

AT&T Mobility Black Benefit Outline Summary

This Agreement is between the COMMUNICATIONS WORKERS OF AMERICA (hereinafter called the "Union" or the CWA), and AT&T MOBILITY SERVICES LLC and AT&T CUSTOMER SERVICES, INC. (collectively referenced as herein after called "the Company") (the Company and Union are collectively referenced as "Parties"), with respect to employee benefits provided to Mobility District 3 ("Agreement").

~~The benefit provisions of the successor National Bargained Benefit Plan ("NBBP") and its Attachments effective for the calendar years of 2017-2020 are not a subject of this Agreement and nothing in this Agreement, including but not limited to the definitions of Current Employees, 2017 New Hires and 2019 New Hires shall apply to the National Bargained Benefit Plan for any purpose.~~

The means for fulfilling the terms of this Agreement may be the Company's adoption of its own plan and associated plan document or participation in an equivalent plan having a plan document that includes, for bargained-for employees, the benefits agreed to be provided pursuant to this Agreement and substantially the terms, provisions and conditions under which such benefits are to be provided. The sole remedy for issues with respect to the validity or amount of any claim for benefits is the claim and appeal process as defined in the individual benefits plans and programs. The parties agree to the plans and programs described below. Copies of the plan documents, Summary Plan Descriptions (SPDs) and Summary of Material Modifications (SMMs) of these plans, policies and programs have been provided to the Union. If there is any difference between these SPDs and the ERISA plans or programs (including amendments thereto), the plan texts shall govern.

It is understood that certain benefits provided under the Agreement are subject to change to comply with implementation of the Patient Protection and Affordable Care Act (PPACA) and associated regulations and agency guidance. The Company will notify the Union of the changes the Company makes to conform the benefits under this Agreement with final regulations and guidance under PPACA and any amendment determined to be necessary due to changes in the law. Should any of these changes require bargaining, all other terms and provisions of this Agreement will remain in effect through expiration.

The Company retains the right to make administrative changes, corrections, and adjustments to the Agreement according to its fiduciary responsibilities. No administrative changes, corrections or adjustments shall have the effect of diminishing the plan benefits negotiated by the Parties. Benefit Claims will be governed by the ERISA Plan(s) appeal process terms and will not be subject to grievance or arbitration.

For purposes of this Agreement (including Exhibit 1) only, unless noted otherwise:

- Mobility District 3 bargained employees hired, rehired or transferred (including transfers pursuant to the National Transfer Plan (NTP)) into Mobility Black bargained titles before January 1, 2017 shall be referred to as "Current Employees". "Current Employees" shall also include transfers pursuant to the NTP from Mobility Districts 1,2-13,4,7,9 and 6 hired or rehired before January 1, 2017;
- Mobility District 3 bargained employees hired, rehired or transferred (including transfers pursuant to the NTP) into Mobility Black bargained titles on or after January 1, 2017 and before January 1, 2019 shall be referred to as "2017 New Hires" except for Mobility Districts 1,2-13,4,7,9 and 6 employees hired or rehired before January 1, 2017 who transferred pursuant to the NTP on or after January 1, 2017 and before January 1, 2019;
- Mobility District 3 bargained employees hired, rehired or transferred (including transfers pursuant to the NTP) into Mobility Black bargained titles on or after January 1, 2019 and before January 1, 2024 shall be referred to as "2019 New Hires" except for Mobility Districts 1,2-13,4,7,9 and 6 employees hired or rehired before January 1, 2019 who transferred pursuant to the NTP on or after January 1, 2019 and before January 1, 2024;
- Mobility District 3 bargained employees hired, rehired or transferred (including transfers pursuant to the NTP) into Mobility Black bargained titles on or after January 1, 2024 shall be referred to as "2024 New Hires" except

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for Mobility Districts 1,2-13,4,7,9 and 6 employees hired or rehired before January 1, 2024 who transferred pursuant to the NTP on or after January 1, 2024;

- Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires shall be referred to collectively as "Employees".

Effective January 1, 2023⁴ unless noted otherwise, Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires shall be eligible to participate in the benefit plans or programs identified in the chart below by an "X", with the plan terms, conditions and provisions which were in effect on February 10⁴, 2022³ as described in the applicable SPDs and SMMs, except as noted herein.

Plan/Program/Policy	Current Employees	2017 New Hires	2019 <u>and 2024</u> New Hires
AT&T Mobility <u>Black</u> Medical Program ¹	X	X	X
AT&T Medical Program (Management) ²	X	X	X
AT&T Dental Program (Bargained Employees)	X	X	X
AT&T Vision Program (Bargained Employees)	X	X	X
AT&T CarePlus – A Supplemental Benefit Program	X	X	X
AT&T Employee Assistance Program	X	X	X
AT&T Group Life Insurance Program for Active Employees ¹³	X	X	X
AT&T Consolidated Long-Term Care Insurance Plan (closed to new entrants 5/1/2012) ²⁴	X		
AT&T Adoption Assistance <u>Reimbursement</u> Policy <u>AT&T Surrogacy Reimbursement Policy</u> <u>AT&T Cryopreservation Reimbursement Policy</u>	X	X	X
AT&T Tuition Reimbursement Policy	X	X	X
<u>AT&T Commuter Benefits Policy</u>	<u>X</u>	<u>X</u>	<u>X</u>
AT&T Flexible Spending Account Plan	X	X	X
AT&T Mobility Disability Benefits Program (Edge)	X	X	
AT&T Disability Income Program ³⁵			X
Mobility Program of the AT&T Component Part of AT&T WarnerMedia Pension Benefit Plan ⁴⁶	X		
Bargained Cash Balance Program #2 of the AT&T Component Part of AT&T WarnerMedia Pension Benefit Plan ⁵⁷	X		
AT&T Retirement Savings Plan	X	X	X

¹ This program is available for all Employees except those in US Virgin Islands.

² Medical program benefits, prescription drug benefits, mental health benefits and substance abuse benefits ("Medical Benefits") for employees in the US Virgin Islands continue to be subject to the same

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~~Medical Benefits as Mobility District 3 employees in Puerto Rico (Mobility Green agreement), as they change from time to time and at the same effective time and date as that for Mobility District 3 employees in Puerto Rico, except that Medical Benefits contributions for US Virgin Island Employees will be paid on a pre-tax basis. Details regarding their Medical Benefits are contained in the documents applicable to Mobility District 3 employees in Puerto Rico and are not reflected in the details provided below.~~

- ¹³ This program includes Supplemental Life Insurance and Dependent Life Insurance provisions.
- ²⁴ The Company may unilaterally discontinue or modify the AT&T Consolidated Long-Term Care Insurance Plan from time-to-time without further discussions with the Union.
- ³⁵ Effective on January 1, 20~~24~~, 2024 New Hires~~19, 2019 New Hires~~ will be eligible for the AT&T Disability Income Program.
- ⁴⁶ Employees hired or rehired on or before December 31, 2010.
- ⁵⁷ Employees hired, rehired or transferred after December 31, 2010 and on or before December 31, 2014.

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires	
Effective Date(s)	1/1/2024 ⁴³ , unless noted otherwise
MEDICAL PROGRAM BENEFITS	
Program	AT&T Mobility Medical Program* Fully-insured coverage options such as HMOs continue to be available at the discretion of the Company. *This document highlights key elements of program design. For complete program details, refer to the applicable Summary Plan Description (SPD) dated October 2020 & associated Summary of Material Modifications (SMMs).
Eligibility for Coverage	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period. Employees pay the full cost of coverage until eligible for Company Subsidy*. *Temporary Employees who enroll will not be eligible for subsidized coverage.
Eligibility for Company Subsidy	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program <u>Eligibility for Company Subsidy* begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.</u> Individual Coverage*: Company subsidy for Employees enrolled in Company-sponsored Individual medical coverage (including fully insured coverage options, if available) will begin on the first day of the month in which 90 days of net credited service (NCS) is attained (also referred to as term of employment (TOE)). Employees with less than 90 days of NCS will be eligible to enroll in Company-sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage. Individual+Child(ren), Individual+Spouse and Family Coverage*: Company subsidy for Employees enrolled in Company-sponsored medical coverage other than Individual coverage will begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)). Employees with less than 91 days of NCS may enroll in Company-sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage. Employees with more than 90 days of NCS and less than 6 months of NCS may enroll in Company-sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage reduced by the company subsidy for the Individual coverage tier. *Temporary Employees who enroll will pay 100% of the full cost of coverage.
EE Class	Full Time & Part Time Regular Employees, and Full-time Temporary Employees
Health Reimbursement Account (HRAs)	<u>2024 New Hires, 2019 New Hires and 2017 New Hires and Current Employees</u> None.

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

**Health Savings
Account
(HSA)**

2024 New Hires, 2019 New Hires and 2017 New Hires and Current Employees

Employees who meet the legal requirements can elect to make pre-tax payroll contributions to an HSA via the Section 125 Cafeteria Plan up to the HSA annual maximum set by the IRS.

In 2024, the Company will provide a Company Contribution to Active employees' HSA who meet the following criteria:

- Participate in the annual enrollment period, or their New Hire event
- Have or establish an HSA account with the Company's HSA Administrator during the enrollment period.
- Enroll in an AT&T Self-insured medical option that meets IRS qualifications for pre-tax HSA contributions.
- Provided the below options meet IRS criteria as HSA-qualified High-Deductible Health Plan, the Company will match the below amounts for employees who elect to contribute at least the following amounts to their HSA via payroll deductions:
 - o Option 2 and Option 3: \$250 Individual/\$250 Family

**Full Time EE
Contribution
Per Month**

No active participating Employee will pay more than 100% of the cost of coverage.

Current Employees, 2017 New Hires and 2019 New Hires
Option 1:

	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
<u>Ind</u>	<u>\$12544</u>	<u>\$13151</u>	<u>\$13858</u>	<u>\$14566</u>
<u>Ind +Sp</u>	<u>\$37430</u>	<u>\$39351</u>	<u>\$41473</u>	<u>\$43397</u>
<u>Ind+Child(ren)</u>	<u>\$22862</u>	<u>\$23974</u>	<u>\$25288</u>	<u>\$264302</u>
<u>Fam</u>	<u>\$37936</u>	<u>\$39857</u>	<u>\$41979</u>	<u>\$439503</u>

Option 2:

	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
<u>Ind</u>	<u>\$6781</u>	<u>\$7186</u>	<u>\$7692</u>	<u>\$819</u>
<u>Ind +Sp</u>	<u>\$19942</u>	<u>\$21258</u>	<u>\$22775</u>	<u>\$24293</u>
<u>Ind+Child(ren)</u>	<u>\$12147</u>	<u>\$12957</u>	<u>\$13867</u>	<u>\$14778</u>
<u>Fam</u>	<u>\$20245</u>	<u>\$21561</u>	<u>\$23078</u>	<u>\$24597</u>

Option 3:

	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
<u>Ind</u>	<u>\$259</u>	<u>\$3045</u>	<u>\$3551</u>	<u>\$415</u>
<u>Ind +-Sp</u>	<u>\$74116</u>	<u>\$8934</u>	<u>\$10552</u>	<u>\$12273</u>
<u>Ind+Child(ren)</u>	<u>\$4571</u>	<u>\$5481</u>	<u>\$6493</u>	<u>\$74105</u>
<u>Fam</u>	<u>\$75118</u>	<u>\$9035</u>	<u>\$10654</u>	<u>\$12475</u>

2019 New Hires and 2017 New Hire
Option 1:

	<u>20243</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
<u>Ind</u>	<u>\$1502</u>	<u>\$158</u>	<u>\$166</u>	<u>\$174</u>
<u>Ind +-Sp</u>	<u>\$44855</u>	<u>\$471</u>	<u>\$496</u>	<u>\$519</u>

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires					
	Ind+Child(ren)	\$ <u>273</u> 77	<u>\$287</u>	<u>\$302</u>	<u>\$316</u>
	Fam	\$ <u>454</u> 64	<u>\$477</u>	<u>\$502</u>	<u>\$526</u>
	Option 2:				
		<u>2024</u> 3	<u>2025</u>	<u>2026</u>	<u>2027</u>
	Ind	\$ <u>112</u> 91	<u>\$97</u>	<u>\$103</u>	<u>\$110</u>
	Ind +-Sp	\$ <u>273</u> 336	<u>\$290</u>	<u>\$309</u>	<u>\$328</u>
	Ind+Child(ren)	\$ <u>205</u> 166	<u>\$177</u>	<u>\$188</u>	<u>\$200</u>
	Fam	\$ <u>277</u> 344	<u>\$294</u>	<u>\$313</u>	<u>\$332</u>
	Option 3:				
		<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
	<u>Ind</u>	<u>\$50</u>	<u>\$56</u>	<u>\$63</u>	<u>\$70</u>
	<u>Ind +-Sp</u>	<u>\$148</u>	<u>\$167</u>	<u>\$187</u>	<u>\$208</u>
	<u>Ind+Child(ren)</u>	<u>\$90</u>	<u>\$102</u>	<u>\$114</u>	<u>\$127</u>
	<u>Fam</u>	<u>\$150</u>	<u>\$169</u>	<u>\$189</u>	<u>\$211</u>
	<u>Current Employees</u>				
	Option 1:				
		<u>2023</u>			
	Ind	\$127			
	Ind +-Sp	\$379			
	Ind+Child(ren)	\$231			
	Fam	\$384			
	Option 2:				
		<u>2023</u>			
	Ind	\$87			
	Ind +-Sp	\$260			
	Ind+Child(ren)	\$158			
	Fam	\$263			
Part Time EE Contributions	No active participating Employee will pay more than 100% of the cost of coverage. <u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program. <u>Based on Scheduled hrs./week:</u> • Greater than or equal to 20 hrs. = 50% of full cost of coverage*. • Less than 20 hrs. = 100% of full cost of coverage* with no Company subsidy.				

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires									
	* Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.								
Working Spouse/ <u>Partner</u> Contribution	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> <u>Spouse/Partner Access to Medical Coverage Additional Medical Contribution:</u> Participants whose spouse/partner enrolls in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) but otherwise has access to medical coverage through their employer, excluding AT&T, will pay an additional monthly contribution toward their cost of coverage. The monthly additional contribution is shown below. The participant must attest that his or her spouse/partner does not have access to medical coverage otherwise the additional contribution will be applied. Additional Monthly Medical Contribution: <table><tr><td><u>2024</u></td><td><u>2025</u></td><td><u>2026</u></td><td><u>2027</u></td></tr><tr><td><u>\$125</u></td><td><u>\$130</u></td><td><u>\$135</u></td><td><u>\$140</u></td></tr></table> <u>2023</u> \$100 -	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>\$125</u>	<u>\$130</u>	<u>\$135</u>	<u>\$140</u>
<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>						
<u>\$125</u>	<u>\$130</u>	<u>\$135</u>	<u>\$140</u>						
Tobacco Use Contribution	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> <u>Tobacco Use Additional Medical Contribution:</u> Employees and/or spouses/ <u>partners</u> who use tobacco, are enrolled in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) and who choose not to participate in a designated Tobacco Cessation program will pay an additional monthly contribution toward their cost of coverage. The employee and/or spouse/ <u>partner</u> must attest to no tobacco usage or engage in a Company-sponsored Tobacco Cessation program in the time defined during Annual Enrollment otherwise the additional monthly contribution will be applied. Engagement is currently defined as enrollment, and participation <u>and completion</u> . A tobacco user is currently defined as someone who has used tobacco products <u>once a month or more, on average</u> frequently than once every month . Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco. The definitions of engagement, the Company-sponsored Tobacco Cessation program, tobacco user and tobacco products may change from time to time, at the sole discretion of the Company. The monthly contribution is shown below. Additional Monthly Medical Contribution <u>for each employee or spouse/partner:</u> <u>2024 – 2027</u> <u>\$7565</u>								
Coinsurance Copay/Coinsurance	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.								

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

Option 1 and Option 2:

	<u>2024-2027</u>	
	<u>Network/ONA</u>	<u>Non-Network</u>
Preventive	\$0 / 0% Ded waived	No Benefit
Sickness/ Illness	\$0 / 10% After Ded	\$0 / 50% After Ded
Emergency Room Facility/Professional Services (Emergencies)	\$0 / 10% After Ded	\$0 / 10% After Ded

Option 2:

	<u>2024-2027</u>	
	<u>Network/ONA</u>	<u>Non-Network</u>
<u>Preventive</u>	<u>\$0 / 0%</u> <u>Ded waived</u>	<u>No Benefit</u>
<u>Sickness/ Illness</u>	<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>
<u>Emergency Room Facility/Professional Services (Emergencies)</u>	<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 20%</u> <u>After Ded</u>

Option 3:

	<u>2024-2027</u>	
	<u>Network/ONA</u>	<u>Non-Network</u>
<u>Preventive</u>	<u>\$0 / 0%</u> <u>Ded waived</u>	<u>No Benefit</u>
<u>Sickness/ Illness</u>	<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>
<u>Emergency Room Facility/Professional Services (Emergencies)</u>	<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 30%</u> <u>After Ded</u>

Examples of Coinsurance provisions include:

- Applies after applicable Network/ONA or Non-Network Deductible amount is satisfied.
- Applies to all covered health services, including mental health/substance abuse (MH/SA) benefits under the program with the exceptions below:
 - Does not apply toward Prescription Drugs.
 - Does not apply toward Network/ONA preventive services.
- Actual amount that is applied to the Coinsurance is calculated on the basis of eligible/allowable expenses.
- All Coinsurance applies to applicable Network/ONA or Non-Network Out-of-Pocket Maximums

Note: For non-network provisions, the methodology for calculating the Allowable Charge for all categories of Non-Network/Non-PPO expenses may be changed from time to time at the Company's discretion.

Annual Deductible

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees
No change from current program except as provided below.

Option 1:

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

	2024		2025		2026		2027	
	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>
Ind	\$ 900	\$3,150	\$950	\$3,325	\$1,000	\$3,500	\$1,050	\$3,675
Ind+Sp	\$1,800	\$6,300	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350
Ind+Ch	\$1,800	\$6,300	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350
Family	\$1,800	\$6,300	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350

	2023	
	<u>Network/ ONA</u>	<u>Non- Network</u>
Individual	\$ 800	\$2,800
Ind+Child(ren)	\$1,600	\$5,600
Ind+Spouse	\$1,600	\$5,600
Family	\$1,600	\$5,600

Integrated with Med/Surg, MH/SA

Annual Deductible provisions:

- Applies to all covered health services, including mental health/substance abuse benefits under the program.
- The following costs will never apply towards Deductible:
 - Network/ONA preventive care
 - Any applicable monthly contributions
 - Prescription drugs
 - Any charges for non-covered health services
 - Any penalties for failure to comply with terms of program (i.e., preauthorization/predetermination)
 - Charges that exceed eligible expenses
 - Any charges for services that are exclusions under the program
- Actual amount that is applied to the Annual Deductible is calculated on the basis of eligible/allowable expenses.
- Separate Deductible amounts apply to Network/ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option.
- With Individual+Child(ren), Individual+Spouse and Family coverage, a covered person is eligible to receive benefits once their eligible/allowable expenses satisfy the Individual Deductible amount. The Individual+Child(ren), Individual+Spouse or Family Deductible, as applicable, is met once any combination of covered persons' eligible/allowable expenses meet the Individual+Child(ren), Individual+Spouse or Family Deductible amount, respectively. It is not necessary that any one individual reach the Individual Deductible but no one individual may contribute more than the Individual Deductible amount.
- The Annual Deductibles are included in the Out Of Pocket Maximums.

Option 2:

	2024		2025		2026		2027	
	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>
Ind	\$1,600	\$4,800	\$1,700	\$5,100	\$1,800	\$5,400	\$1,900	\$5,700
Ind+Sp	\$3,200	\$9,600	\$3,400	\$10,200	\$3,600	\$10,800	\$3,800	\$11,400

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

Ind+Ch	\$3,200	\$9,600	\$3,400	\$10,200	\$3,600	\$10,800	\$3,800	\$11,400
Family	\$3,200	\$9,600	\$3,400	\$10,200	\$3,600	\$10,800	\$3,800	\$11,400

	<u>2023</u>	
	<u>Network/ ONA</u>	<u>Non- Network</u>
Individual	\$1,350	\$4,050
Ind+Child(ren)	\$2,700	\$8,100
Ind+Spouse	\$2,700	\$8,100
Family	\$2,700	\$8,100

Option 3:

	<u>2024</u>		<u>2025</u>		<u>2026</u>		<u>2027</u>	
	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>
Ind	\$3,100	\$9,300	\$3,200	\$9,600	\$3,300	\$9,900	\$3,400	\$10,200
Ind+Sp	\$6,200	\$18,600	\$6,400	\$19,200	\$6,600	\$19,800	\$6,800	\$20,400
Ind+Ch	\$6,200	\$18,600	\$6,400	\$19,200	\$6,600	\$19,800	\$6,800	\$20,400
Family	\$6,200	\$18,600	\$6,400	\$19,200	\$6,600	\$19,800	\$6,800	\$20,400

Integrated with Med/Surg, Rx, MH/SA, CarePlus

Annual Deductible Provisions for Option 2 and Option 3:

- Applies to all covered health services, including mental health/substance abuse (MH/SA) and prescription drug (Rx) benefits under the program.
- The following costs will never apply towards Deductible:
 - Network/ONA preventive care
 - Any applicable monthly contributions
 - Any charges for non-covered health services
 - Any penalties for failure to comply with terms of program (i.e., preauthorization/predetermination)
 - Charges that exceed eligible expenses
 - Any charges for services that are exclusions under the program
 - Any applicable copays paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code.
- Actual amount that is applied to the Annual Deductible is calculated on the basis of eligible/allowable expenses.
- Separate Deductible amounts apply to Network/ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option.
- If the coverage tier is Individual+Child(ren), Individual+Spouse or Family, no individual can receive benefits until the Individual+Child(ren), Individual+Spouse or Family Annual Deductible, respectively, is met. The Individual+Child(ren), Individual+Spouse or Family Annual Deductible can be met by one or a combination of covered family members.
- The following costs paid by the participant apply toward the applicable Network/ONA or Non-Network Deductible amounts:
 - Network allowable charges for eligible expenses (for Network/ONA),
 - Non-Network allowable charges for eligible expenses (for Non-Network),
 - Outpatient prescription drug allowable charges for eligible expenses.
- The Non-Network Annual Deductibles will be three times the associated Network Annual Deductibles.
- The Annual Deductibles are included in the Out Of Pocket Maximums.

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Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

**Annual
Out of Pocket
Maximum**

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees

Option 1:

Out-of-Pocket Maximum Amounts
(including the Annual Deductibles)

	2024		2025		2026		2027	
	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>
<u>Ind</u>	<u>\$4,500</u>	<u>\$13,500</u>	<u>\$4,750</u>	<u>\$14,250</u>	<u>\$5,000</u>	<u>\$15,000</u>	<u>\$5,250</u>	<u>\$15,750</u>
<u>Ind+Sp</u>	<u>\$9,000</u>	<u>\$27,000</u>	<u>\$9,500</u>	<u>\$28,500</u>	<u>\$10,000</u>	<u>\$30,000</u>	<u>\$10,500</u>	<u>\$31,500</u>
<u>Ind+Ch</u>	<u>\$9,000</u>	<u>\$27,000</u>	<u>\$9,500</u>	<u>\$28,500</u>	<u>\$10,000</u>	<u>\$30,000</u>	<u>\$10,500</u>	<u>\$31,500</u>
<u>Family</u>	<u>\$9,000</u>	<u>\$27,000</u>	<u>\$9,500</u>	<u>\$28,500</u>	<u>\$10,000</u>	<u>\$30,000</u>	<u>\$10,500</u>	<u>\$31,500</u>

	<u>2023</u>	
	<u>Network/ ONA</u>	<u>Non- Network</u>
Individual	\$4,000	\$12,000
Ind+Child(ren)	\$8,000	\$24,000
Ind+Spouse	\$8,000	\$24,000
Family	\$8,000	\$24,000

(Integrated Med/Surg,-MH/SA)

Out-of-Pocket Maximum provisions:

- Applies to all covered health services, including mental health/substance abuse benefits under the program.
- The following costs paid by the participant apply towards the applicable Network/ONA or Non-Network Out-of- Pocket Maximum amounts:
 - Annual Deductibles
 - Coinsurance
- The following costs will never apply towards Out-of-Pocket Maximum nor be paid for by the program after the Out-of-Pocket Maximum is satisfied:
 - Prescription Drug copays
 - Any applicable monthly contributions
 - Any charges for non-covered health services
 - Any penalties for failure to comply with terms of program (i.e., preauthorization /predetermination)
 - Charges that exceed eligible expenses
 - Any charges for services that are exclusions under the program
- The amount that is applied to the Out-of-Pocket Maximum is calculated on the basis of coinsurance.
- Separate Out-of-Pocket Maximum amounts apply to Network/ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option.
- With Individual+Child(ren), Individual+Spouse and Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their coinsurance satisfy the Individual Out-of-Pocket Maximum amount. The Individual+Child(ren), Individual+Spouse or Family Deductible, as applicable, is met once any combination of covered persons' coinsurance meet the Individual+Child(ren), Individual+Spouse or Family Out-of-Pocket Maximum amount, respectively. It is not necessary that any one individual reach the Individual Out-of-Pocket Maximum amount but no one individual may contribute more than the Individual Out-of-Pocket Maximum amount.

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

Option 2 and Option 3:

Out-of-Pocket Maximum Amounts
(including the Annual Deductibles)

	2024		2025		2026		2027	
	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>	<u>Network & ONA</u>	<u>Non- Network</u>
Ind	\$6,900	\$20,700	\$7,000	\$21,000	\$7,100	\$21,300	\$7,200	\$21,600
Ind+Sp	\$13,800	\$41,400	\$14,000	\$42,000	\$14,200	\$42,600	\$14,400	\$43,200
Ind+Ch	\$13,800	\$41,400	\$14,000	\$42,000	\$14,200	\$42,600	\$14,400	\$43,200
Family	\$13,800	\$41,400	\$14,000	\$42,000	\$14,200	\$42,600	\$14,400	\$43,200

	2023	
	<u>Network/ ONA</u>	<u>Non- Network</u>
Individual	\$6,650	\$19,950
Ind+Child(ren)	\$13,300	\$39,900
Ind+Spouse	\$13,300	\$39,900
Family	\$13,300	\$39,900

(Integrated with Med/Surg, Rx, MH/SA, CarePlus)

Out-of-Pocket Maximum provisions for Option 2 and Option 3:

- Applies to all covered health services, including mental health/substance abuse and prescription drug benefits under the program.
- The following costs paid by the participant apply towards the applicable Network/ONA or Non-Network Out-of-Pocket Maximum amounts:
 - Annual Deductibles
 - Coinsurance
 - ~~Outpatient~~ All prescription drug allowable charges for eligible expenses.
- The following costs will never apply towards Out-of-Pocket Maximum nor be paid for by the program after the Out-of-Pocket Maximum is satisfied:
 - Any applicable monthly contributions
 - Any charges for non-covered health services
 - Any penalties for failure to comply with terms of program (i.e., preauthorization /predetermination)
 - Charges that exceed eligible expenses
 - Any charges for services that are exclusions under the program
- If the coverage tier is Individual+Child(ren), Individual+Spouse and Family, the applicable Individual+Child(ren), Individual+Spouse or Family Out-Of-Pocket Maximum must be met before the Program pays 100% of the Allowable Charges for Eligible Expenses, except that the Program will pay 100% of the Allowable Charges for Eligible Expenses for Network/ONA Services for an individual family member once the individual meets the Network/ONA Individual Out-Of-Pocket Maximum, even if the Individual+Child(ren), Individual+Spouse or Family Out-Of-Pocket Maximum has not been met.

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

Office Visit

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees
No change from current program except as provided above below.

Option 2:

	<u>2024-2027</u>	
	<u>Network/ONA</u>	<u>Non-Network</u>
<u>Preventive</u>	<u>\$0 / 0%</u> <u>Ded waived</u>	<u>No Benefit</u>
<u>Sickness/ Illness</u>	<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>

Option 3:

	<u>2024-2027</u>	
	<u>Network/ONA</u>	<u>Non-Network</u>
<u>Preventive</u>	<u>\$0 / 0%</u> <u>Ded waived</u>	<u>No Benefit</u>
<u>Sickness/ Illness</u>	<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>

Emergency Room

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees
No change from current program except as provided above below.

Option 2:

<u>2024-2027</u>	
<u>Network/ONA</u>	<u>Non-Network</u>
<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 20%</u> <u>After Ded</u>

Option 3:

<u>2024-2027</u>	
<u>Network/ONA</u>	<u>Non-Network</u>
<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 30%</u> <u>After Ded</u>

Urgent Care Center

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees
No change from current program except as provided above.

Option 2:

<u>2024-2027</u>	
<u>Network/ONA</u>	<u>Non-Network</u>
<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>

Option 3:

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires													
	<table border="1"> <tr><th align="center" colspan="2">2024-2027</th></tr> <tr> <td><u>Network/ONA</u></td><td><u>Non-Network</u></td></tr> <tr> <td><u>\$0 / 30%</u> <u>After Ded</u></td><td><u>\$0 / 50%</u> <u>After Ded</u></td></tr> </table>	2024-2027		<u>Network/ONA</u>	<u>Non-Network</u>	<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>						
2024-2027													
<u>Network/ONA</u>	<u>Non-Network</u>												
<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>												
Hospital	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided above. <u>Option 2:</u> <table border="1"> <tr><th align="center" colspan="2">2024-2027</th></tr> <tr> <td><u>Network/ONA</u></td><td><u>Non-Network</u></td></tr> <tr> <td><u>\$0 / 20%</u> <u>After Ded</u></td><td><u>\$0 / 50%</u> <u>After Ded</u></td></tr> </table> <u>Option 3:</u> <table border="1"> <tr><th align="center" colspan="2">2024-2027</th></tr> <tr> <td><u>Network/ONA</u></td><td><u>Non-Network</u></td></tr> <tr> <td><u>\$0 / 30%</u> <u>After Ded</u></td><td><u>\$0 / 50%</u> <u>After Ded</u></td></tr> </table>	2024-2027		<u>Network/ONA</u>	<u>Non-Network</u>	<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>	2024-2027		<u>Network/ONA</u>	<u>Non-Network</u>	<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>
2024-2027													
<u>Network/ONA</u>	<u>Non-Network</u>												
<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>												
2024-2027													
<u>Network/ONA</u>	<u>Non-Network</u>												
<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>												
Diagnostic Testing	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided above. <u>Option 2:</u> <table border="1"> <tr><th align="center" colspan="2">2024-2027</th></tr> <tr> <td><u>Network/ONA</u></td><td><u>Non-Network</u></td></tr> <tr> <td><u>\$0 / 20%</u> <u>After Ded</u></td><td><u>\$0 / 50%</u> <u>After Ded</u></td></tr> </table> <u>Option 3:</u> <table border="1"> <tr><th align="center" colspan="2">2024-2027</th></tr> <tr> <td><u>Network/ONA</u></td><td><u>Non-Network</u></td></tr> <tr> <td><u>\$0 / 30%</u> <u>After Ded</u></td><td><u>\$0 / 50%</u> <u>After Ded</u></td></tr> </table>	2024-2027		<u>Network/ONA</u>	<u>Non-Network</u>	<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>	2024-2027		<u>Network/ONA</u>	<u>Non-Network</u>	<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>
2024-2027													
<u>Network/ONA</u>	<u>Non-Network</u>												
<u>\$0 / 20%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>												
2024-2027													
<u>Network/ONA</u>	<u>Non-Network</u>												
<u>\$0 / 30%</u> <u>After Ded</u>	<u>\$0 / 50%</u> <u>After Ded</u>												
Fertility Services	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> <u>The Company will provide medical and prescription drug fertility services on the same terms and conditions available under management's medical program as they may change from time to time, subject to applicable cost-sharing provisions under this Agreement.</u>												
Lifetime Maximum	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> Note: No longer applies due to healthcare reform legislation (PPACA).												
COB	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program.												

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires																																				
Survivor	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees No change from current program.																																			
Eligible Retired Employees	See Exhibit 1.																																			
PRESCRIPTION DRUG BENEFITS																																				
Prescription Drugs	See Chart Below.																																			
Bargained Program Rx Program																																				
Restrictions	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees No change from current program.																																			
Deductible	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees Option 1: None. Option 2 and Option 3: Integrated with Med/Surg, MH/SA and CarePlus. <u>Any applicable copays paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code are not subject to the deductible.</u>																																			
OOP Max	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees Option 1: <table><tr><td></td><td><u>2023</u></td></tr><tr><td>Individual</td><td>\$1,200</td></tr><tr><td>Ind+Child(ren)</td><td>\$2,400</td></tr><tr><td>Ind+Spouse</td><td>\$2,400</td></tr><tr><td>Family</td><td>\$2,400</td></tr></table> <table><tr><td></td><td><u>2024</u></td><td><u>2025</u></td><td><u>2026</u></td><td><u>2027</u></td></tr><tr><td><u>Individual</u></td><td><u>\$1,700</u></td><td><u>\$1,800</u></td><td><u>\$1,900</u></td><td><u>\$2,000</u></td></tr><tr><td><u>Ind+Ch</u></td><td><u>\$3,400</u></td><td><u>\$3,600</u></td><td><u>\$3,800</u></td><td><u>\$4,000</u></td></tr><tr><td><u>Ind+Sp</u></td><td><u>\$3,400</u></td><td><u>\$3,600</u></td><td><u>\$3,800</u></td><td><u>\$4,000</u></td></tr><tr><td><u>Family</u></td><td><u>\$3,400</u></td><td><u>\$3,600</u></td><td><u>\$3,800</u></td><td><u>\$4,000</u></td></tr></table> Out-of-Pocket Maximum provisions: • Applies to all Network prescription drug copays. • The following costs will never apply towards Out-of-Pocket Maximum or are paid for by the program after the Out-of- Pocket Maximum is satisfied: - Any medical or mental health/substance abuse expenses - Any applicable monthly contributions - Any charges for non-covered prescription drugs - Any penalties for failure to comply with terms of program (i.e., mandatory generic penalty) - Any charges for prescription drugs that are exclusions under the program		<u>2023</u>	Individual	\$1,200	Ind+Child(ren)	\$2,400	Ind+Spouse	\$2,400	Family	\$2,400		<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>Individual</u>	<u>\$1,700</u>	<u>\$1,800</u>	<u>\$1,900</u>	<u>\$2,000</u>	<u>Ind+Ch</u>	<u>\$3,400</u>	<u>\$3,600</u>	<u>\$3,800</u>	<u>\$4,000</u>	<u>Ind+Sp</u>	<u>\$3,400</u>	<u>\$3,600</u>	<u>\$3,800</u>	<u>\$4,000</u>	<u>Family</u>	<u>\$3,400</u>	<u>\$3,600</u>	<u>\$3,800</u>	<u>\$4,000</u>
	<u>2023</u>																																			
Individual	\$1,200																																			
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<u>Individual</u>	<u>\$1,700</u>	<u>\$1,800</u>	<u>\$1,900</u>	<u>\$2,000</u>																																
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<u>Family</u>	<u>\$3,400</u>	<u>\$3,600</u>	<u>\$3,800</u>	<u>\$4,000</u>																																

AT&T Mobility Black Benefit Outline Summary

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires

- The amount that is applied to the Out-of-Pocket Maximum is the Network prescription drug copays.
- With Individual+Child(ren), Individual+Spouse or Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their copays satisfy the Individual Out-of-Pocket Maximum amount. The Individual+Child(ren), Individual+Spouse or Family Deductible, as applicable, is met once any combination of covered persons' prescription drug copays meet the Individual+Child(ren), Individual+Spouse or Family Out-of-Pocket Maximum amount, respectively. It is not necessary that any one individual reach the Individual Out-of-Pocket Maximum amount but no one individual may contribute more than the Individual Out-of-Pocket Maximum amount.

Option 2 and Option 3:
Integrated with Med/Surg, MH/SA and CarePlus.

Retail

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees
No change from current program, except as provided below.

Network Copays: Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions.

Retail Generic

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees

Option 1, Option 2 and Option 3

Retail/Specialty Network Copays:

	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
<u>Generic</u>	<u>\$10</u>	<u>\$10</u>	<u>\$10</u>	<u>\$10</u>

No change to current program.

Option 1: Copays

	<u>2023</u>
Generic	\$10

Option 2: Copays

	<u>2023</u>
Generic	\$9

Retail Brand

2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees

Option 1, Option 2, and Option 3:

Retail/Specialty Network Copays:

	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
<u>Preferred</u>	<u>\$45</u>	<u>\$45</u>	<u>\$45</u>	<u>\$50</u>

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires					
	<u>Non-Preferred</u>	<u>\$90</u>	<u>\$90</u>	<u>\$90</u>	<u>\$100</u>
	Option 1: Copays				
		<u>2023</u>			
	Preferred	\$35			
	Non-Preferred	\$70			
	Option 2:				
		<u>2023</u>			
	Preferred	\$35			
	Non-Preferred	\$70			
Personal Choice	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program.				
Mail Order	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below. Mandatory mail order for maintenance RX continues to apply after second fill at retail. Up to 90-day supply subject to Advanced Control Specialty Formulary provisions.				
Mail Order Generic	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> Option 1: Copays <u>Option 1, Option 2 and Option 3:</u> <u>Mail/Specialty Network Copays:</u>				
		<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
	<u>Generic</u>	<u>\$20</u>	<u>\$20</u>	<u>\$20</u>	<u>\$20</u>
		<u>2023</u>			
	Generic	\$20			
	Option 2:				
		<u>2023</u>			
	Generic	\$18			
	<u>Provisions:</u> Mandatory Generic provisions continue to apply.				
Mail Order Brand	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> Option 1: Copays				

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires					
	<u>Option 1, Option 2 and Option 3:</u>				
	<u>Mail/Specialty Network Copays:</u>				
		<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
	<u>Preferred</u>	<u>\$90</u>	<u>\$90</u>	<u>\$90</u>	<u>\$100</u>
	<u>Non-Preferred</u>	<u>\$180</u>	<u>\$180</u>	<u>\$180</u>	<u>\$200</u>
		<u>2023</u>			
	Preferred	\$70			
	Non-Preferred	\$140			
Option-2:					
	<u>2023</u>				
Preferred	\$70				
Non-Preferred	\$140				
Personal Choice	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees No change from current program.				
MENTAL HEALTH BENEFITS					
Deductible	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees Option 1: No change from current program. Option 2 and Option 3: Integrated with Med/Surg, Rx and CarePlus.				
OOP Max	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees Option 1: No change from current program. Option 2 and Option 3: Integrated with Med/Surg, Rx and CarePlus				
Copayments and Coinsurance	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees No change from current program.				
Limitations	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees No change from current program.				
SUBSTANCE ABUSE BENEFITS					
Deductible	<u>2024 New Hires</u> , 2019 New Hires, 2017 New Hires and Current Employees Option 1: <u>No change from current program.</u>				

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires	
	<u>Option 2 and Option 3:</u> <u>Integrated with Med/Surg, Rx and CarePlus</u> No change from current program.
OOP Max	<u>2024 New Hires, 2019 New Hires, 2017 New Hires and Current Employees</u> <u>Option 1:</u> <u>No change from current program.</u> <u>Option 2 and Option 3:</u> <u>Integrated with Med/Surg, Rx and CarePlus</u> No change from current program.
EMPLOYEE ASSISTANCE PROGRAM (EAP)	
Program	AT&T Employee Assistance Program
Eligibility	Date of hire.
EE Class	All employees.
Cost	100% company-paid
Design	Up to 5 EAP sessions per issue per year
Survivors	None.
Eligible Retired Employees	None.
DISABILITY BENEFITS	
Effective Date(s)	1/1/20 24 ¹⁹
Program	<u>2017 New Hires and Current Employees</u> AT&T Mobility Disability Benefits Program (Edge) No change from current program <u>2024 New Hires and 2019 New Hires</u> AT&T Disability Income Program as described in the Summary Plan Description dated July 2020 as these provisions change from time to time except as provided below.
Short-Term Disability (STD)	<u>2017 New Hires and Current Employees</u> No change from current program <u>2024 New Hires and 2019 New Hires</u> The AT&T Disability Income Program as described in the Summary Plan Description except that Temporary and Term employees are not eligible for LTD benefits. Short-term disability benefits and the other sources of income received are designed to replace 60 percent or 100 percent of Pay for the

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires																																												
	referenced weekly time periods, based on the <u>employee's 2019 New Hire's Term of Employment</u> when he/she qualifies for receipt of disability benefits, as shown below:																																											
	<u>Term of Employment</u>	<u>100%</u>	<u>% of Pay</u>	<u>60%</u>																																								
	6 months < 2 years	0 weeks		26 weeks																																								
	2 years < 5 years	4 weeks		22 weeks																																								
	5 years < 15 years	13 weeks		13 weeks																																								
	15 years or more	26 weeks		0 weeks																																								
Long-Term Disability (LTD)	<u>2017 New Hires and Current Employees</u> No change from current program <u>2024 New Hires and 2019 New Hires</u> The AT&T Disability Income Program as described in the Summary Plan Description as these provisions change from time to time except that Temporary and Term employees are not eligible for LTD benefits.																																											
DENTAL BENEFITS																																												
Program	AT&T Dental Program* (Bargained Employees) - Dental PPO - DHMO (available at the discretion of the Company) *This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated September 2019 & associated Summary of Material Modifications (SMMs).																																											
Eligibility for Coverage	Eligibility for coverage <u>begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period</u> , continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).																																											
Eligibility for Company Subsidy	Eligibility for Company subsidy <u>begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period</u> , continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).																																											
EE Class	Regular Full Time & Part Time																																											
Full Time EE Contribution	<u>Contributions for Dental PPO or DHMO (if available) for 2023:</u> <table><tr><td></td><td><u>2023</u></td><td></td><td></td><td></td></tr><tr><td>Ind</td><td>\$8</td><td></td><td></td><td></td></tr><tr><td>Ind +1</td><td>\$17</td><td></td><td></td><td></td></tr><tr><td>Family</td><td>\$27</td><td></td><td></td><td></td></tr></table> <table><tr><td></td><td><u>2024</u></td><td><u>2025</u></td><td><u>2026</u></td><td><u>2027</u></td></tr><tr><td>Individual</td><td>\$10</td><td>\$12</td><td>\$12</td><td>\$12</td></tr><tr><td>Individual + 1</td><td>\$20</td><td>\$23</td><td>\$23</td><td>\$23</td></tr><tr><td>Family</td><td>\$32</td><td>\$36</td><td>\$36</td><td>\$36</td></tr></table>					<u>2023</u>				Ind	\$8				Ind +1	\$17				Family	\$27					<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>	Individual	\$10	\$12	\$12	\$12	Individual + 1	\$20	\$23	\$23	\$23	Family	\$32	\$36	\$36	\$36
	<u>2023</u>																																											
Ind	\$8																																											
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Individual	\$10	\$12	\$12	\$12																																								
Individual + 1	\$20	\$23	\$23	\$23																																								
Family	\$32	\$36	\$36	\$36																																								

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires	
Part Time EE Contributions	Based on Scheduled hrs./week: • Greater than or equal to 20 hrs. = 50% of full cost of coverage*. • Less than 20 hrs. = 100% of full cost of coverage* with no Company subsidy. * Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.
Annual Deductible	Network and ONA: \$25 per individual Non-Network: \$50 per individual
Annual Maximum Benefit	Network and ONA: \$1,750 per individual* Non-Network: \$1,300 per individual* *Not to exceed \$1,750 combined Network/Non-Network
Diagnostic & Preventive	Class I (Diagnostic/Preventive) Network/ONA*: 100%, Ded. Waived Non-Network**: 100%, Ded. Waived *For ONA, paid at Network contracted rates. **For Non-Network paid based on reasonable and customary amounts
Coverage Levels (replaces minor and major restorative)	<u>Dental PPO Coinsurance</u> Class II (Basic restorative-fillings, extractions, periodontal treatment/maintenance) Network and ONA*: 90%, after deductible Non-Network**: 70%, after deductible Class III (Major restorative – crowns, dentures, bridgework) Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible Class IV (Orthodontia) Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible *For ONA, paid at Network contracted rate. **For Non-Network paid based on reasonable and customary amounts.
Orthodontic – Lifetime Maximum	Network and ONA: \$2,000 per individual* Non-Network: \$1,400 per individual* *Not to exceed \$2,000 combined Network/Non-Network
COB	No change from current program.
Survivor	12 months Company extended coverage (CEC) concurrent with COBRA, then 100% cost of coverage for life or until remarriage.
Eligible Retired Employees	See Exhibit 1.
Outside Network Area (ONA)	• ONA benefit provided to employees who reside in a zip code which does not meet the network standards. • ONA benefits are equivalent to PPO Network benefits

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires																									
	• Enrollees who are in Network will be offered the PPO option only. • Enrollees who are located outside the Network zip code criteria will be offered the ONA option only.																								
	VISION BENEFITS																								
Program	AT&T Vision Program* (Bargained Employees) *This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated September 2019 & associated Summary of Material Modifications (SMMs).																								
Eligibility for Coverage	Eligibility for coverage <u>begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.</u> continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).																								
Eligibility for Company Subsidy	Eligibility for Company subsidy <u>begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.</u> continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).																								
EE Class	Regular Full Time & Part Time																								
Full Time EE Contribution	2023 Ind \$2.50 Ind +1 \$5.50 Family \$9.00 <table><tr><td></td><td>2024</td><td>2025</td><td>2026</td><td>2027</td></tr><tr><td>Individual</td><td>\$4</td><td>\$5</td><td>\$5</td><td>\$5</td></tr><tr><td>Individual + 1</td><td>\$8</td><td>\$10</td><td>\$10</td><td>\$10</td></tr><tr><td>Family</td><td>\$13</td><td>\$15</td><td>\$15</td><td>\$15</td></tr></table>						2024	2025	2026	2027	Individual	\$4	\$5	\$5	\$5	Individual + 1	\$8	\$10	\$10	\$10	Family	\$13	\$15	\$15	\$15
	2024	2025	2026	2027																					
Individual	\$4	\$5	\$5	\$5																					
Individual + 1	\$8	\$10	\$10	\$10																					
Family	\$13	\$15	\$15	\$15																					
Part Time EE Contributions	Based on Scheduled hrs./week: • Greater than or equal to 20 hrs. = 50% of full cost of coverage*. • Less than 20 hrs. = 100% of full cost of coverage* with no Company subsidy. *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.																								
Coverage Levels	Exam: 1 exam per 12 months • Network: \$0/0% • Non-Network: \$28 towards exam cost Frame Allowance: 1 pair per 12 months • Network: \$130 allowance towards frame cost • Non-Network: \$30 towards frame cost Lenses Allowance: 1 set per 12 months Network: \$0/0% Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100%. Non-Network: \$30-\$80 towards lenses																								

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires	
	Contact Lenses Allowance: Allowance per 12 months Network: \$150 allowance Non-Network: \$150 allowance 2nd Pair Benefit: Network Only: Allows for a 2nd pair of glasses or contact lenses allowance after the first pair benefit/allowance is utilized, per 24 months.
COB	No change from current program.
Survivor	No change from current program.
Eligible Retired Employees	See Exhibit 1.
SUPPLEMENTAL MEDICAL BENEFITS	
Program	AT&T CarePlus-A Supplemental Benefit Program* *This document highlights key elements of program design. For complete program details, refer to the Summary Program Description (SPD) dated September 2019 & associated Summary of Material Modifications (SMMs).
Eligibility	Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.
EE Class	Regular Full Time & Part Time
Employee Contributions (FT and PT)	Contribution amounts are subject to change from time to time at the sole discretion of the Company.
Benefits	No change from current program, except those required to comply with healthcare reform legislation (PPACA). Expand benefits which may be offered under CarePlus to include any benefits determined by the Company to be beneficial to Program participants. Company continues to retain the unilateral right to change, modify, amend and discontinue benefits offered under CarePlus.
COB	Frequency of enrollment continues to be annually.
Survivor	No change from current program.
Eligible Retired Employees	See Exhibit 1.
FLEXIBLE SPENDING ACCOUNTS	
Plan	AT&T Flexible Spending Account Plan* *This document highlights key elements of plan design. For complete plan details, refer to the Summary Program Description (SPD) dated October 2020 & associated Summary of Material Modifications (SMMs).
Dependent Care Spending Accounts	
Plan	No change from current plan
Eligibility	No change from current plan.
EE Class	Regular Full Time & Part Time
Maximum	No change from current plan.
Minimum	No change from current plan.
Health Care Spending Accounts	

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires	
Plan	No change from current plan, except those that are mandated by healthcare reform legislation (PPACA).
Eligibility	No change from current plan.
EE Class	Regular Full Time & Part Time
Maximum	No change from current plan except those that are mandated by healthcare reform legislation (PPACA) and to annually adjust the maximum contribution amount to that permitted by law for each calendar year for which the IRS issues timely guidance such that the Company can implement the change.
Minimum	No change from current plan except those that are mandated by healthcare reform legislation (PPACA).
Survivor	No change from current plan.
Eligible Retired Employees	No change from current plan.
LIFE INSURANCE	
Program	AT&T Group Life Insurance Program for Active Employees *This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated October 2020 & associated Summary of Material Modifications (SMMs). Note: Contributions amounts are subject to annual adjustment.
Eligibility	All coverages: Eligible date of hire.
EE Class	Regular Full Time & Part Time
Basic Life Insurance Benefit	Basic: 1X Salary for the twelve months ending on Sept. 1 of previous plan year, rounded to the next \$1,000 Company paid. Max. \$7M basic plus supplemental.
Supplemental Life Insurance Benefit	1X-10X annual basic pay, max \$7M basic + supp; Employee paid; smoker/nonsmoker rates.
Accelerated Death Benefit	Available when life expectancy is 24 months or less. Minimum Distribution: 25% of total life insurance benefit. Maximum Distribution: lesser of 75% of total life insurance benefit or \$1M
AD&D	Basic: 1X annual basic pay; Company paid Supp: 1X-10X annual basic pay Spouse and child: applies
Seatbelt Incentive	Company paid \$10K. Supplemental, spouse, & child AD&D also have \$10K.
Dependent Benefit Amount	Employee paid Spouse/RDP life and AD&D: \$10K, \$25-\$300K in \$25K increments; smoker/nonsmoker rates. Child life and AD&D: \$5K-\$30K in \$5K increments
LTD Coverage	Basic & Supplemental life (not AD&D) continues for 3 years. Dependent coverages end with end of STD
Portability upon termination	Yes for supplemental employee life only
Conversion upon termination	Basic & Supplemental life, not AD&D. Spouse and child life, not AD&D.
Survivor	No change from current program.
Eligible Retired Employees	No change from current program.

**AT&T Mobility Black
Benefit Outline Summary**

Current Employees, 2017 New Hires, and 2019 New Hires and 2024 New Hires	
Guaranteed Issue	No Evidence of Insurability (EOI) for Supplemental life coverage of up to 3X Annual Pay on initial enrollment or of an additional 1X Annual Pay for a Qualified Life Event, but may not exceed 10X Annual Pay, otherwise EOI required for any increase. No EOI for Spouse coverage of \$10K during initial enrollment period. Otherwise, EOI required for any enrollment or increase. No EOI for Child coverage at any time for initial enrollment or increase in amount.
LONG-TERM CARE	
Plan	AT&T Consolidated Long-Term Care Insurance Plan*. *This document highlights key elements of plan design. For complete plan details, refer to the Summary Plan Description (SPD) dated October 2008 & associated Summary of Material Modifications (SMMs).
Eligibility	No change from current plan.
EE Class	No change from current plan.
Coverage	<u>2024 New Hires, 2019 New Hires and 2017 New Hires</u> Not available; closed to new entrants as of 5/1/2012. <u>Current Employees</u> Closed to new entrants as of 5/1/2012. No change from current plan, except that the Company has the unilateral right to change, modify, amend and discontinue the AT&T Consolidated Long-Term Care Insurance Plan.
ADOPTION/SURROGACY/CRYOPRESERVATION REIMBURSEMENT ASSISTANCE POLICY	
Policy	No change from current policy. <u>AT&T Adoption Reimbursement Policy</u> <u>AT&T Surrogacy Reimbursement Policy</u> <u>AT&T Cryopreservation Reimbursement Policy</u>
Eligibility	<u>Date of Hire. No change from current policy.</u>
EE Class	No change from current policy. <u>Full Time Regular Employees, and Full-time Temporary Employees.</u>
Maximum	No change from current policy. <u>Employees many receive reimbursement of qualifying adoption, surrogacy and tissue cryopreservation expenses up to the same amounts available to AT&T managers. The reimbursement for adoption expenses may not be less than up to \$5,000 per child.</u>
TUITION REIMBURSEMENT POLICY	
Eligibility	6 months of service.
EE Class	No change from current policy.
Maximum (same for FT & PT)	Annual Tuition Cap-No change from current plan. <u>\$8,000.</u> Tuition Lifetime Cap-Undergraduate-\$20<u>5,000</u> Graduate-\$<u>30</u>25,000.
Reimbursement for classes	Full Time: 100% ≥ 20 hours: 75% < 20 hours: 50% Fees required by the school to take the course will be reimbursed, e. g., lab fees, transportation fees, recreation fees
COMMUTER BENEFITS POLICY	
Plan	<u>AT&T Commuter Benefits Policy</u>
Eligibility	<u>Date of Hire.</u>
EE Class	<u>Full Time & Part Time Regular Employees, and Full-time Temporary Employees</u>
Benefits	<u>Effective as soon as administratively feasible after Ratification, Employees may elect pre-tax deductions for eligible parking and/or mass transit expenses. Eligible expenses and monthly limits are updated annually as allowed by IRS Code Section 132 Regulations.</u>

**AT&T Mobility Black
Benefit Outline Summary**

PENSION PLAN	
Effective Date(s)	1/1/202419
Program(s)	<u>Employees hired or rehired on or before December 31, 2010</u> Mobility Program (Mobility Program) of the AT&T Component Part of AT&T WarnerMedia Pension Benefit Plan <u>Employees hired, rehired or transferred after December 31, 2010 and before January 1, 2015</u> Bargained Cash Balance Program #2 (BCB#2 Program) of the AT&T Component Part of AT&T WarnerMedia Pension Benefit Plan <u>Employees hired, rehired or transferred on or after January 1, 2015</u> Ineligible
Benefits	<u>Employees hired or rehired on or before December 31, 2010</u> No change from current program <u>Employees hired, rehired or transferred after December 31, 2010 and on or before December 31, 2014</u> No change from current program <u>Employees hired, rehired or transferred on or after January 1, 2015</u> Ineligible
SAVINGS PLAN	
Effective Date(s)	1/1/202419
Program	AT&T Retirement Savings Plan (ARSP)
Benefits	No change from current program

Retiree Health Care for Bargained Employees of the Company Benefit Outline Summary

Exhibit 1

Retiree Health Care for Bargained Employees for the period January 1, 2024³ through December 31, 2027³ who terminate employment during the period 1/1/2024⁴ through 12/31/2027³.

Employees who are eligible for post-employment benefits when employment ends (“**Eligible Retired Employees**”) shall be eligible to participate in the same plan as an active current employee except as specifically noted, with the same provisions that apply to active employees, except that provisions regarding eligibility for post-employment benefits and monthly contributions shall remain the same as the rules that applied to similarly situated former employees as of 12/31/2022-2023 and shown in the chart below:

Hire Date	Hired before 1/1/2005		Hired on or after 1/1/2005
Plan	Former SWBW Plan Participants	Former EDGE Plan Participants	NBBP or its Successor Plan(s) For Employees of the Company
Eligibility Rule	Modified rule of 75 ▪ 30 (NCS) and any age ▪ 25 (NCS) & 50 (age) ▪ 20 (NCS) & 55 (age) ▪ 10 (NCS) & 65 (age)	Transition Groups 1-4	Modified rule of 75 ▪ 30 (NCS) and any age ▪ 25 (NCS) & 50 (age) ▪ 20 (NCS) & 55 (age) ▪ 10 (NCS) & 65 (age)
Retiree contributions	Same as active employees' contributions	▪ Parent company provides benefit for Transition Group 1 ▪ Subsidy varies for Transition Groups 2-3; ▪ Access only for Transition Group 4 [Edge Plan retiree contributions are subject to change. See Summary Plan Description.]	Retiree pays 100% for coverage (Access Only)

Nothing in this Agreement or in Exhibit 1 shall be construed to provide benefits for any period subsequent to the term of this Agreement or for any employee other than those referenced above who terminate employment during the term of this Agreement, ~~as extended.~~