



Frequently Asked Questions

These FAQs apply to all Medicare-eligible retirees.

Your AT&T- sponsored health coverage is changing in 2024.

General Questions

Q1: Why is AT&T making this change?

AT&T continually monitors changes in the healthcare landscape to ensure that we continue to provide excellent retiree healthcare while ensuring the long-term health of our company.

Q2: Will I receive a HRA credit if I enroll in the AT&T Group Medicare Advantage (PPO) Plan?

No. Because AT&T will now offer a plan with no monthly costs to subsidy eligible retirees, the company's HRA contribution will end beginning in 2024. However, you will still have access to any unused HRA funds for eligible reimbursements.

Q3: What happens to my HRA balance if I enroll in the AT&T Group Medicare Advantage (PPO) Plan?

Your current HRA balance will not be impacted, and can be used for eligible medical expenses, including out-of-pocket expenses under the AT&T MAPD Plans. Beginning in 2024, however, you will not be eligible for additional HRA contributions.

Q4: Is the Aight Retiree Health Exchange going away?

Beginning in 2024, AT&T will offer two company-sponsored plans, the AT&T MAPD Plan and the AT&T MAPD Plus Plan. If you do not wish to enroll in an AT&T MAPD Plan, you can choose to stay on your current plan (if it remains available through the Exchange) or find another plan through the individual market, without an HRA contribution and at your own cost.

Q5: If I enroll in the AT&T Group Medicare Advantage (PPO) Plan and then move to an individual Medicare Supplement plan in subsequent years, can I change my enrollment options (and vice versa)?

Yes. Based on current Medicare enrollment and AT&T Group Medicare Advantage Plan rules, you can change your elections annually, but please remember that because we'll now offer this plan with no monthly costs to all subsidy eligible retirees, our HRA contribution will end beginning in 2024.

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Q6: If I enroll in the AT&T Group Medicare Advantage (PPO) Plan, will I receive a reimbursement for my Medicare Part B premium?

No. There is no change in 2024 related to Part B premium reimbursements, so you will not receive a reimbursement directly from AT&T for this cost. That said, if you have remaining funds in your HRA, you may continue to reimburse yourself for Medicare Part B premiums from your HRA funds.

Q7: Is dental or vision coverage available under the AT&T Group Medicare Advantage (PPO) Plan?

Yes, in 2023, you'll hear directly from UnitedHealthcare with more details about 2024 coverage, including an option that includes dental and vision benefits. You can also continue to purchase dental and/or vision coverage outside of UnitedHealthcare or through the Exchange, but you will not be eligible for any HRA contributions based on that enrollment.

Q8: Can I remain in or enroll in the Alight Retiree Health Exchange ("Exchange")?

Yes. Though it will no longer be AT&T-sponsored in 2024, you can choose to stay in a plan through the Exchange without the HRA contributions or find another plan through the individual market. Alternatively, you could move to one of the company-sponsored AT&T Group MAPD plans.

Q9: Will AT&T continue to offer CarePlus to retirees?

CarePlus will still be available to Medicare-eligible retirees in 2024. As usual, you will receive more information in the Fall about available coverage for 2024, including CarePlus eligibility and coverage information. If you have questions about what is covered in CarePlus today, you can visit careplus.att.com.

Q10: Is this a UnitedHealthcare Medicare Advantage Plan that's advertised on TV?

No. This is a custom Group Medicare Advantage (PPO) Plan designed exclusively for AT&T retirees with enhanced features that are available across the country and in all U.S. territories. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage Plans that might be available in your area.

Q11: Should I keep my Medicare Supplement plan?

Medicare Supplement plans do not work with the AT&T MAPD Plans, and you would not be able to use your Medicare Supplement plan to pay for any health care coverage. If you enroll in the AT&T MAPD Plans, you will have to actively disenroll from any Medicare Supplement plan directly with the carrier when you receive your Member ID card, otherwise, you will be paying for two different plans that do not coordinate payment.

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Q12: How does the AT&T Group Medicare Advantage (PPO) plans coordinate with TRICARE?

The AT&T Group Medicare Advantage (PPO) plan will generally pay first for Medicare-covered services.

You can contact TRICARE for LIFE at 1-866-773-0404 for additional information. Coordination: The AT&T Group plan and TRICARE may coordinate their benefits if your AT&T Group MAPD plan pharmacy is also a TRICARE network pharmacy. Otherwise, you can file your own claim to get paid for any out-of-pocket costs. Contact tricare.mil or call the TRICARE Pharmacy Program at 1.877.363.1303.

Q13: How does the AT&T Group Medicare Advantage (PPO) Plan coordinate with VA Benefits?

Members who have both Medicare and VA benefits can receive treatment under either program and will need to choose which benefits to use each time they access care. Medicare and the VA cannot pay for the same service. You can contact the VA at 1-800-827-1000, TTY 1-800-829-4833 for additional information. You also cannot use both VA benefits and the AT&T Group MAPD benefits for the same drug at the same time. There is no coordination between Original Medicare and VA benefits or the MAPD and VA.

Q14: If I enroll in an AT&T Group Medicare Advantage (PPO) Plan, can I continue to see my current provider?

The AT&T Group Medicare Advantage (PPO) Plan is a unique Preferred Provider Organization (PPO) that allows you to see any Medicare-willing provider (in-network or out-of-network), as long as the provider accepts the plan.

When you go out-of-network for care, the PPO pays providers just as much as Medicare would have paid, resulting in near universal provider access. If you have any questions on whether your provider accepts the plan, or if they state that they do not accept the plan, please call UnitedHealthcare at 1-866-819-3448, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week.

For Kaiser Permanente participants: While the AT&T Group Medicare Advantage (PPO) Plan has many benefits, Kaiser Permanente doctors and policies operate only on their private network. Therefore, choosing this plan will likely mean you'll lose access to your existing providers.

Q15: Do I still have to enroll in order for my family members to remain eligible for AT&T coverage?

No. If there is a Medicare-eligible member in a retiree family, there will no longer be a requirement that the retiree be enrolled in AT&T-sponsored coverage in order for dependents to be eligible for AT&T coverage.

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Q16: If I'm Medicare-eligible and have coverage as an active employee or as a dependent of an active employee from another employer (not retiree coverage), can I enroll in the AT&T Group Medicare Advantage (PPO) Plan?

No. Because you are employed or have coverage as an active employee or as a dependent of an active employee through another employer, Medicare is not your primary coverage. However, if you dis-enroll in your coverage from another employer and timely enroll in Medicare Parts A and B, you will be eligible to enroll in the AT&T Group Medicare Advantage (PPO) Plans.

Q17: I (or my spouse/partner) am turning 65 soon. What do I need to do?

You or your spouse/partner should receive information from Social Security well in advance of your 65th birthday. Take action as instructed to ensure you are enrolled in Medicare Parts A and B, and for AT&T post-employment coverage for the remainder of the current plan year. You must be enrolled in Medicare Parts A and B to be eligible for the AT&T Group Medicare Advantage (PPO) Plans.

Q18: I am a pre-Medicare retiree, and my spouse is turning Medicare eligible. What do I need to do?

If you are a pre-Medicare retiree (e.g. not yet eligible for Medicare) and your spouse or dependent is Medicare-eligible, you will be in different plans. In 2024, the pre-Medicare retiree would need to enroll in a non-Medicare AT&T-sponsored plan, and then the Medicare-eligible spouse would be eligible to enroll in one of the AT&T MAPD Plans.

Q19: I am being automatically enrolled in the AT&T Group Medicare Advantage (PPO) plan for coverage in my 2024. Is there anything I must do to confirm my enrollment into the AT&T MAPD Plan? Do I have to cancel my current coverage?

If you are being automatically enrolled in the AT&T Group Medicare Advantage (PPO) Plan for 2024 and do not want to opt-out of that coverage or enroll in the AT&T Group Medicare Advantage (PPO) Plus Plan, there is nothing additional you need to do to confirm your enrollment. You will receive a AT&T Group Medicare Advantage (PPO) Plan Quick Start Guide and member ID card in December as confirmation of your enrollment.

If you are enrolled in a Medicare Supplement plan, you will need to call your current carrier to disenroll after you receive your UnitedHealthcare member ID card. If enrolled in a Medicare Advantage or Part D Prescription Drug plan, you will NOT need to take any additional action to disenroll from those plans.

Group Medicare Advantage (PPO) Plan Questions

Prescription Drug Questions

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Q20: Will I need to change my prescriptions?

In most cases, you will not need to change your prescriptions. The AT&T Group Medicare Advantage (PPO) Plan covers 98% of Part D eligible drugs. You or your physician may request an exception for coverage.

Q21: Will the cost of my prescriptions change if I switch to the AT&T Group Medicare Advantage (PPO) Plan?

Your cost for prescriptions may change. What you pay will depend on what drug cost tier your prescription falls in to. Your cost may also change during the year based on the total cost of the prescriptions you have filled. To find out how your current prescriptions may be covered, call UnitedHealthcare Customer Service.

Q22: How do I know if my current prescriptions will be covered under the AT&T Group Medicare Advantage (PPO) Plan?

The member materials available during Medicare open enrollment this fall (for 2024 coverage) will provide information on your formulary (drug list) and plan design. We also recommend calling UnitedHealthcare Customer Service to review all your prescription medications.

Q23: If I choose the AT&T Group Medicare Advantage (PPO) Plan, will my current medications continue to be covered at my local pharmacy?

The AT&T Group Medicare Advantage (PPO) Plans has a large formulary (drug list) uniquely designed for AT&T retirees to cover nearly all eligible Part D medications. The majority, if not all your current medications would continue to be covered.

Additionally, this plan includes an expanded pharmacy network with over 67,000 national chain, regional and independent local retail pharmacies across the 50 United States, the District of Columbia and U.S. territories. This pharmacy network is substantially larger than many offered on the individual market, which should result in your current pharmacy continuing to be in-network. You can call UnitedHealthcare Customer Service to check if a pharmacy is in-network, request a printed directory, or look up pharmacies online.

Q24: Will my home delivery prescriptions transfer?

We are not able to transfer your prescriptions from your current mail order pharmacy. We encourage you to have your doctor write you a new prescription to be filled at Optum Rx home delivery.

If you choose the AT&T MAPD Plans, your Preferred Mail Order Provider will be Optum Rx®, a UnitedHealth Group company. Once you are enrolled, the UnitedHealthcare Quick Start Guide you receive will include Optum Rx contact information.

Optum Rx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Rx home delivery for a 90-100 day supply of your maintenance medication.

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Q25: If I elect the AT&T Group Medicare Advantage (PPO) Plan, will I be penalized by Medicare and be required to pay a Late Enrollment Penalty for not previously having drug coverage through AT&T?

It depends on whether or not you had “creditable” prescription drug coverage from the time you first became eligible for Medicare Part D or not. Creditable coverage means that your prescription drug coverage was at least as good as, or better than, what Medicare requires. If you had a Medicare Part D plan, you had creditable coverage. If you had creditable prescription drug coverage through another source, such as a spouse’s employer plan, you should have received a certificate of creditable coverage. If you were eligible for Medicare Part D and you did not have any prescription drug coverage for more than 63 days, Medicare will determine if you need to pay a Late Enrollment Penalty (LEP) for the length of time you were eligible but did not have Part D coverage.

Q26: How will I pay my premiums?

You will receive a direct bill in the mail to pay your premiums, generally through check or money order. Your first bill will be accompanied with an informational letter outlining the billing process, due dates, and how you can have your contributions automatically withdrawn from your checking or savings account.

Members on Pension with Fidelity may have any deductions taken through their pension check. You have the right to opt out of automatic pension deductions and elect to be billed.

Network and Service Area Questions

Q27: What is the difference between in-network and out-of-network providers in the AT&T Group Medicare Advantage (PPO) Plans?

Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract. With the AT&T MAPD Plans, you have the flexibility to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan.

Q28: What major hospitals are in the AT&T Group Medicare Advantage (PPO) Plans UnitedHealthcare network?

While there are many hospitals in the UnitedHealthcare network, all hospitals accept Medicare and are eligible on an out-of-network basis under this plan. To determine if your hospital is in-network or out-of-network and willing to accept the plan, please call UnitedHealthcare. The UnitedHealthcare Customer Service Advocates will be able to confirm if a hospital (or provider) is in-network or, if out-of-network, they are willing to accept the plan.

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Q29: How are out-of-network claims processed in the AT&T Group Medicare Advantage (PPO) Plans?

Whether your provider is in-network or out-of-network, your provider can submit claims to UnitedHealthcare online. If needed, the UnitedHealthcare claim address information is provided on your UnitedHealthcare member ID card. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations.

AT&T Group Medicare Advantage (PPO) Plan Changes

Q30: The letter I received from AT&T mentions an impact on the AT&T Group Medicare Advantage plan (MAPD) due to changes in funding for Medicare Advantage Plans by CMS. Can you provide more detail?

Each year in the spring, the Center for Medicare and Medicaid Services (CMS) releases a notice outlining the Federal government's funding for Medicare Advantage Plans, as well as details on any adjustments in funding methodology for the following plan year. Typically, these published funding levels are in line with estimates made by Medicare Advantage carriers, including UnitedHealthcare. For 2024, the funding provided by CMS was materially different than what was estimated by UnitedHealthcare, and by other carriers. As a result, UnitedHealthcare required some changes to be made to the AT&T MAPD Plan in order to retain the same premium for the 2024 plan year.

It is worth noting that these CMS changes in funding affect all Medicare Advantage Plans, including group plans (like the AT&T MAPD Plan) and individual plans (like the Medicare Advantage Plans you may see at the Retiree Health Exchange). As a result, while there may be some small changes to the AT&T MAPD Plan in 2024, it continues to be a very attractive plan offering, especially compared to individual Medicare Advantage or Medigap plans that are available through the Retiree Health Exchange or on the individual market.

Q31: Can we expect additional changes to the AT&T MAPD Plan beyond 2024?

UnitedHealthcare generally does not know the full impact of CMS funding on the AT&T MAPD Plan for each plan year until closer to open enrollment for that plan year (e.g. in the fall of 2024 for plan year 2025). Any annual adjustments, if needed, will be communicated at that time. This process is very similar to the annual changes to Medicare Advantage plans on the individual market.

In addition, as a result of the [Inflation Reduction Act \(IRA\)](#) passed by Congress in 2022, additional mandated changes will be made to all Medicare Advantage plans in 2025 - the AT&T MAPD Plan as well as all Medicare Advantage and Part D Prescription Drug plans on the individual market. This includes a yearly cap of \$2,000 on out-of-pocket prescription drug costs. The exact effect of this and other IRA changes to the AT&T MAPD Plan in 2025 are unknown at this time but will be communicated closer to open enrollment in 2024, as more information from CMS is released.

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Q32: Does this CMS funding affect Medicare Supplement plans through the Retiree Health Exchange?

While the adjustments in CMS funding do not directly affect Medicare Supplement plans, as they are privately administered, priced, and funded, Medicare Supplement plans will continue to be subject to medical inflation pressures just like all healthcare plans.

Additional Programs and Features Questions

Q33: I've heard the AT&T Group Medicare Advantage (PPO) Plans provide free gym membership. Can you tell me more about it?

Renew Active® by UnitedHealthcare, provides Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from UnitedHealthcare's nationwide network, online classes, brain games and fun social activities.

Renew Active® includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market.

Q34: What is the UnitedHealthcare® HouseCalls program?

With UnitedHealthcare® HouseCalls you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care. The visit takes up to an hour and is tailored to your needs. It includes health screenings and a chance to:

- Review current medications
- Receive health education, prevention tips, care and resource assistance
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave you with a personalized checklist and send a summary to your regular doctor.

HouseCalls may not be available in all areas.

Q35: What is the post-discharge meal program?

The post-discharge meal delivery program provides freshly made meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost. The program provides up to 84 meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare clinical advocate.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

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Q36: What is the post-discharge transportation program?

The transportation program gives you a lift to and from medically related visits such as doctors' appointments, pharmacy trips and more. The program offers a fixed number of rides at no extra cost to you.

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