and their costs. Your monthly contributions may have changed. Use this opportunity to explore and choose what's right for you.

For additional program details, refer to your Vision Summary Plan Description (SPD).

2023 Options for Vision

[Vision Details](#)

Option	Routine Vision Exams	Lenses	Frames	Contacts
AT&T Vision Program 1-800-638-4288	\$0 Co-payment	Standard plastic - \$0 Co-payment	\$130 Allowance. One Allowance every 12 months. Discount may be available, check with Network Provider.	\$150 Allowance. Discount may be available over Allowance, check with Network Provider



Vision quick tip!

Why get regular eye exams, especially if you have good eyesight now? An eye exam can detect eye problems at their earliest stage — when they're most treatable. Regular exams mean your eye care professional can help you adapt to vision changes and provide insight into your overall health.

Other Resources

Let the Employee Assistance Program (EAP) Help at No Cost to You

A little support can go a long way. It might be what you need to simplify life, live better or feel your best. That's why we're committed to connecting you with the benefits you need to stay physically and emotionally strong, which has never been more important than right now.

For that reason, we offer an Employee Assistance Program (EAP) to help you deal with stressful situations impacting both your personal and work life. See your Summary Plan Description (SPD) for more information.

EAP services include confidential assessments, referrals and short-term interventions to help with personal, family or work-related concerns. No enrollment is required, and EAP services are available at no cost to you and your household.

There may be many reasons why you might contact the EAP:

- Anxiety, depression or stress
- Relationship/marital conflicts
- Parenting and children
- Grief and loss
- Job stress
- Substance use

You will have up to 5 counseling visits per issue identified, per year, at no cost to you. EAP visits can be scheduled as virtual or in-person sessions, whatever is most appropriate for you. If you need services beyond the scope of the EAP, you may be referred to your Mental Health/Substance Abuse benefits through your medical program or to other community resources.

The EAP is administered by Optum and is available 24/7, 365 days a year. Visit www.liveandworkwell.com [Access Code: ATT], or call 866-263-9253 to get started.

Family Planning Support 24/7

AT&T offers a unique resource through Maven Clinic that supports aspiring, expecting and new parents on their different paths to parenthood and beyond. You can participate if you are in one of these life stages:

- Currently pregnant
- The spouse or partner of a woman who is pregnant
- The parent of a baby who is under 6 months old
- A parent who recently experienced the loss of a pregnancy or infant
- Individuals considering, or in the process of, adoption or surrogacy

You are not required to be enrolled in an AT&T medical plan to participate.

Life Insurance

Life insurance protects you and your loved ones. It's important to consider life events that could cause you to need more protection as your financial commitments and lifestyle change. Getting married, having children and buying a home are all events that could call for adding more life insurance protection to your portfolio.

Basic Life and AD&D Insurance

Your company-paid employee basic life and AD&D insurance coverage is 1 times annual pay.

While AT&T provides basic life insurance coverage at no charge to you, the IRS requires that the difference in the premium that the company pays for any benefit amount above \$50,000 be treated as imputed income, and the nominal amount of additional taxable wages will be reflected in each paycheck.

Supplemental Life Insurance for You

Do you have enough life insurance for you and your family? Purchasing supplemental coverage may give you greater financial security and peace of mind. You can elect supplemental life insurance for you, your spouse/partner and your children. You pay the cost of any supplemental life and AD&D insurance coverage.

For You: You can purchase supplemental life and AD&D insurance coverage. in amounts of 1 to 10 times annual pay. The maximum combined total of basic and supplemental life insurance for you is \$7 million.

Supplemental Spouse and Child Life Insurance

You can purchase supplemental life and AD&D insurance coverage for your eligible dependents.

For Spouse: You can choose the following options:

- \$10,000; or
- \$25,000 to \$300,000 (in \$25,000 increments)

For Child: You can choose one of the following options:

- \$5,000 to \$30,000 (in \$5,000 increments)

Disability (Short-Term, Long-Term and Supplemental Long-Term)

- Your disability benefits give added peace of mind to you and your family in case you are unable to work for an extended period.
- If you are absent from work due to illness or injury, you may be eligible to receive short-term disability (STD) and long-term disability (LTD) benefits as a continuing source of income.
- Eligible groups may also have the option of enrolling for a 10% or 20% supplemental long-term disability benefit.

Beneficiaries

Update Your Beneficiary Information

Life is unpredictable, and yet many of us don't prepare for the "what ifs." But what if something were to happen to you? Choosing your beneficiaries is essential to ensuring the benefits you've worked hard for go to your intended loved ones.

Now is a good time to update your beneficiary designations, especially if you've had a recent life event (e.g., marriage or divorce). Please review your beneficiary designations for the benefits in which you're eligible to confirm that you have the appropriate beneficiaries designated.

Note: Plan rules may specify how benefits are paid after your death. With certain benefits and programs, your marital status may determine your beneficiary. Read your applicable benefit program's Summary Plan Description (SPD) to determine how each of your AT&T benefits will be paid.

To review and make changes to your beneficiaries, go to netbenefits.fidelity.com/. You may assign beneficiaries (per the terms of the SPD) for the following benefits:

- 401(k)

- Pension
- Life insurance
- Final unpaid compensation and benefits

If applicable, designate a beneficiary for your Health Savings Account by selecting **Beneficiaries** from the Quick Links menu under Health Savings Account on www.NetBenefits.com/att.

Dependent Eligibility

Have Dependents? Read This.

It's always important to review your list of dependents you have enrolled for coverage. AT&T offers medical coverage for your spouse/partner and child(ren) up to age 26 (or who are disabled). For additional information on eligible dependents, refer to your Summary Plan Description (SPD).

You will need to provide each dependent's full legal name and Social Security Number when you enroll them.

You can enroll eligible child dependents for medical coverage up to age 26, but eligibility for vision and dental coverage may vary.

Living Your Best! New Wellbeing Program

What's Changing for 2023

- **All-new wellbeing program.** On Jan. 1, 2023, the AT&T Benefits Center is replacing Castlight as our wellbeing platform. You will easily find all your AT&T benefits and wellbeing content on the AT&T Benefits Center website and the mobile app administered by Alight Solutions.
- While you will no longer have access to sweepstakes or rewards, you and your spouse/partner (if applicable) are invited and encouraged to access the new platform to take advantage of the personalized wellbeing content.

AT&T Ancillary Benefits

What's Changing for 2023

The legal services program now includes Felony Defense and Parental Legal services.

During annual enrollment, you can elect coverage in these AT&T ancillary benefits:

Critical illness insurance	Hospital indemnity insurance
Accident insurance	Legal services

You pay the cost of coverage through payroll deduction. Visit metlife.com/att for details.

Critical Illness Insurance

Critical illnesses can happen when you least expect them — and they can be costly. Critical illness insurance coverage through MetLife can help safeguard your finances by providing you with a lump-sum payment when you or your loved ones need it most. The payment is made directly to you and is in addition to any other insurance you may have. It's yours to spend however you like, including for everyday living expenses.

Get financial support upon a verified diagnosis of a covered condition* after your coverage effective date:

- Heart Attack and Sudden Cardiac Arrest
- Cancer
- Stroke
- Severe Burn
- Major Organ Transplant
- Coronary Artery Bypass Graft
- Kidney Failure
- Benign Brain Tumor
- Functional Loss: Coma, Loss of the ability to Speak, Hearing, or Sight, and Paralysis*
- Childhood Diseases such as Diabetes (Type I), Cerebral Palsy, and Cystic Fibrosis *
- Infectious Diseases like COVID-19, Lyme Disease, and Bacterial Meningitis*
- Progressive Diseases such as Alzheimer's Disease, Multiple Sclerosis (MS), and Muscular Dystrophy*

*This list is for illustrative purposes only — it is not a complete list of all covered conditions. Visit [metlife.com/att](https://www.metlife.com/att) for details.

The program pays a lump-sum initial benefit upon the first verified diagnosis of a covered condition. You may also receive a lump-sum Recurrence Benefit for a subsequent verified diagnosis of certain covered conditions.

Health Screening Benefit

MetLife will also provide an annual benefit of \$50 per calendar year per covered individual for taking any one of the more than 50 eligible screening/prevention measures, such as routine health check-up exams, dental and eye exams, and immunizations (including COVID-19 testing and vaccinations).

Coverage Options

There are two coverage options — \$10,000 or \$20,000 initial benefit. Your spouse/partner may receive 100% of the initial benefit; eligible dependent children may receive 50%. Children are automatically covered when you elect coverage for yourself or for you and your spouse/partner. You will not have to answer any medical questions when you enroll, and you can continue your current coverage if you change jobs or retire.

Accident Insurance

Accidents can happen when you least expect them and, while you can't always prevent them, you can help lessen the financial impact and try to make your recovery less stressful. Accident insurance coverage through MetLife can help you with unexpected expenses, such as those that may not be covered under your medical plan, not to mention other expenses like childcare costs and mortgage payments.

MetLife pays a benefit for a wide array of events, medical services and treatments related to injuries you or your covered dependent(s) sustained in an accident. The payments are made directly to you, not to the hospitals or other healthcare providers, and are yours to spend however you want.

This program provides a lump-sum payment for over 150 different covered events* after your coverage effective date, such as:

- Fractures and Dislocations
- Second- and Third-Degree Burns
- Ruptured Disc
- Cuts and Lacerations
- Broken Tooth
- Concussion or Coma

You can also receive a lump-sum payment when you have these covered medical services/treatments* after your coverage effective date like:

- Ambulance and Emergency Care
- Inpatient and Outpatient Surgery
- Medical Testing (X-rays, MRIs, CT scans)
- Physician Follow-Up Visits
- Therapy Services (physical and occupational therapy, speech therapy)

*These lists are for illustrative purposes only and are not a complete list of all covered events/services/treatments.

Coverage Options

There are two coverage options — High or Low. Your spouse/partner and dependent children may also be covered. You will not have to answer any medical questions when you enroll, and you can continue the coverage if you change jobs or retire.

Visit [metlife.com/att](https://www.metlife.com/att) for details.

Hospital Indemnity Insurance

Hospital stays can be expensive and unexpected hospital bills are especially difficult to manage when you lose your income or when your income becomes seriously reduced because of an injury or illness. Hospital indemnity insurance through MetLife can help you pay for expenses if you or a loved one becomes hospitalized.

During a hospital stay, you might need various treatments, tests and therapies, which could result in out-of-pocket costs beyond what your medical plan may cover, such as deductibles, copays and out-of-network care costs, or household expenses — like your rent or mortgage, car payment or childcare.

The coverage will provide a lump-sum payment to help pay for these costs. The payment is made directly to you and is in addition to any other insurance you may have. It's yours to spend however you like, including for everyday living expenses.

Here are the covered benefits/services* when an accident or illness puts you in the hospital after your coverage effective date:

- Admission to a hospital
- Hospital stays
- Admission to an intensive care unit (ICU)
- ICU stays
- Inpatient rehabilitation unit stay

- Nursery cares stay for a newborn child who is not sick or injured

*This list is for illustrative purposes only – it is not a complete list of all covered benefits/services. Visit [metlife.com/att](https://www.metlife.com/att) for details.

Coverage Options

Your spouse/partner and dependent children may also be covered. You will not have to answer any medical questions when you enroll, and you can continue your current coverage if you change jobs or retire.

Legal Services

The legal services plan through MetLife gives you access to the expert guidance and tools you need to handle the broad range of common legal issues your family faces.

For a monthly fee, you have unlimited access to a team of our attorneys ready to help you take care of life's planned and unplanned legal events for all legal matters covered under the program — with no waiting periods, no deductibles and no claim forms when using a network attorney.

Here are some of the covered services* available after your coverage effective date:

- Home and real estate matters, such as sale/purchase of home, deeds and property tax assessments.
- Estate planning matters: complex, simple, and living wills, power of attorney and healthcare proxies.
- Family and personal matters, like adoption, divorce, juvenile court defense and immigration assistance.
- Civil lawsuits.
- Eldercare issues: power of attorney, Medicaid/Medicare and wills.
- Driving issues like defense for traffic tickets and driving under the influence.
- Money matters, such as identity theft, bankruptcy and debt collection.
- **New for 2023:** Felony defense, including negotiated pleas and trial. Does not include appeals.
- **New for 2023:** Parental Legal Services, which include preparation of affidavits, powers of attorney, deeds, mortgages, wills and estate planning.

*This list is for illustrative purposes only — it is not a complete list of all covered services. Visit [metlife.com/att](https://www.metlife.com/att) for details.

Digital Estate Planning

You can also create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

Coverage Options

When you enroll, your legal services coverage includes you as well as your spouse/partner and dependent children (if applicable). You can continue your coverage if you change jobs or retire.

Retiring Soon

Retiring Soon? Don't Miss These Details.

Thinking about retiring in 2022 or 2023? It's good to plan ahead. You should know how Medicare eligibility will affect your AT&T health coverage options when you are retired.

After you retire and become eligible for Medicare, you and your dependents may become ineligible for certain company-sponsored benefits. If you remain eligible for company-sponsored medical coverage, Medicare becomes your primary coverage.

As a retiree, once you and/or your dependents become eligible for Medicare, you (or they) must enroll in Medicare. If you delay, you could receive a late enrollment penalty from Medicare and experience a gap in coverage. Visit [medicare.gov](https://www.medicare.gov) or call Medicare at 800-633-4227 regarding eligibility for Medicare Part A and to enroll in Medicare Part B. Medicare requires the following in order for you or your eligible dependent to be enrolled in a Medicare plan:

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must continue paying your Medicare Part B premium.
- You must have a permanent street address (this cannot be a P.O. Box).
- You must have your Medicare ID card number.
- You must live within the 50 United States, the District of Columbia or U.S. territories.

If you are not eligible for Medicare Part A, enrolled in Medicare Part B and/or you live outside the 50 United States, the District of Columbia or U.S. territories, contact the U.S. Social Security Administration at 800-772-1213, TTY 800-325-0778.

If you become Medicare-eligible for reasons other than age, you must contact the AT&T Benefits Center and advise them of your Medicare effective date to be sure you are enrolled in the appropriate AT&T coverage options. Be sure to contact the U.S. Social Security Administration at 800-772-1213 or visit [ssa.gov](https://www.ssa.gov) to enroll.

Please review the following resources for more information:

- For more detailed information, read the AT&T Termination of Employment Benefits Guide.
- For complete benefit eligibility rules, refer to your Summary Plan Descriptions (SPDs) and related Summaries of Material Modifications (SMMs).

Note: *The plans and contributions offered to you at retirement depend on many factors. These include your hire/rehire date, your termination of employment date, your previous bargained status and original retirement date (if a rehired retiree), Medicare eligibility for you or your dependents, the company you hired into, the company you retire from and where you live.*

Glossary of Terms

Following are commonly used benefits-related terms and their definitions.

Term	Definition
[+] Alight Retiree Health Solutions	A service provider the company has contracted with to provide assistance to Medicare-eligible former employees and eligible

	<p>dependents in selecting and enrolling in individual insurance policies. Alight Retiree Health Solutions offers this service with respect to the following types of individual insurance policies:</p> <ul style="list-style-type: none"> • Medicare medical — Medicare Advantage and Medigap (Medicare supplement). • Medicare prescription drug (may be offered through Medicare Advantage or a stand-alone plan). • Dental; and • Vision.
[+] Allowable Amount or Allowable Charge	The dollar amount which is the basis on which benefits are calculated as determined by the applicable benefits administrator for a covered health service. The plan will not pay benefits toward any amount above the allowable charge for a covered health service.
[+] Annual Deductible	<p>The amount of money you must first pay out of pocket each calendar year for covered services before your insurance begins paying benefits.</p> <p>The annual deductible, as well as what you'll pay after you meet the deductible, can vary by plan option. Not all services are subject to the annual deductible.</p>
[+] Coinsurance	The percentage of expenses incurred that you pay for covered services. Coinsurance most often applies after you've met your annual deductible; however other cost-sharing requirements may apply.
[+] Company Self-Insured or Self-Funded Medical Plan	Coverage offered through AT&T's Medical Plan options, which are self-insured.
[+] Copay	The specific fixed dollar amount (for example \$15) you pay for certain Covered Health Services under the Program.
[+] Employee Retirement Income Security Act of 1974 (ERISA)	<p>ERISA is a federal law that establishes minimum standards for most voluntarily established retirement and health plans in private industry and provides for extensive rules on the federal income tax effects of transactions associated with employee benefit plans. ERISA was enacted to protect the interests of employee benefit plan participants and their beneficiaries by:</p> <ul style="list-style-type: none"> • Requiring the disclosure of financial and other information concerning the plan to beneficiaries. • Establishing standards of conduct for plan fiduciaries; and • Providing for appropriate remedies and access to the federal courts.
[+] Fully-Insured Managed Care Option (FIMCO) / Health Maintenance Organization (HMO)	An option that provides benefits under an insured arrangement and not through AT&T's Self-Insured Medical Plan options.
[+] Genetic Information Nondiscrimination Act of 2008 (GINA)	The Genetic Information Nondiscrimination Act (GINA) is a federal law prohibiting discrimination against an Employee, dependent or Spouse on the basis of an individual's genetic information. Genetic information is defined as information about an individual's genetics based on genetic tests of an individual's family members or information about the manifestation of a disease or disorder within an individual's family.

	<p>Genetic information includes any request for or receipt of genetic services (including genetic testing, counseling, or education), or participation in clinical research that includes such services, by the individual or family member.</p> <p>Federal guidelines related to GINA are constantly evolving, however, the Program is making a good faith effort to comply with current guidelines as we understand them.</p>
[+] Network Provider	A provider who has contracted to participate in the applicable Benefits Administrator's Network available under the program. Also referred to as In-Network Provider or preferred Provider.
[+] Out-of-Network Provider	A provider which has not contracted with your insurance company for reimbursement at a negotiated rate.
[+] Out-of-Pocket Maximum	The maximum amount of the Allowable Charges for Eligible Expenses that you will pay out of pocket for Covered Health Services each calendar year that count toward the applicable Annual Out-of-Pocket Maximum.
[+] Preferred Provider Organization (PPO)	The group of Providers of health care services that have an agreement in effect with the medical Benefits Administrator or an affiliate (directory or through one or more other organizations) who have agreed to participate in the PPO Network which the Benefits Administrator makes available for use by the Program.
[+] Secure Participant Mailbox	A private mailbox accessed through the AT&T Benefits Center website where participants can receive important benefits documents and reminders.
[+] Spouse / Partner	Spouse is the person to whom you are legally married, including through Common Law Marriage and a Partner is a Domestic Partner or Legally Recognized Partner (LRP), as both terms are defined in your Summary Plan Description.
[+] Summaries of Material Modifications (SMMs)	Under the Employee Retirement Income Security Act of 1974 (ERISA), plan participants must receive a summary of material modifications any time a change is a material modification to the plan.
[+] Summary Plan Descriptions (SPDs)	The main vehicle for communicating health plan provisions, rights and obligations to participants. SPDs are required for employer-sponsored benefit plans offered under the Employee Retirement Income Security Act of 1974 (ERISA).
[+] Your Personal Healthcare Team	Live care team support that can address general healthcare questions and provide smart care guidance to appropriate programs offered by AT&T. Other services include virtual visits, billing resolution, Explanation of Benefits (EOB) issues and service denials.