What's Changing for 2025

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. For example, review your medical plan options for 2025 and note that your monthly contributions may have changed. Use this opportunity to explore and choose the plan option that’s right for you and those who matter most. Remember, medical coverage is not just for the times you are sick, it also helps you stay healthy by covering preventive care, like annual checkups.

Health Savings Account (HSA)

Here’s an overview of what’s changing with the AT&T Health Savings Account (HSA):

- **Increase to maximum HSA contribution amount.** The 2025 HSA contribution maximums will increase from $4,150 to $4,300 for individuals and $8,300 to $8,550 for families.

Critical Illness Insurance

- **New coverage for autism spectrum disorder diagnosis.** Enrolled participants are eligible to receive 25% of the critical illness benefit for a new autism spectrum disorder diagnosis that occurs Jan. 1, 2025 or after.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

2025 Medical Plan Options

We know everyone's lifestyle is unique and that needs change over time. At AT&T, we offer a variety of medical plan options that provide diversity in coverage to help you find the right match for your healthcare needs, preferences and how you want to receive your healthcare.

Keep yourself and your family in mind as you review your medical needs. Use this opportunity to explore and choose the medical plan option that's right for you and those who matter most. Remember, medical coverage is not just for the times you are sick, it also helps you stay healthy by covering preventive care, like annual checkups.

General Enrollment Information

To make changes for 2025, you can do so from Oct. 21 – Nov. 8, 2024 on this website or by calling an AT&T Benefits Center representative at 877-722-0020 from 7 a.m. to 7 p.m. Central time.

If you have questions or need help enrolling, you can schedule an appointment with the AT&T Benefits Center to talk with a representative. Schedule an appointment now through the tile in the upper right and follow the instructions. Appointments are available during the Annual Enrollment period between 7 a.m. and 7 p.m. Central time, Monday through Friday.

Your 2025 Coverage: Much Like 2024

While your medical plan options for 2025 haven't changed, your monthly contributions may have changed.

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.

* Blue Cross and Blue Shield of Illinois (BCBSIL) provides national coverage.

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.

For More Information

- Review and compare all your 2025 medical plan (with prescription drug) options and their costs**.**
- Go to Your Personal Healthcare Team by Included Health to connect with specialists who can help you navigate your medical plan options and/or find providers in network who meet your needs.
- Watch **Things to Consider When Choosing a Plan** on the AT&T Benefits Center website.
- Use the new **Medical Plan Option Evaluator tool**. You'll answer a few short questions and receive a suggested plan based on your answers and preferences. You'll see costs and whether your providers on-file are in-network.

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.

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 2025, it's important to review and compare all your 2025 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 complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

The data provided in the chart below is for the 2025 plan year.

The Health Plan Comparison Chart is provided for informational purposes. In the event of a conflict between the Health Plan Comparison Chart and plan terms, plan terms will govern.

Background Information

Plan Facts	Southeast HCN Option 2	Southeast HCN Option 1
Carrier Name	Blue Cross and Blue Shield of Illinois	Blue Cross and Blue Shield of Illinois
Carrier Address	Please check with Plan	Please check with Plan
Member Services Phone Number	1-800-621-7336	1-800-621-7336
Website	**bcbsil.com/att**	**bcbsil.com/att**
Product name on website	Network S	Network S
Group ID	3278 - For AT&T Benefits Center Use Only	3277 - For AT&T Benefits Center Use Only

Plan Facts	Southeast HCN Option 2	Southeast HCN Option 1
Plan description	Health Care Network Option	Health Care Network Option

Cost Sharing	Southeast HCN Option 2	Southeast HCN Option 1
See SPD for Full Information	Please check with Plan	Please check with Plan
Annual Deductible	**Network** $1,650 Individual; $3,300 Family; combined with MH/SUD, Rx and CarePlus **Non-Network** $4,950 Individual; $9,900 Family; combined with MH/SUD, Rx and CarePlus	**Network** $900 Individual; $1,800 Family; combined with MH/SUD; Capped at $900 per Individual **Non-Network** $2,700 Individual; $5,400 Family; combined with MH/SUD; Capped at $2,700 per Individual
Annual Out-of-Pocket Maximum	**Network** $6,750 Individual; $13,500 Family; includes Annual Deductible; combined with MH/SUD, Rx and CarePlus; capped at $6,750 per Individual **Non-Network** $20,250 Individual; $40,500 Family; includes Annual Deductible; combined with MH/SUD, Rx and CarePlus; capped at $20,250 per Individual	**Network** $3,500 Individual; $7,000 Family; includes Annual Deductible; combined with MH/SUD; capped at $3,500 per Individual **Non-Network** $10,500 Individual; $21,000 Family; includes Annual Deductible; combined with MH/SUD; capped at $10,500 per Individual

Cost

Plan Prices	Southeast HCN Option 2	Southeast HCN Option 1
Individual	$104.00	$153.00
Family	$283.00	$418.00

Inpatient Services

Inpatient Care Including Mental Health/Substance Use	Southeast HCN Option 2	Southeast HCN Option 1
Hospital, Physician Services, Lab and X-ray	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible
Mental Health/Substance Use Inpatient Services	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible

Outpatient Services

Outpatient Care including Mental Health/Substance Use	Southeast HCN Option 2	Southeast HCN Option 1
Surgery, Therapeutic Treatments/PT, Lab, X-Ray, Diag. Tests	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible
Mental Health/ Substance Use Outpatient Services	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible

Preventive Care	Southeast HCN Option 2	Southeast HCN Option 1
Well exams, Mammography, Pap, Colonoscopy	**Network** 0% Coinsurance	**Network** 0% Coinsurance

Preventive Care	Southeast HCN Option 2	Southeast HCN Option 1
	Non-Network Not covered	**Non-Network** Not covered

Physician Visits	Southeast HCN Option 2	Southeast HCN Option 1
Office Visit (Non-Specialist)	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible
Office Visit (Specialist)	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible
Virtual Care	**Network** 0% Coinsurance (if through Your Personal Healthcare Team) **Non-Network** Not Applicable	**Network** 0% Coinsurance (if through Your Personal Healthcare Team) **Non-Network** Not Applicable

Emergency Care	Southeast HCN Option 2	Southeast HCN Option 1
Emergency room, Ambulance	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 10% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 10% Coinsurance after Annual Deductible

Non-Emergency Care	Southeast HCN Option 2	Southeast HCN Option 1
Urgent Care, Ambulance	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible
Emergency Room - Non-Emergency	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible

Family Planning/Maternity Care	Southeast HCN Option 2	Southeast HCN Option 1
Family Planning, Pre-natal & In-hospital Delivery Services	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible	**Network** 10% Coinsurance after Annual Deductible **Non-Network** 50% Coinsurance after Annual Deductible
Infertility services	**Network** 10% Coinsurance after Annual Deductible; Limited to testing and treatment of the underlying cause of infertility **Non-Network** 50% Coinsurance after Annual Deductible; Limited to testing and treatment of the underlying cause of infertility	**Network** 10% Coinsurance after Annual Deductible; Limited to testing and treatment of the underlying cause of infertility **Non-Network** 50% Coinsurance after Annual Deductible; Limited to testing and treatment of the underlying cause of infertility
Fertility services	**Network** Not covered **Non-Network** Not covered	**Network** Not covered **Non-Network** Not covered

Other Services

Additional Services	Southeast HCN Option 2	Southeast HCN Option 1
Skilled Home Health Care, Durable Medical Equip, etc.	**Network** 10% Coinsurance after Annual Deductible; See SPD for Additional Services, limitations and exceptions. **Non-Network** 50% Coinsurance after Annual Deductible; See SPD for Additional Services, limitations and exceptions.	**Network** 10% Coinsurance after Annual Deductible; See SPD for Additional Services, limitations and exceptions. **Non-Network** 50% Coinsurance after Annual Deductible; See SPD for Additional Services, limitations and exceptions.

Prescription Drug Coverage

General	Southeast HCN Option 2	Southeast HCN Option 1
Prescription drug vendor	CVS Caremark	CVS Caremark
Prescription drug member services phone number	1-800-378-8851	1-800-378-8851
Prescription drug Website	**caremark.com**	**caremark.com**
Annual deductible	**Network** Medical, 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. **Non-Network** Medical, 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.	**Network** Not applicable **Non-Network** Not applicable
Annual out-of-pocket maximum	**Network** Medical, MH/SUD, Rx and CarePlus; see Annual out-of-pocket maximum Individual/Family section for amount **Non-Network** Medical, MH/SUD, Rx and CarePlus;	**Network** $1,700 Individual; $3,400 Family; Network copays apply **Non-Network** Not applicable

General	Southeast HCN Option 2	Southeast HCN Option 1
	see Annual out-of-pocket maximum Individual/Family section for amount	

Retail	Southeast HCN Option 2	Southeast HCN Option 1
Generic Drugs	**Network** $10 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required. **Non-Network** The Network Retail Co-payment or 25% of the Network Retail Cost, whichever is less, plus any amount above the Network Retail Cost; up to a 30-day supply	**Network** $10 copay; up to 30 day supply; two Fill max on maintenance drug, mandatory mail order **Non-Network** The Network Retail Co-payment or 25% of the Network Retail Cost, whichever is less, plus any amount above the Network Retail Cost; up to a 30-day supply
Preferred Brand Drugs	**Network** $45 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required. **Non-Network** The Network Retail Co-payment or 25% of the Network Retail Cost, whichever is less, plus any amount above the Network Retail Cost; up to a 30-day supply	**Network** $45 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required. **Non-Network** The Network Retail Co-payment or 25% of the Network Retail Cost, whichever is less, plus any amount above the Network Retail Cost; up to a 30-day supply
Non-Preferred Brand Drugs	**Network** $90 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required. **Non-Network** The Network Retail Co-payment or 25% of the Network Retail Cost, whichever is less, plus any amount above the Network Retail Cost; up to a 30-day supply	**Network** $90 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required. **Non-Network** The Network Retail Co-payment or 25% of the Network Retail Cost, whichever is less, plus any amount above the Network Retail Cost; up to a 30-day supply
Specialty Prescription Drug Services	**Network** Specialty Drugs must be filled by the Rx Benefit Admin Specialty Pharmacy, after first retail Fill. Some drugs covered	**Network** Specialty Drugs must be filled by the Rx Benefit Admin Specialty Pharmacy, after first retail Fill. Some drugs covered

Retail	Southeast HCN Option 2	Southeast HCN Option 1
	under medical program, as determined by medical Admin. **Non-Network** Specialty Drugs must be filled by the Rx Benefit Admin Specialty Pharmacy, after first retail Fill. Some drugs covered under medical program, as determined by medical Admin.	under medical program, as determined by medical Admin. **Non-Network** Specialty Drugs must be filled by the Rx Benefit Admin Specialty Pharmacy, after first retail Fill. Some drugs covered under medical program, as determined by medical Admin.

Mail Order	Southeast HCN Option 2	Southeast HCN Option 1
Generic Drugs	$20 copay; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.	$20 copay; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.
Preferred Brand Drugs	$90 copay; up to 90 day supply; Retail pickup at specified Retail Pharmacies also available.	$90 copay; up to 90 day supply; Retail pickup at specified Retail Pharmacies also available.
Non-Preferred Brand Drugs	$180 copay; up to 90 day supply; Retail pickup at specified Retail Pharmacies also available.	$180 copay; up to 90 day supply; Retail pickup at specified Retail Pharmacies also available.
Specialty Prescription Drug Services	Specialty Drugs are automatically processed through the Rx Benefit Admin Specialty Pharmacy when you use the Admin Mail Order Rx Drug Service.	Specialty Drugs are automatically processed through the Rx Benefit Admin Specialty Pharmacy when you use the Admin Mail Order Rx Drug Service.

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Also, keep in mind that the information on access and quality of care is provided by the health plans. Neither AT&T nor Alight Solutions is responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. AT&T reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.

Save Money With HSAs

What's Changing for 2025

Here's an overview of what's changing with the AT&T Health Savings Account (HSA):

- **Increase to maximum HSA contribution amount.** The 2025 HSA contribution maximums will increase from $4,150 to $4,300 for individuals and $8,300 to $8,550 for families.

Disclosure

HSA payroll contributions and any other contributions described in this notice are governed by the AT&T Flexible Spending Account Plan and your AT&T Medical Program. For more information, refer to the **AT&T Flexible Spending Account Plan and AT&T Medical Program Summary Plan Descriptions (SPD)**. In the case of any discrepancy between this notice and the terms of the Plans as defined in the SPD, the Plan's 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 healthcare 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 2025.

	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 healthcare 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	$4,300 individual coverage; $8,550 family coverage	$3,200**	$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.
When are contributions available to spend?	Balance is available to spend as you make contributions.	Annual amount you elect to contribute is available at the beginning of the year.	Annual amount you elect to contribute is available at the beginning of the year.
Eligibility	You can open an HSA if you: • 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. • Are not enrolled in any part of Medicare.	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 whether or not you elect coverage in a medical option. This can only be used to pay for eligible dependent care expenses.

* To be eligible for reimbursement, eligible Health Care and Dependent Care FSA expenses must be incurred by Dec. 31, 2025. FSA claims must be submitted to the FSA administrator and postmarked by March 31, 2026. Any unused balance in the account will be forfeited.

** If you elect to contribute the 2024 IRS maximum of $3,200 during Annual Enrollment, you can also elect to have your contribution increase automatically to the new 2025 IRS maximum.

*** State income taxes apply to your HSA contributions in 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. When you make pre-tax contributions, you will take home more pay than you would with after-tax contributions.

A Closer Look at HSAs

HSA Basics

The Health Savings Account (HSA) is a tax-free* way to pay for qualified healthcare 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, but 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 healthcare expenses.
- 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 2025, maximum contribution amounts are $4,300 for individuals or $8,550 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. Your HSA carries over year to year, so you don't have to worry about forfeiting your funds at the end of the year.

* State income taxes apply to your HSA contributions in 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. When you make pre-tax contributions, you take home more pay than you would with after-tax contributions.

For more information, see the **Health Savings Account vs. Flexible Spending Account video** and refer to your AT&T Medical Program (for HSA company contributions) or the **AT&T Flexible Spending Account Plan Summary Plan Descriptions (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 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 HSA Contributions** link in the **Reference** section of the home page or by calling 877-722-0020.
- Log on to Fidelity NetBenefits® 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.

Payroll deductions for elections made at Annual Enrollment will begin Jan. 1, 2025.

Remember, you can change your HSA election at any time on the AT&T Benefits Center website by clicking on the **Change HSA Contributions** link in the **Reference** section of the home page 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, but you can continue to invest and use your balance to pay for eligible expenses.

Save Money With FSAs

FSA Basics

- **Health Care Flexible Spending Account:** A Health Care FSA can help you pay for eligible out-of-pocket healthcare expenses for you and your eligible dependents. These could be doctor visits, prescription drugs, dental expenses, vision costs and more.
    - During Annual Enrollment, you can elect to contribute up to the 2024 maximum Health Care FSA contribution amount $3,200 for 2025.
    - Because the IRS announces the 2025 maximum FSA contribution amount after Annual Enrollment begins, you can also elect to have your contribution amount increase automatically to the 2025 maximum. Note that this election to automatically increase your contribution is available only if you elect to contribute $3,200.
    - 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 — or the first two checks of each month if you receive biweekly checks — from each of your paychecks throughout the year, but you can access your full annual contribution amount to get reimbursed for eligible healthcare out-of-pocket expenses at any time during the year.
- **Child and Elder Dependent Care Flexible Spending Account:** If you and your spouse/partner work, are looking for work or are in school full time, the Dependent Care FSA offers the added benefit of child or elder care coverage. Eligible expenses include day care, summer day camp, after school or home care expenses. Qualified dependents include children under age 13, as well as your spouse/partner, disabled child(ren) over the age of 13 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 2025, but unlike the Health Care FSA, you can only get reimbursed from your Dependent Care FSA for amounts up to the balance in your FSA at the time you file a claim. Similar to 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 healthcare and dependent care eligible expenses must be incurred by Dec. 31, 2025, with claims postmarked by March 31, 2026. 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 healthcare eligible expenses 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
Eligible expenses incurred for medical care, such as:	
• 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.)	• 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, 2025.

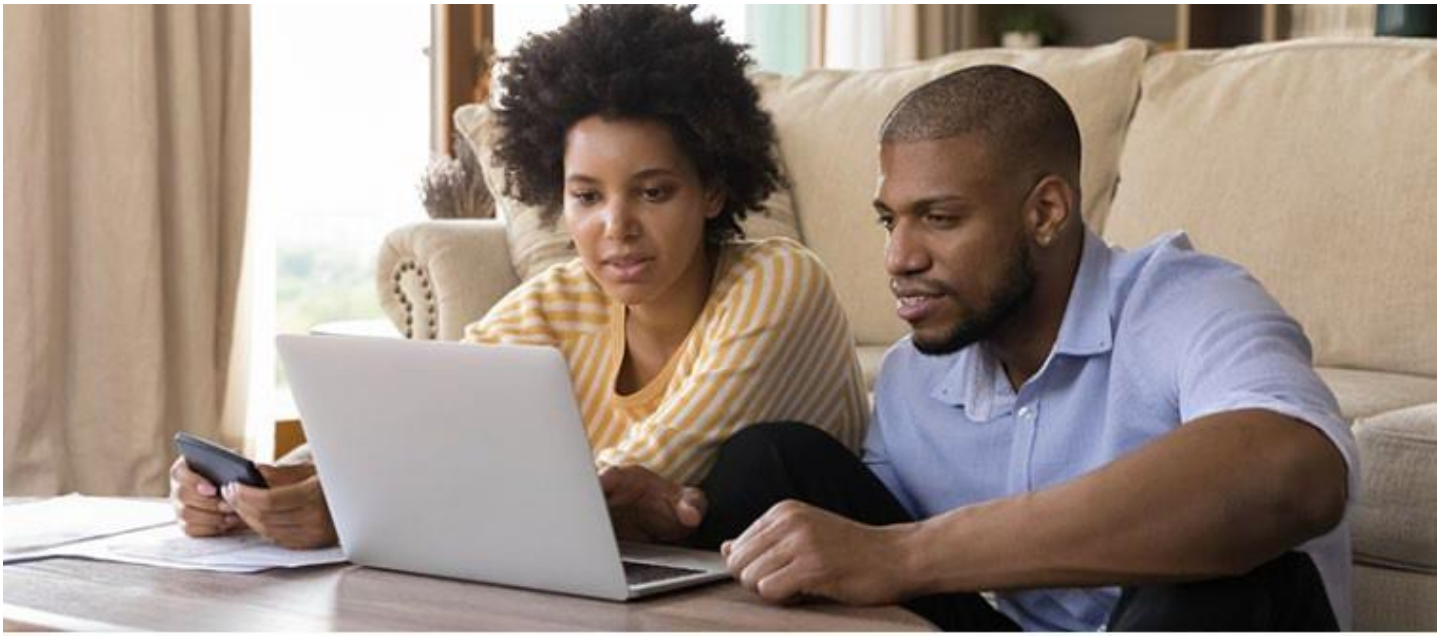
If you don't make an election during Annual Enrollment, you will not be enrolled in either the Health Care FSA or the Dependent Care FSA in 2025. However, if you have a qualified change in status (e.g., you get married or add a dependent), you may enroll in the FSA during the year.

Limited-Purpose Health Care FSAs If You Have an HSA

If you have both an active HSA (your own HSA, whether through AT&T or a previous employer, or a spouse's/partner's HSA) and a Health Care FSA in the same plan year, 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 during 2025.

If you open an HSA outside your enrollment period and/or without payroll contributions (or if your spouse opens an HSA from which you can be reimbursed for eligible expenses), you must contact the AT&T Benefits Center and request that your Health Care FSA be "limited purpose." Once designated as "limited purpose" your Health Care FSA cannot be changed to a traditional FSA during the calendar year, even if you discontinue your HSA payroll contributions.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.



Surcharges

Working Spouse/Partner Surcharge

The Working Spouse/Partner Surcharge will continue to be $115 per month in 2025.

Each year during Annual Enrollment, you must take action to certify that your spouse/partner does not have medical coverage available through his or her current employer.

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

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

- Has access to coverage through a current employer, you will pay a $115 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**.

For more information on surcharges, see the **Surcharges video** on the AT&T Benefits Center website.

Tobacco User Attestation

Important action required: You must confirm your tobacco user status by completing the Tobacco User Attestation. Your answer will automatically apply to any applicable benefits program where tobacco users are required to pay a surcharge or higher rate:

- Medical (Tobacco User Surcharge)
- Supplemental Life Insurance
- Critical Illness Insurance

You must take action during Annual Enrollment to confirm whether or not you and/or your spouse/partner are a tobacco user, even if you do not plan to enroll in an AT&T medical plan option.

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.

Tobacco User Surcharge

The Tobacco User Surcharge will continue to be $75 per month in 2025.

Important action is required: You must confirm your current tobacco user status. If you enroll in an AT&T medical plan option and you and/or your spouse/partner do not complete the attestation during Annual Enrollment, your status may default to "Yes, Tobacco User" for 2025.

How does my tobacco ser status affect my monthly medical contributions?

- If you and/or your spouse/partner do not fit the definition of a tobacco user, be sure to confirm your current tobacco user status to avoid the surcharge.
- If you and/or your spouse/partner fit the definition of a tobacco user, and want to avoid the surcharge, you can complete a tobacco cessation program offered at no charge by AT&T.

Tobacco Cessation Program

The Tobacco User Surcharge is $75 per month per person.

Tobacco users who wish to avoid the Tobacco User Surcharge in January 2025 must complete the tobacco cessation program by the end of 2024.

To enroll in and complete the tobacco cessation program – follow these instructions:

1. Register online from a desktop computer or web browser by visiting **my.pelagohealth.com/att**.
2. Select the program you'd like to focus on.
3. Create your profile and provide contact information to help us verify your eligibility.
4. After completing registration, you will receive a text message prompting you to download the Pelago Health app, which is available in the **Apple App Store** or **Google Play**.
5. After downloading the Pelago Health app, you will log in using the same email address and password you input during registration.

If you previously enrolled in the tobacco cessation program and want to re-engage with it after Oct. 1, 2024, when your current enrollment has expired, follow these instructions:

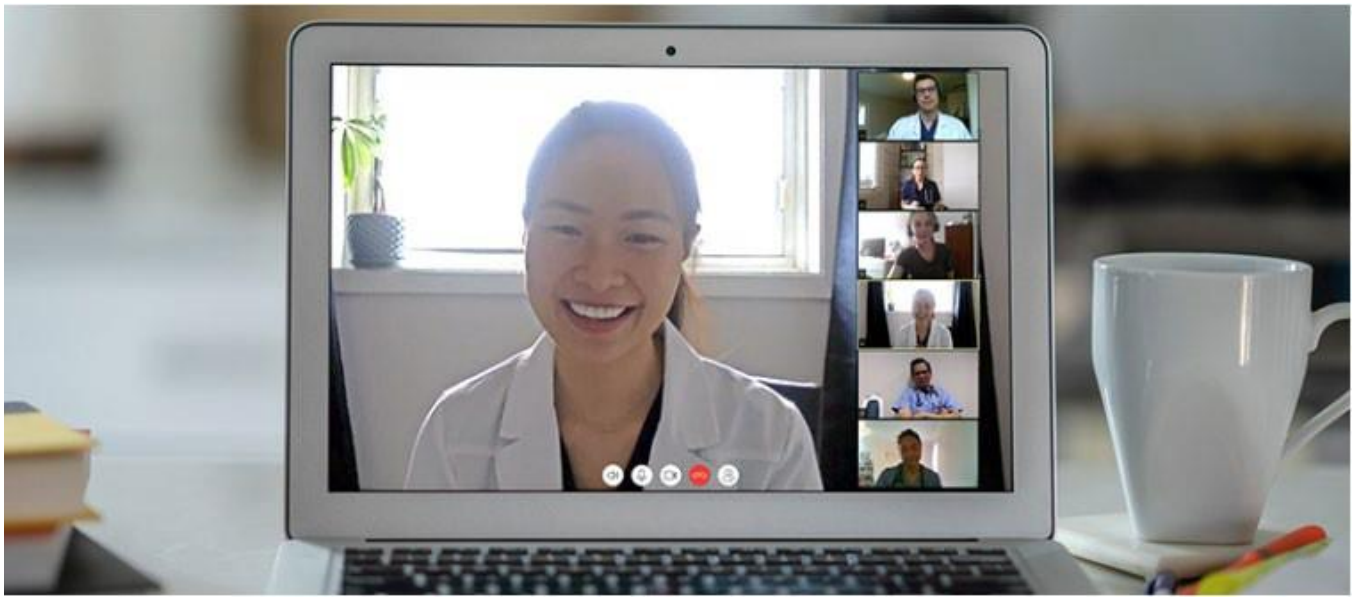
1. Open the Pelago app or visit **my.pelagohealth.com/att**.
2. Log in using the same email address and password you used during registration. You can also reset your password if needed.
3. The app will automatically start you at the beginning of the tobacco cessation program.

For more information on the tobacco cessation program, see your most current **AT&T Medical Plan Summary Plan Description (SPD) or Summary of Material Modifications SMM**.

For more information on surcharges, see the **Surcharges** video on the AT&T Benefits Center website.

Note: The surcharge will not be applied if you are not eligible for company-sponsored medical benefits, or if the application of the surcharge would result in your paying more than 100% of the Cost of Coverage.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.



Raising the Standard of Healthcare with Your Personal Healthcare Team

Note: If you enroll in an HMO or other Fully Insured Managed Care Option (FIMCO) medical plan, many of the virtual care and support services described below are provided by your plan as in-network benefits. Be sure to review your plan's specific virtual care and support services.

Designed to Treat You and Your Family Better

Your Personal Healthcare Team by Included Health is focused on simplifying and enhancing your healthcare experience. This virtual personal healthcare care team coordinates with AT&T's medical plans to create a unified experience for you and your eligible dependents.

Virtual Health Services

Get care for cold or flu, allergies, anxiety, chronic conditions and all kinds of medical and mental health issues. Plus, receive live help understanding your symptoms, your insurance and even your medical bills. Your Personal Healthcare Team offers the following virtual health services available on your phone, tablet or computer all year long, as often as needed, at no cost to you.

- 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 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 — get quick and easily accessible care for you and your covered dependents, on-demand 24/7.
- Virtual Mental Care — connect with therapists and psychiatrists from anywhere for high-quality virtual health care.

These Included Health services are available exclusively to participants in a self-insured medical plan option under the AT&T Medical Program, administered by Aetna or Blue Cross and Blue Shield of Illinois.

AT&T members who are enrolled in a Care plan administered by Centivo are eligible for Virtual Urgent Care through Your Personal Healthcare Team.

To access Your Personal Healthcare Team from your smartphone or tablet, download the Included Health app.

Health Support for the LGBTQ+ Community

Your Personal Healthcare Team provides dedicated advocacy and guidance for members of the LGBTQ+ community 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, such as:

- Personalized navigation for LGBTQ+ affirming care. Get support finding carefully vetted providers, navigating gender-affirming surgery, getting insurance authorizations, connecting to resources and more.
- 1-to-1 advocates for ongoing needs. Get a dedicated care coordinator who helps you understand your healthcare resources, come out at work, manage legal name changes and parent a queer or trans child. 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+.

LGBTQ+ healthcare coordinators are available Monday through Friday, 9 a.m. to 8 p.m. Eastern time (excluding holidays). In addition, care coordinators can connect you to other services for which you may be eligible.

Health Support for the Black Community

Health Support for the Black Community provides concierge-level support for Black employees and their eligible dependents. Our culturally competent care team ensures members receive high-quality culturally sensitive care, making you feel seen, heard and understood. Your Personal Healthcare Team by Included Health can match you with primary care providers, specialists, therapists and psychiatrists who have experience caring for the Black community. They can even help you with transportation and scheduling needs.

Included Health connects you to community resources, including local support groups, addressing various physical and mental health needs. This new benefit is available to you and your dependents at no additional cost.

Healthcare coordinators dedicated to providing guidance for members of the Black community are available Monday through Friday, 9 a.m. to 8 p.m. Eastern time (excluding holidays). In addition, care coordinators can connect you to other services for which you may be eligible.

Included Health Is Your Trusted AT&T Healthcare Resource to Get You and Your Family the Healthcare Help You Need

This Is What Your Total Healthcare Experience Should Look Like:

Get a doctor who gets you.

Receive personalized recommendations for primary care providers, high-quality facilities and specialists in your networks.

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.

Avoid overcharges on your healthcare.

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 AT&T benefits and 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 through Included Health.

Get started — access Your Personal Healthcare Team by Included Health today.

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

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

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 contributions will not change for 2025.

In 2025, you will continue to pay a monthly contribution for CarePlus coverage:

2025 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 that change 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 qualified status change event or the next Annual Enrollment.

CarePlus Services

CarePlus services are periodically evaluated so AT&T can provide the most up-to-date coverage. Information about what is included in CarePlus benefits and how to use them is available at **careplus.att.com/**. In addition, review your **CarePlus Summary Plan Description (SPD)** and find a complete list of CarePlus-covered services, which also includes benefits not listed on the CarePlus website such as Care Event days provided by Bright Horizons.

IMPORTANT: Most CarePlus services must be preapproved by UnitedHealthcare®. 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.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

Your 2024 Prescription Copayment Deadlines

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

For 2024 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.

Type of Order	Deadline
Mail order for refills or new prescriptions	Dec. 17, 2024 by 11 a.m. Central time
Responses due from your physician for any prescriptions requested through FastStart	Dec. 17, 2024 by 11 a.m. Central time
Prescriptions purchased at a Retail or Specialty Pharmacy	Dec. 24, 2024 by 11:59 p.m. Central time
Refill orders completed via CVS Caremark's IVR/phone system*	Dec. 20, 2024 by 11:59 p.m. Central time
Refill orders completed via the **caremark.com** website*	Dec. 20, 2024 by 11:59 p.m. Central time
Refill orders placed by phone through a CVS Caremark service associate*	Dec. 20, 2024 by 5 p.m. Central time

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

Your 2025 copay/coinsurance and deductible will apply to orders completed on or after Jan. 1, 2025. You can contact CVS Caremark Customer Service at 800-378-8851 or online at **caremark.com**.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

Your Guide to Next Year's Medical ID Cards

You will continue to use your current medical ID card in 2025 if you are staying in your current medical option and your benefits administrator and network remains the same.

You will receive a new medical ID card for 2025 if you are changing your medical option, benefits administrator or network during Annual Enrollment, or you are newly enrolling in coverage. ID cards should arrive by Jan. 1, 2025.

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. 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 option, 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** or access your ID card from the CVS Caremark app.

You can also contact Your Personal Healthcare Team by Included Health to confirm that a provider is in-network and to access your medical and prescription drug ID card through the Included Health app.

HMO Options

Note: If you are eligible for and 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 2024. ID cards are available either on the plans' mobile apps (where applicable) or on their websites.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

Dental Options

With AT&T dental coverage, certain preventive care services, such as regular cleanings, are covered at no cost to you when you visit a network provider. Each dental plan option also covers basic, major and orthodontia services. Remember, seeing network dental providers could mean that more of the costs of services are covered under the plan, reducing your overall out-of-pocket expenses.

You may also have a Dental Health Maintenance Organization (DHMO) option (depending on your ZIP code) available to you. See the **DHMO Patient Charge Schedule** for additional details.

While your dental options will not change in 2025, your monthly contributions may change. You can use this opportunity during Annual Enrollment to explore and choose what's right for you.

Take time to look at your 2025 AT&T dental plan options and costs in the chart below. It's worth the effort.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

The data provided in the chart below is for the 2025 plan year.

The Health Plan Comparison Chart is provided for informational purposes. In the event of a conflict between the Health Plan Comparison Chart and plan terms, plan terms will govern.

Cost

Plan Prices	AT&T Dental HMO	AT&T Dental PPO
Individual	$7.00	$7.00
Individual + 1	$15.00	$15.00
Individual + 2 or more	$26.00	$26.00

Dental Coverage

Plan Facts	AT&T Dental HMO	AT&T Dental PPO
Carrier Name	Cigna	Cigna
Carrier Address	Please check with Plan	Please check with Plan
Product name on website	Cigna	Cigna
Member Services Phone Number	1-888-722-5505	1-888-722-5505
Website	**mycigna.com**	**mycigna.com**
Group ID	40004 - For AT&T Benefits Center Use Only	40023 - For AT&T Benefits Center Use Only
Plan description	Dental HMO - Q3I00	Dental PPO

General Dental Expenses	AT&T Dental HMO	AT&T Dental PPO
See SPD for Full Information	Please check with Plan	Please check with Plan
Annual Deductible	Not applicable	**Network** $25 Annual Deductible per individual per calendar year **Non-Network** $50 Annual Deductible per individual per calendar year
Annual Maximum Benefit	Maximum does not apply	**Network** $1,750 per individual per calendar year **Non-Network** $1,300 per individual per calendar year

Preventive Care	AT&T Dental HMO	AT&T Dental PPO
Routine exams and cleanings, fluoride, x-ray, sealants	0% Coinsurance	**Network** 0% Coinsurance **Non-Network** 0% of Reasonable and Customary charge. Member owes difference

Preventive Care	AT&T Dental HMO	AT&T Dental PPO
		between Provider's fee and Program payment
Emergency Treatment for Pain Management Only	0% Coinsurance	**Network** 0% Coinsurance **Non-Network** 0% of Reasonable and Customary charge. Member owes difference between Provider's fee and Program payment

Basic Services	AT&T Dental HMO	AT&T Dental PPO
Fillings, extractions, endodontics, periodontics, surgery	0% Coinsurance	**Network** 10% Coinsurance **Non-Network** 30% of Reasonable and Customary charge

Major Services	AT&T Dental HMO	AT&T Dental PPO
Inlays, Onlays, Crowns, Bridges and Dentures	40% Coinsurance	**Network** 20% Coinsurance **Non-Network** 50% of Reasonable and Customary charge
Dental Implants	40% Coinsurance; Limited to 1 implant per calendar year with a replacement of 1 per 10 years	**Network** 20% Coinsurance **Non-Network** 50% of Reasonable and Customary charge

Orthodontia	AT&T Dental HMO	AT&T Dental PPO
Orthodontia Services	40% Coinsurance; Initial banding Active treatment after initial banding Retention visits and removable Appliance therapy	**Network** 20% Coinsurance **Non-Network** 50% of Reasonable and Customary charge

Orthodontia	AT&T Dental HMO	AT&T Dental PPO
Orthodontia Lifetime Maximum Benefit	Limited to 24 months of treatment per individual per lifetime	**Network** Maximum reimbursement: $2,000 per individual Network/Non-Network combined. **Non-Network** Maximum reimbursement: $1,400 per individual Network/Non-Network combined.

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Also, keep in mind that the information on access and quality of care is provided by the health plans. Neither AT&T nor Alight Solutions is responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. AT&T reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.

Vision Option

Seeing clearly affects your wellbeing wherever you are. In 2025 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 cost to you when you visit a network provider. Your vision plan will help cover expenses related to frames, lenses and contact lenses and provide access to discounts within a network of vision providers that includes independent providers as well as leading optical retail outlets.

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 Option

Take time to look at your 2025 AT&T vision plan option and cost in the chart below. Use this opportunity to see if this plan is right for you.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

The data provided in the chart below is for the 2025 plan year.

The Health Plan Comparison Chart is provided for informational purposes. In the event of a conflict between the Health Plan Comparison Chart and plan terms, plan terms will govern.

Cost

Plan Prices	AT&T Vision Program
Individual	$2.00
Individual + 1	$5.00
Individual + 2 or more	$9.00

Vision Coverage

Plan Facts	AT&T Vision Program
Carrier Name	EyeMed Vision Care, LLC
Carrier Address	Please check with Plan
Product name on website	EyeMed
Member Services Phone Number	1-800-638-4288
Website	**eyemedvisioncare.com/att**
Group ID	50015 - For AT&T Benefits Center Use Only
Plan description	PPO

General Vision Expenses	AT&T Vision Program
See SPD for Full Information	Please check with Plan
Annual Maximum Benefit	**Network** Amounts determined by the percentages below are applied to the Allowable Amount. **Non-Network** Dollar amounts below are what the Program pays up to.

General Vision Expenses	AT&T Vision Program
Preventive Care (Routine vision exams)	**Network** No cost **Non-Network** $28 Reimbursement

Glasses	AT&T Vision Program
Frame benefits	**Network** First Pair Benefit: $130 Allowance; Second Pair Benefit: $105 Allowance **Non-Network** $30 Reimbursement
Single, Bifocal, Trifocal, Progressive Lenses	**Network** Standard plastic, Single, Bifocal, Trifocal. - No cost 1st pair benefit & $30 Copay 2nd pair benefit. $112 Allowance for Progressive Lenses for 1st pair benefit & $95 Copay 2nd pair benefit. **Non-Network** Single: $30 Reimbursement; Bifocal:$52 Reimbursement; Trifocal: $72 Reimbursement; Lenticular: $80 Reimbursement and Progressive: $52 Reimbursement. Refer to SPD for details.
Standard Lens Options	**Network** Polycarbonate First Pair No cost; Second Pair Adults: Not covered, Children < age 19 No cost. Lens options Not covered, includes tints, UV coatings, transition, anti-reflective, scratch resist, etc. **Non-Network** Not covered

Contact Lens	AT&T Vision Program
Contact Lenses	**Network** $150 Allowance. See SPD for details on 2nd pair benefit. **Non-Network** $150 Reimbursement
Contact lens fit and follow-up	**Network** Not covered **Non-Network** Not covered

Contact Lens	AT&T Vision Program
Medically necessary lenses	**Network** First Pair Benefit: No cost; Second Pair Benefit: No cost. **Non-Network** $150 Reimbursement
LASIK Eye surgery	**Network** Not covered **Non-Network** Not covered

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Also, keep in mind that the information on access and quality of care is provided by the health plans. Neither AT&T nor Alight Solutions is responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. AT&T reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.

Living Your Best! Wellbeing Program

We aim to create a total wellbeing experience and culture that drives healthy behaviors, meaningful actions and positive outcomes for employees and their spouses/partners. Program highlights include:

- **A variety of activities and resources** to help you maintain and improve your physical, financial, social and emotional wellbeing. Because everyone's wellbeing is unique, you have the flexibility to

prioritize areas of total wellbeing that matter most to you! The wellbeing program provides you with support in the wellbeing areas where you have the most interest or need the most help.

The AT&T Benefits Center is your one-stop shop for your benefits and wellbeing resources. You can manage your participation, discover the wealth of benefits offered, and more via the mobile app or website.

The Benefits of Wellbeing

Here are some examples of wellbeing activities you and your spouse/partner can enjoy.

- Tracking steps, sleep and nutrition
- Participating in companywide challenges, as well as challenges you or your fellow employees can initiate
- Completing multi-step wellbeing journeys related to physical activity, stress, resiliency, nutrition, financial wellbeing and more

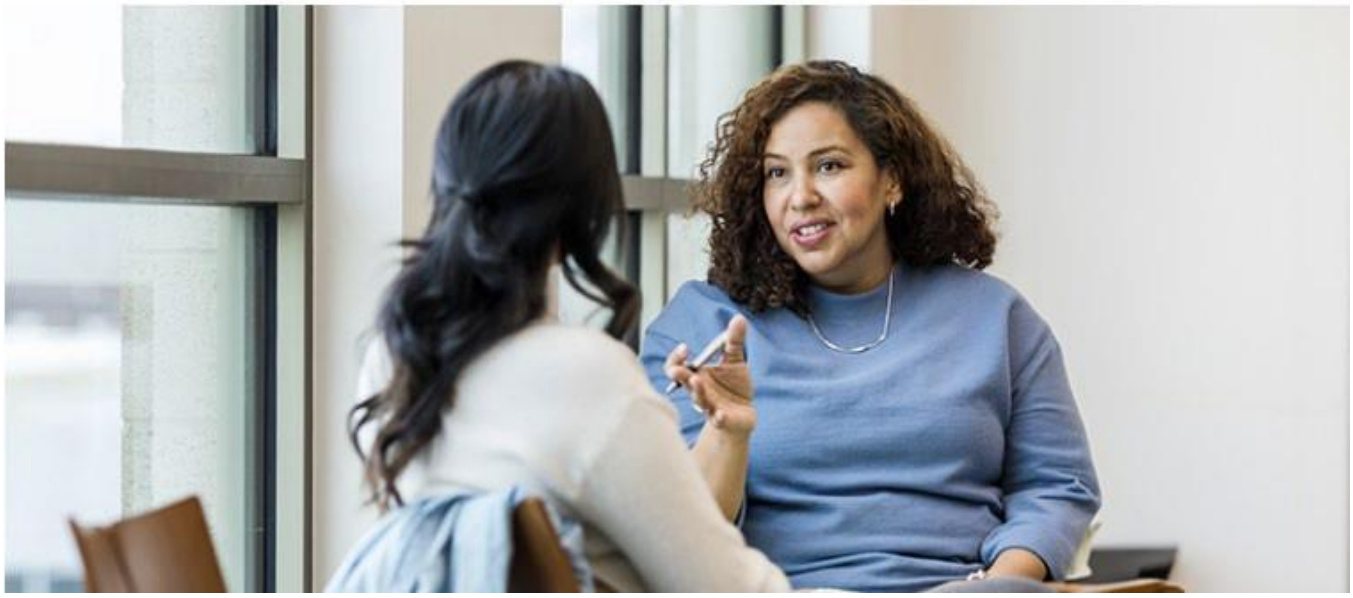
Terms and conditions of the program are set forth in the **Summary Plan Descriptions (SPDs) and related Summaries of Material Modifications (SMMs)**.

You have two ways to access the wellbeing program:

- **Access the wellbeing program through the AT&T Benefits Center website.** You will be able to learn more about the program, link to the activity tracker, receive personalized recommendations and much more.
- **Use the Alight mobile app.** To download the mobile app, search for **Alight Mobile App** on the Apple App Store or Google Play. Once the app is downloaded, select AT&T. To log on, you will need your AT&T corporate credentials. Eligible spouses/partners and new participants can also access the website and mobile app by registering and creating a participant ID and password. If your spouse/partner is unknown to the AT&T Benefits Center because they are not covered as a dependent or listed as beneficiary, you will need to call the AT&T Benefits Center at 877-722-0020 to provide their information so they can create an account.

Stay in the know. Don’t miss important wellbeing reminders and program information. **Sign up for text messages**.

For complete terms and conditions of your benefits, please see your Summary Plan Description (SPD).



Employee Assistance Program (EAP) — An Emotional Wellbeing Resource

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 EAP to help you deal with stressful situations impacting both your personal and work life. No enrollment is required, and EAP services are available at no cost to you, your dependents and others in your household.

Covered Services

EAP services will continue to include confidential assessments, referrals and short-term interventions to help with personal, family or work-related concerns.

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

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

You have up to five sessions per issue, per person, 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, Lyra will be able to coordinate with your AT&T medical plan option to identify in-network behavioral health providers who can provide post-EAP services as part of the medical plan.

Family Building Virtual 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. Whether you are thinking of starting a family, currently expecting, caring for a newborn, considering adoption or surrogacy, or managing postpartum, get personalized 24/7 virtual support — at no cost to you.

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

For additional program details, refer to the **Employee Assistance Program Summary Plan Description (SPD)** for more information.

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. Visit **metlife.com/att** for more information.

Basic Life and AD&D Insurance

Your company-paid employee basic life and AD&D insurance coverage is 1 times your 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 and AD&D Insurance for You and Your Dependents

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 and AD&D insurance coverage for you, your spouse/partner and your child(ren). 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 your annual pay. The maximum combined total of basic and supplemental life insurance for you is $7 million.

For Your Spouse/Partner and Child

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

Spouse/partner: You can choose the following options:

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

Child(ren): You can choose the following options:

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

For additional program details, refer to the AT&T Group Life Insurance Program **Summary Plan Description (SPD)** for more information.

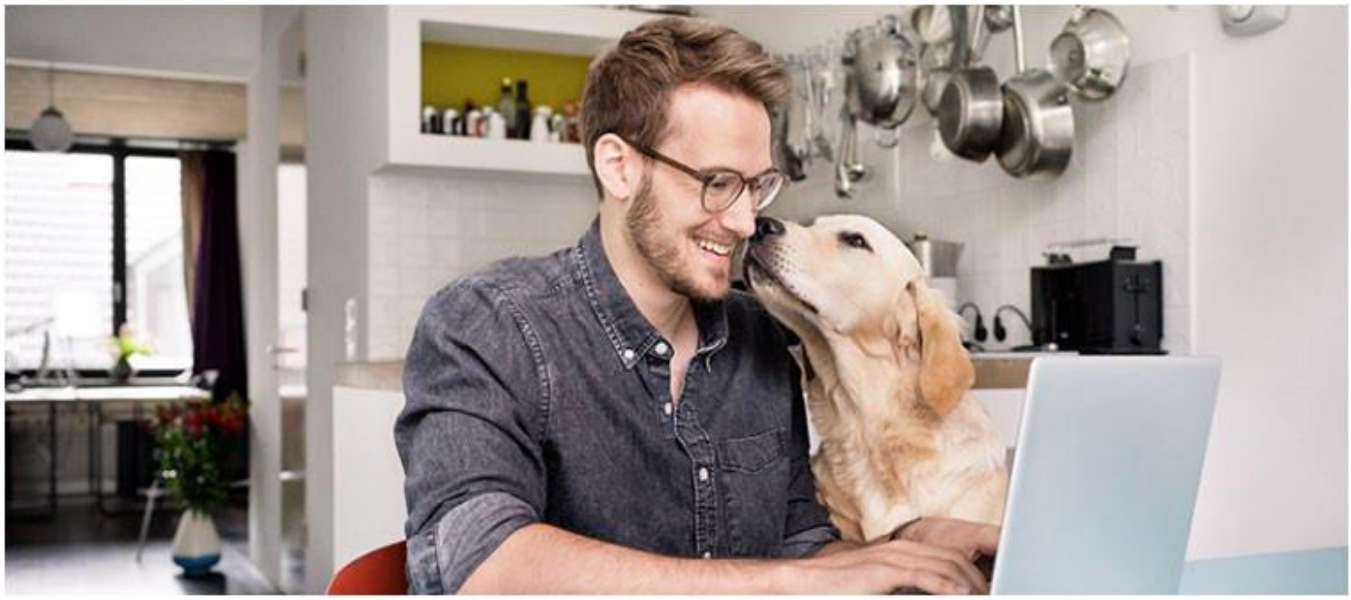
Disability

Disability (Short-Term and Long-Term Disability)

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.

For more information, refer to your **Summary Plan Description (SPD)**.



AT&T Ancillary Benefits

We are pleased to continue offering the following AT&T ancillary benefits through MetLife:

Critical illness insurance	Hospital indemnity insurance
Accident insurance	Legal services

If you are not currently enrolled in any ancillary benefits, you can enroll during Annual Enrollment for coverage to begin Jan. 1, 2025. If you are currently enrolled in any of these benefits and wish to continue with no changes for 2025, you do not need to take action during Annual Enrollment.
Visit **metlife.com/att** for details.

You pay the cost of coverage through after-tax payroll deductions.

Critical Illness Insurance

What's Changing for 2025

- **New coverage for autism spectrum disorder diagnosis.** Enrolled participants are eligible to receive 25% of the critical illness benefit for a new autism spectrum disorder diagnosis that occurs Jan. 1, 2025 or after.

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.

Refer to the AT&T Ancillary Benefits Program at **metlife.com/att** for details and a listing of all 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. To find out more about the Health Screening Benefit, go to **metlife.com/att** and click on the **Health Screening Benefit** tile.

Coverage Options

There are two coverage options — $10,000 or $20,000 initial benefit amounts. You and your spouse/partner are eligible to receive 100% of that benefit and 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.

You can review your coverage options and pricing when you complete 2025 Annual Enrollment or refer to the AT&T Ancillary Benefits Program at **metlife.com/att** for coverage and pricing details.

Accident Insurance

Accident insurance coverage through MetLife can help you with unexpected expenses, such as those that may not be covered under your medical plan. MetLife pays a lump-sum benefit for over 150 different covered 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.

Visit **metlife.com/att** for details and a list of covered and excluded events, medical services and treatments.

Coverage Options

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

You can review your coverage options and pricing when you complete 2025 Annual Enrollment or refer to the AT&T Ancillary Benefits Program at **metlife.com/att** for coverage and pricing 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.

* Visit **metlife.com/att** for additional details and a listing of covered services.

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.

You can review your coverage options and pricing when you complete 2025 Annual Enrollment.

Legal Services

Legal services coverage through MetLife gives you access to expert guidance and tools you need to handle a broad range of common legal issues. For a monthly fee, you have unlimited access to a network of attorneys to help you take care of legal matters covered under the program — with no waiting periods, no deductibles and no claim forms.

Visit **metlife.com/att** for additional details and a full list of covered services.

Digital Estate Planning

You can also create wills, living wills and powers of attorney 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, your spouse/partner and your dependent children (if applicable). You can continue your coverage if you change jobs or retire.

You can review coverage and pricing when you complete 2025 Annual Enrollment or refer to the AT&T Ancillary Benefits Program at **metlife.com/att** for coverage and pricing details.

Identity Theft Protection

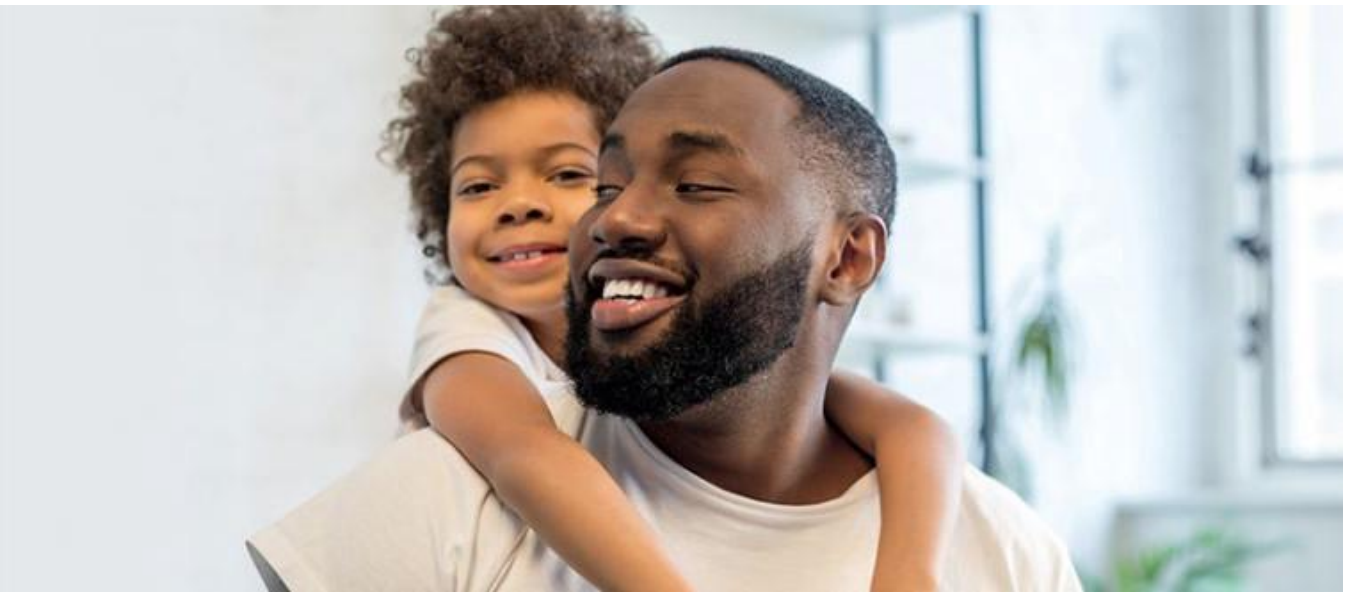
AT&T offers identity theft protection through ID Watchdog® from Equifax. This important benefit is designed to monitor your identity and protect you and your family from identity fraud, which is growing more prevalent by the day.

ID Watchdog is proactive in the following ways:

- It scours billions of data points — public records, transaction records, social media and more — to search for signs of potential identity theft activity.
- You can have added protection by being able to lock your credit reports and prevent identity thieves from opening new accounts in your name.
- If you become a victim, a certified resolution specialist will personally manage your case until your identity is restored.
- Your family is also protected.

You can review your coverage options and pricing during Annual Enrollment or at any time throughout the year at **idwatchdog.com/myplan/ATT**.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.



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 the AT&T Benefits Center website. 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 **NetBenefits.com/att**.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

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, dental and life coverage may vary.

Check the enrollment status of your current dependents. You can contact the AT&T Benefits Center to confirm your dependents' status. You do not need to re-enroll them unless they became ineligible due to a prior age restriction. Medical coverage will end for any eligible enrolled dependent at the end of the month in which they reach age 26. To add new dependents to coverage, access **Coverage Changes for Spouse and Child** on the AT&T Benefits Center website.

Note: You must remove dependents from coverage when they are no longer eligible or risk penalties for benefits fraud. AT&T may audit benefit eligibility at any time. The plan will automatically remove child dependents who are no longer eligible due to age.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.

Glossary of Terms

The following are commonly used benefits-related terms and their definitions.

Allowable Amount or Allowable Charge

The dollar amount that 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

The amount of money you must first pay out of pocket each calendar year for covered services before your insurance begins paying benefits.

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.

Annual Out-of-Pocket Maximum

The maximum amount that you will pay out of pocket for covered health services each calendar year.

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 Medical Plan

Some of AT&T's medical plan options are self-insured, which means the company retains the financial risk for paying claims instead of insuring the risk with a third party.

Copay

A fixed dollar amount you pay for certain covered health services (e.g., $50 for a specialist office visit or a prescription at the pharmacy). Copay amounts can vary by services received, and other cost-sharing requirements may apply. Not all medical plan options will have copay features.

Employee Retirement Income Security Act of 1974 (ERISA)

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:

- Requiring the disclosure of financial and other information concerning the plan to beneficiaries;
- Establishing standards of conduct for plan fiduciaries; and
- Providing appropriate remedies and access to the federal courts.

Fully Insured Managed Care Option (FIMCO) / Health Maintenance Organization (HMO)

A medical plan option that provides benefits under an insured arrangement with a third party and not through a Company Self-Insured Medical Plan option.

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/partner 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. 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.

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.

Health Savings Account

A Health Savings Account (HSA) is a tax-free* way to pay for qualified healthcare expenses, now or in the future. You must be enrolled in a high deductible health plan to be eligible to contribute to an HSA via payroll deductions. Depending on which medical plan option you choose to enroll in, you may be eligible to receive a company HSA contribution.

Note that your HSA balance rolls over year over year and can be invested. Earnings accumulate tax-free and can also be used to pay for qualified healthcare expenses. When you reach 65, your HSA balance can be used for expenses other than healthcare. Because your HSA is a personal account, when you leave the company, you will take your HSA with you.

* 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.

Network Provider

A provider that 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 that has not contracted with your benefits administrator for reimbursement at a negotiated rate.

Preferred Provider Organization (PPO)

The group of healthcare providers that have an agreement in effect with the medical plan 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 Mailbox

A private, secure mailbox accessed through the AT&T Benefits Center website where participants can receive important benefits documents and reminders.

Spouse/Partner

A 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 an SMM 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 by Included Health

Live, virtual care team support that can address general healthcare questions and provide smart care guidance to appropriate programs offered by AT&T. Employees could also have access to additional services such as virtual care, billing resolution, Explanation of Benefits (EOB) issues and service denials.

For complete terms and conditions of your benefits, please see your **Summary Plan Description (SPD)**.