

Presidents Meeting
Benefits Only – July 9, 2019

Benefits – Effective 1/1/20

Premiums

Monthly Contributions (full time)					
2015 New Hires, 2012 New Hires, 2009 New Hires, Current Employees					
		Current	2020	2021	2022
OPTION 1	Individual	110.00	130.00	132.00	135.00
	Family	273.00	337.00	353.00	375.00
OPTION 2	Individual	50.00	73.00	79.00	86.00
	Family	124.00	202.00	219.00	237.00

Monthly Contributions (full time)				
2018 New Hires*				
		2020	2021	2022
OPTION 1	Individual	155.00	157.00	161.00
	Family	401.00	420.00	446.00
OPTION 2	Individual	96.00	103.00	111.00
	Family	266.00	286.00	308.00

Deductibles

2018 New Hires*, 2015 New Hires, 2012 New Hires, 2009 New Hires, Current Employees									
		Current		2020		2021		2022	
		<i>Network ONA PPO</i>	<i>Non Network</i>	<i>Network ONA PPO</i>	<i>Non Network</i>	<i>Network ONA PPO</i>	<i>Non Network</i>	<i>Network ONA PPO</i>	<i>Non Network</i>
OPTION 1	Individual	\$600	\$2100	\$700	\$2450	\$800	\$2800	\$850	\$2975
	Family	\$1200	\$4200	\$1400	\$4900	\$1600	\$5600	\$1700	\$5950
OPTION 2**	Individual	\$1300	\$3900	\$1550	\$4650	\$1600	\$4800	\$1650	\$4950
	Family	\$2600	\$7800	\$3100	\$9300	\$3200	\$9600	\$3300	\$9900

Monthly Contributions Part Time: Same eligibility requirements as current

Eligibility for Company Subsidy - Individual Coverage (after 90 days)
 Family Coverage (after 6 months)

*2018 New Hires are employees hired after ratification of the 2018 CBA

**Option 2 - If family coverage is selected, family deductible must be met before deductible is considered met. This may be met by one, or a combination of family members.

Out of Pocket Maximums (includes deductibles)

2018 New Hires, 2015 New Hires, 2012 New Hires, 2009 New Hires, Current Employees					
		Current		2020/2021/2022	
		<i>Network ONA PPO</i>	<i>Non Network</i>	<i>Network ONA PPO</i>	<i>Non Network</i>
OPTION 1	Individual	\$3000	\$9000	\$3500	\$10500
	Family	\$6000	\$18000	\$7000	\$21000
OPTION 2*	Individual	\$6450	\$19350	\$6650	\$19950
	Family	\$12900	\$38700	\$13300	\$39900

* If the coverage tier is Family, the 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/PPO/ONA Services for an individual family member once the individual meets the Network/PPO/ONA Individual Out-Of-Pocket Maximum, even if the Family Out-Of-Pocket Maximum has not been met.

Co-Insurance (after deductible)

For all co-insurance excluding Emergency Room Services*

2018 New Hires, 2015 New Hires, 2012 New Hires, 2009 New Hires, Current Employees					
		Current		2020/2021/2022	
		<i>Network ONA PPO</i>	<i>Non Network</i>	<i>Network ONA PPO</i>	<i>Non Network</i>
OPTION 1	Individual	10%	50%	10%	50%

OPTION 2	Family	10%	50%	10%	50%
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*Emergency room services for both Network/PPO&ONA and Non-Network, Non-PPO Co-Insurance is 10%

Prescription Drugs

Option 1

Deductible: None

Out of Pocket Maximum		
	Current	2020/2021/2022
Individual	\$1200	\$1700
Family	\$2400	\$3400

Option 2

Deductible: Integrated with Med/Surg/MH/SA, Care Plus

Out-Of-Pocket Maximum: Integrated with Med/Surg/MH/SA, Care Plus

Copays

For both Option 1 & Option 2

		Current	2020/2021/2022
Generic	Retail	\$10	\$10
	Mail Order	\$20	\$20
Preferred	Retail	\$35	\$40
	Mail Order	\$70	\$80
	Retail	\$70	\$80

Non-Preferred	Mail Order	\$140	\$160
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All other Plan provisions, benefits and components same as current

Working Spouse Contribution (New)

Participants whose spouse/LRP enroll 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/LRP does not have access to medical coverage otherwise the additional contribution will be applied.

Monthly Contribution Amounts		
2020	2021	2022
\$0	\$100	\$100

Tobacco Use Contribution (New)

Employees and/or spouses/LRPs 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/LRP 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. A tobacco user is currently defined as someone who has used tobacco products more than once a month on average. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers, and smokeless tobacco. The definitions of engagement, tobacco user and tobacco products and the terms of the Company-sponsored Tobacco Cessation program may change from time to time, at the sole discretion of the Company.

Monthly Contribution Amounts		
2020	2021	2022
\$50	\$60	\$65

New Letter Outside the Contract: The Company commits that the definition of engagement shall not be defined as the attainment of a non-tobacco user status.

Dental

No change from current program.

2018 New Hires, 2015 New Hires, 2012 New Hires, 2009 New Hires, Current Employees

Monthly Contributions		
	Current	2020/2021/2022
Individual	\$7.00	\$7.00
Individual + 1	\$14.00	\$15.00
Family	\$23.00	\$26.00

Deductibles & Annual Maximum Benefit: No change from current

Vision

2018 New Hires, 2015 New Hires, 2012 New Hires, 2009 New Hires, Current Employees

Monthly Contributions		
	Current	2020/2021/2022
Individual	\$2.00	\$2.00
Individual + 1	\$5.00	\$5.00
Family	\$8.00	\$9.00

Pension

Midwest Program

- All current participants who continue to participate in the Midwest Program will receive will be eligible for the following pension band increases:
 - Two 1.0% increases effective January 1, 2020
 - 1.0% increase effective January 1, 2021
 - 1.0% increase effective January 1, 2022

BCB2

- All 2018 New Hires, and current participants in the BCB2 Plan will continue to be eligible to participate in the BCB2 Plan.
 - Current age credit factors remain unchanged for the life of the agreement.

Savings Plans

- AT&T Savings and Security Plan - no change from current plan.
- AT&T Retirement Savings Plan - no change from current plan

Disability

All current employees, 2009 and 2012 New Hires

- AT&T Midwest Disability Benefits Program – (No change from current program)

2015 New Hires and 2018 New Hires*

- AT&T Disability Income Program – (No change from current program)

*Effective on the day following the Ratification Date for 2018 New Hires

**Flexible Spending Account, CarePlus, Life Insurance, Long-Term Care*,
Adoption, Commuter**, EAP**

Same as current Plans

(Applies to all current employees and 2018 new hires)

*Long-Term Care (closed to new entrants as of 5/1/2012): Company may unilaterally modify or discontinue.

**Commuter Benefit: No change from current policy. Eligible expense and monthly limits continue to be updated annually as allowed by IRS code section 132 regulation.

Eligible Retired Employees

Monthly Contributions

2018, 2015 and 2012 New Hires

Eligible retired employees* who are Non-Medicare eligible will pay 100% of the full cost of coverage * with no company subsidy.

2009 New Hires

Eligible retired employees* who are Non-Medicare eligible will pay 50% of the full cost of coverage

Current Employees

Eligible Retired Employees* who are Non-Medicare eligible will have access to the same plans, options and pricing as current active employees

No change from current program

* Eligible Retired Employees includes Employees who terminate employment during the term of the 2018 collective Bargaining Agreement and who meet the applicable requirements to be eligible for post-retirement benefits.

Benefit Definitions

Annuity: Refers to a monthly (annual) pension benefit.

Banded Plan: Refers to our traditional defined pension plan. Each title/wage has an associated pension band which is then translated into a fixed dollar amount. Pension bands are generally listed in the wage tables and the band amounts are listed in the Benefits Appendix. Multiply your band dollar amount by your years of seniority to get a general estimate of your monthly pension benefit.

Benefit Commencement Date (BCD): For the Midwest is the date commonly used as your last day on payroll. Is Very Important when retiring at year end (12/31).

Carrier/Vendor: Is the insurance company that administers our benefit plans.

Cash Balance Account (BCB2): A pension plan available to newly hired employees and certain other current employees that allow participants to plan for future retirement.. A cash balance plan specifies the amount of the contribution by the employer on a more consistent, steadily escalating curve basis rather than the amount of a future benefit or a step curve basis that is used in defined pension plans. Monies can be paid out in a lump sum in a more unrestricted way if employees move from company to company prior to retirement.

AT&T Midwest Bargained Employee Medical Program (Formerly CHCP): The Midwest Bargained Employee Medical Program that has two distinct insurance options; a Health Care Network (HCN) and Preferred Provider Organization (PPO/Non PPO). The Plan is considered a traditional Point of Service Plan; meaning you choose an In-Network/PPO provider [or not] at the time you need services.

Co-Insurance: This is the amount you are responsible for once you have met your deductible. It is expressed as a percentage. For example: If your co-insurance is 10%; you are responsible for 10% of the Reasonable & Customary cost (or Network Negotiated Fee) for your health care. If you went to your family doctor and the reasonable fee for the office visit was \$100; you would be responsible for \$10.00 and your insurance would pay \$90. You are responsible for any amounts over the reasonable and customary (or Network Negotiated Fee) if the Provider you use does not waive them. The charges you are responsible for are determined by your Co-insurance level (10% when you use an In-Network/PPO provider or 50% when using a Non-Network/Non PPO provider).

Co-Pays: Co-pays are set dollar amounts usually paid at the time services are rendered.

Deductible: The deductible is an amount of money that *must be paid "up front"* before the Plan pays anything toward your coverage. Like the premium; the amount can be different based on the number of covered individuals, either single or family (two or more individuals). The deductible is also substantially higher if you receive care at a Non-Network/Non-PPO providers

or facilities. Dollars that apply to the In-Network/PPO and Non-Network/Non PPO providers are never mixed. The deductible is waived for some medical services, such as In-Network/PPO Preventive Care. Once you meet the appropriate medical deductible; all you pay is Co-Insurance (described above) and your insurance pays the remainder for all covered services.

Eligible Employees (EE): An employee that is eligible to participate in the Plan.

Eligible Expenses: Expenses for services that are covered under the insurance plan. Services must be medically necessary. (Example: cosmetic surgery or air purifiers are not generally eligible expenses/not covered as they are not considered medically necessary) Contact the number listed on the back of your insurance card if you have questions as to what are covered expenses/procedures.

Flexible Spending Account (FSA): An account that you can set up using pre-tax dollars deducted from your paycheck. Healthcare and Dependent care expenses are eligible to be paid out of this fund. You must enroll annually for this account. While the account has definite tax advantages; you should note the any money unused at the end of the year is forfeited. This is a good option for individuals that have predictable eligible expenses such as child care or insurance premiums.

Future Retiree: An employee that is in Regular Full Time status on the start date of Contract term and retires during the term of this Contract.

Health Reimbursement Account (HRA's): An account, funded by the employer that provides dollars to pay for eligible health care expenses such as deductibles, or co-insurance. Any amounts not used in the current year carry-over to the next year.

HMO's: A completely separate medical plan offered as an alternative to the traditional medical plan(s) and sometimes require a monthly premium. Each HMO has their own plan designs. It is the responsibility of each employee to review and compare plan details, providers and costs before choosing an HMO medical option.

Life Insurance:

Basic Life - Term Life insurance provided and paid for by the employer.

Dependent Life - Additional Term life insurance that the employee may elect/pay for. It is available in increments up to 6 times the annual pay. Is discounted for non-smokers.

Supplemental Life - Term life insurance for spouse and/or children that an employee may elect to purchase in varying amounts.

Modified Rule of 75: Is a pension rule that defines when an employee may retire with a service pension (without reduced pension benefits) and with retirement benefits. Other than a DB pension; you **must meet** the following grid in order to qualify for a service pension with associated benefits (any age + service = 75 **DOES NOT** qualify):

Service Age

30+ years	Any age
25 years	Age 50
20 years	Age 55
10 years	Age 65

Mortality Table: Tables used to determine life expectancy for lump sum calculations.

Network Negotiated Fees (NNF): Fees like Reasonable and Customary fees that are normally charged in a geographical area for specific services, but that are negotiated downward by the insurance industry to reflect a much deeper discount.

Non PPO/HCN Non-Network: Providers, hospitals and facilities that have not agreed to a discounted rate and who do not belong to the network or PPO. You may still use these providers, but at a much higher out of pocket cost to yourself. Deductibles, Co-insurance and Out of Pocket Maximums are much higher when out of Network. **It is your responsibility each and every time you seek services to verify that the provider you use is in the Network or PPO. Providers and facilities sometimes join or leave networks during the course of the year.**

Other Post-Employment Benefits (OPEB's): These are benefits that an employee is eligible to receive (or purchase) upon reaching retirement eligibility. (example: Medical, Care Plus, Dental, Vision, Life Insurance). The options available to employee's vary and is dependent on their retirement company and date.

Out of Pocket Maximums (OOP): A fixed amount depending on whether you are using In-Network/PPO or Non-Network/Non PPO services. Once you have paid this amount (generally through Co-insurance payments) all additional covered services are paid by the insurance at 100% (of R&C or NNF). Premiums, Deductibles or amounts over the R&C/NNF are not applied to the OOP Maximum.

PPO/HCN Network: A network of participating health care providers, hospitals, and facilities that have agreed to reduced rates for their services. By utilizing participating providers; you will be eligible for lower Deductibles, Co-insurance and OOP Maximums.

It is your responsibility each and every time you seek services to verify that providers are still In-Network or PPO. Providers and facilities sometimes join or leave networks during the course of the year.

Premium: This refers to a monthly payment required to participate in a benefit plan. The amount of the premium is dependent on the number of covered individuals covered. The fee is less for an individual than for a family (two or more). The payment is made via payroll deduction (if still employed) and is in most cases considered pre-tax income. Failure to pay any part of your premium(s) will result in in cancellation of ALL insurance coverage and will require a period of time before you can re-enroll. This could be a result of inadequate money in the pay cycle to cover the deduction.

Usual & Customary Fees (U&C): U&C fees are fees that are normally charged by medical and/or dental providers in a certain geographical area.

Self Insured: A situation where the Company pays a vendor to administer the benefit plan and only pays the actual claim rather than pay monthly insurance premiums for each employee.

General Legal Notice: This information is provided for training discussion and is informational only. It only attempts to summarize the listed components of the benefit plans or programs for easier understanding. Individual situations and plans may vary. Full details, including eligibility are described in your Summary Plan Descriptions, Summary material Modifications and Plan Documents which are subject to the Collective Bargaining Agreement. In all cases; the Collective Bargaining Agreement and/or Plan Documents shall govern and are the final authority on the terms of the Plans.