

### AT&T Group Medicare Advantage Plan options

Plans designed exclusively for AT&T retirees and eligible dependents to offer low costs and more benefits



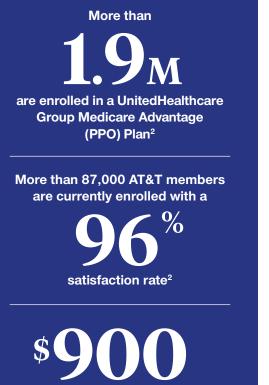


### All the Medicare features you want. All in one plan.

The AT&T Group Medicare Advantage (PPO) Plan options have national provider access, prescription drug coverage, benefits beyond Original Medicare, low out-of-pocket medical expenses and a low or no monthly premium — a unique combination of benefits and features not available with any Individual Medicare Supplement and Part D Prescription Drug plan (PDP) or Individual Medicare Advantage plan.

|            |  | Individual Medicare<br>Supplement plan<br>with a standalone<br>PDP plan | Individual<br>Medicare<br>Advantage<br>plan | AT&T Group<br>Medicare<br>Advantage<br>(PPO) Plans |
|------------|--|---|---|--|
| 5          | Lower monthly premiums   |   | ~   |  |
| $\bigcirc$ | Lower out-of-pocket costs  | ~   |   |  |
| P          | See any provider who accepts<br>Medicare and the plan <sup>1</sup>     | <b>~</b>  |   |  |
| R          | Includes prescription<br>drug coverage                                 | ~   | <b>~</b>                                    |  |
|            | Voluntary clinical and wellness programs                               |   | ~   |  |
|            | Worldwide emergency and urgent care coverage                           |   | ~   |  |
|            | Value-added benefits<br>not included with<br>Original Medicare         |   | ~   |  |
| •          | Custom benefits and<br>dedicated customer service<br>for AT&T retirees |   |   |  |

# Did you know that AT&T retirees have access to exclusive benefits?



medical out-of-pocket maximum

Offering a

rated plan with national coverage for 2 years<sup>3</sup>

• Many members will have lower total annual costs<sup>2</sup>

- Members have access to more than 970,000 in-network providers and to any other Medicare provider accepting the plan
- More than 99.9% of members continue to have access to their chosen providers<sup>2</sup>
- This plan has a broader formulary and pharmacy network than any individual plan<sup>2</sup>
- Subsidized retirees continue to have no monthly premium, while non-subsidized retirees and all dependents will pay a lower monthly premium in 2024 (refer to the chart on the following page for premium information)
- If you choose to enroll in the AT&T Group Medicare Advantage (PPO) Plus Plan with dental, vision and expanded hearing benefits, you will pay a low monthly premium (refer to the chart on the following page for premium information)

## **Plan comparison**

| Medical benefits                              | AT&T<br>MAPD Plan            | AT&T<br>MAPD Plus Plan       | Individual<br>Medicare<br>Advantage PPO^                            | Medicare<br>Supplement<br>Plan G     |
|---|------------------------------|------------------------------|---|--------------------------------------|
| Monthly premium                               | \$0 or \$50*                 | \$50 or \$100**              | \$55  | \$217                                |
| Annual deductible                             | \$0                          | \$0                          | \$0   | \$0                                  |
| Out-of-pocket<br>maximum                      | \$900                        | \$900                        | \$8,700   | N/A                                  |
| Primary care<br>physician/specialist<br>visit | \$0 / \$30                   | \$0/\$30                     | \$2/\$36  | Covered<br>(exclusions<br>may apply) |
| Hospital stay                                 | \$100                        | \$100                        | \$334, days 1–5<br>in-network, (INN)<br>40% out-of-network<br>(OON) | Covered<br>(exclusions<br>may apply) |
| Emergency room visit                          | \$135                        | \$135                        | \$65  | Covered<br>(exclusions<br>may apply) |
| Network access+                               | Same cost share<br>INN & OON | Same cost share<br>INN & OON | Cost share varies,<br>you may pay more<br>for OON services          | Same<br>cost share<br>INN & OON      |
| Prescription drug<br>benefits                 |                              |                              |   |                                      |
| Monthly premium                               | Included in medical          | Included in medical          | Included in medical   | ~\$40                                |
| Deductible                                    | \$0                          | \$0                          | \$157   | \$480                                |
| Tier 1:<br>Preferred generic                  | \$0                          | \$0                          | \$1   | \$1                                  |
| Tier 2: Generic                               | \$10                         | \$10                         | \$8   | \$8                                  |
| Tier 3: Preferred brand                       | \$40                         | \$40                         | \$38  | \$39                                 |
| Tier 4:<br>Non-preferred drug                 | \$125                        | \$125                        | \$88  | 40%                                  |
| Tier 5: Specialty                             | 33%                          | 33%                          | 30%   | 25%                                  |
| Percentage of Part D<br>drugs covered         | 98%                          | 98%                          | ~50%-60%  | 52%                                  |

\*\$0 for subsidy-eligible retirees; \$50 for non-subsidy-eligible retirees and all eligible dependents (rates are per dependent). \*\*\$50 for subsidy-eligible retirees; \$100 for non-subsidy-eligible retirees and all dependents (rates are per dependent).

^Includes national benefit averages for individual Medicare Advantage and Part D Prescription Drug plans.

<sup>+</sup>You have access to UnitedHealthcare's national coverage. You can see any provider (in-network or out-of-network) at the same share of cost as long as they are eligible to participate in the Medicare Program.

### Introducing the AT&T Group Medicare Advantage (PPO) Plus Plan

You have the option to enroll in a plan with the same great benefits as the AT&T Group Medicare Advantage (PPO) Plan *plus* dental, vision and expanded hearing benefits.



### **Dental benefits include:**

Coverage for dental services such as:\*

- **100% coverage for preventive care** including exams, 2 cleanings in a 12-month period, X-rays and periodontal maintenance\*
- 80% coverage for basic dental services including fillings (metal and tooth-colored), nitrous oxide (laughing gas) and pulp protection
- **50% coverage for major dental services** including crowns, bridges, dentures, root canals and extractions
- Freedom to see out-of-network providers you may pay more when going out-of-network
- Large national network of providers to serve your dental needs
- \$50 deductible,\*\* \$1,000 plan year maximum



#### Vision benefits include:

- A routine eye exam once every 12 months
- **\$150 allowance** toward eyeglasses (frames and lenses) or contact lenses every 12 months
- Freedom to see any participating vision provider
- National network of providers to serve your vision needs

### Hearing benefits include:

- **Coverage for a hearing test and prescription hearing aids** offered exclusively through UnitedHealthcare Hearing
- **\$4,000 hearing aid allowance,** every 3 years, to use toward state-of-the-art hearing aids that include:
  - 3 follow-up visits\*\*\*
  - A 3-year extended warranty\*\*\*\*
  - 100-day trial for hearing aids purchased using virtual care, 60-day trial for hearing aids purchased in person
- Innovative hearing aid technology from brands like Relate<sup>™</sup>, Phonak and Starkey<sup>®</sup>
- In-person care at 7,000+ hearing providers nationwide, including the option for virtual appointments through select providers or our virtual care provider Jabra Enhance™
- Professional guidance and support to help you with whatever you need, every step of the way

\*When you see a network dentist.

- \*\*Preventive and diagnostic services are not included in the deductible.
- \*\*\*Three follow-up virtual visits are included at no cost. Hearing aids purchased in the Silver technology level receive 1 follow-up visit.
- \*\*\*\* Three-year extended warranty covers repair and 1-time loss/damage replacement. One-time professional fee may apply.

# Medicare plan options with more benefits and personalized support

The AT&T Group Medicare Advantage (PPO) Plans are plans you can't get anywhere else. These plans have an exclusive combination of benefits designed to help you get the most from your retirement.



In-home wellness visits with UnitedHealthcare<sup>®</sup> HouseCalls



**Discounts on hearing aids** through UnitedHealthcare Hearing



**Anytime medical advice** through 24/7 Nurse Support



A free gym membership through Renew Active®



**Rewards** for certain health care activities



Post-discharge meals and post-discharge transportation



Special programs for chronic conditions like diabetes or heart disease



Routine acupuncture and chiropractic services



8 hours of free in-home care support each month through CareLinx



Virtual doctor and behavioral health visits

## What AT&T plan members are saying

"It's a great plan because you can go to any doctor that takes Medicare, and if you go to the hospital, it is \$100 per visit. It also includes prescription drug service and no referrals are needed." — Mary

"I was paying \$270 a month for a supplemental plan and Medicare Part D. My total out-of-pocket with this plan is actually cheaper. I really like being with UnitedHealthcare and all my doctors were in this plan." — David



Quote Source: 2021 AT&T Member Survey.

### Discover unique Medicare plans designed only for AT&T retirees



Everyone's health care needs are different. That's why we're happy to offer a personalized needs consultation. Talk to a dedicated customer service advocate for AT&T retirees who can help you understand the details of your plan options, see how your current providers, medications and pharmacies are covered, and compare the overall cost and benefits to your current plan.

To help get the most from your personalized needs consultation, make sure you have the following:

- Your current monthly premium and plan benefit details
- Your current medical and prescription drug plans
- Medicare number and Medicare effective date you can find this information on your red, white and blue Medicare card
- The names and addresses of your current doctors, clinics and pharmacies
- A list of your current prescription drugs



#### Call to learn more

Call **1-866-819-3448**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week, or visit **retiree.uhc.com/att** 



Scan QR code for more information

<sup>1</sup>An out-of-network health care provider does not have a contract with UnitedHealthcare. You can see any provider who accepts Medicare but costs may be lower with an in-network provider.

<sup>2</sup>2022 UnitedHealthcare Group member and provider reporting data, member utilization and individual market plan premiums.

<sup>3</sup>Every year Medicare evaluates plans based on a 5-star rating system. Medicare Advantage Plan Star Rating applies to Contract H2001 that was rated 5 out of 5 stars for 2023. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/ PrescriptionDrugCovGenIn/PerformanceData, 2023 Star Ratings Data Table, Report Card Master Table, Summary Data.

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

This document was written for easy readability. In all cases, the official Plan documents govern and are the final authority on Plan terms. If there are any discrepancies between the information in this letter and the Plan documents, the Plan documents will control. AT&T reserves the right to terminate, modify or amend any and all of its benefit plans at any time and for any reason, including with respect to retirees and their dependents. Nothing in this document should be construed as conferring a lifetime right to benefits or any particular level of benefits.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-819-3448 (TTY: 711). 注意:如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-819-3448 TTY: 711).

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract, and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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### **Compare AT&T Group Medicare Advantage Plan options**

We're happy to offer you a personalized needs consultation with a dedicated customer service advocate for AT&T retirees. Complete this worksheet to get the most out of your meeting.

| Plan comparison<br>Medical benefits         | AT&T<br>MAPD Plan   | AT&T<br>MAPD Plus Plan              | Your current<br>health plan |
|---|---------------------|-------------------------------------|-----------------------------|
| Monthly premium                             | \$0 or \$50*        | \$50 or \$100**                     |                             |
| Annual deductible                           | \$0                 | \$0                                 |                             |
| Out-of-pocket maximum                       | \$900               | \$900                               |                             |
| Primary care physician/<br>specialist visit | \$0/\$30            | \$0/\$30                            |                             |
| Hospital stay                               | \$100               | \$100                               |                             |
| Emergency room visit                        | \$135               | \$135                               |                             |
| Network access <sup>+</sup>                 | Nationwide          | Nationwide                          |                             |
| Dental                                      | No coverage         | Included<br>(see pg. 5 for details) |                             |
| Vision                                      | No coverage         | Included<br>(see pg. 5 for details) |                             |
| Hearing                                     | No coverage         | Included<br>(see pg. 5 for details) |                             |
| Prescription drug benefits                  |                     |                                     |                             |
| Monthly premium                             | Included in medical | Included in medical                 |                             |
| Deductible                                  | \$0                 | \$0                                 |                             |
| Tier 1: Preferred generic                   | \$0                 | \$0                                 |                             |
| Tier 2: Generic                             | \$10                | \$10                                |                             |
| Tier 3: Preferred brand                     | \$40                | \$40                                |                             |
| Tier 4: Non-preferred drug                  | \$125               | \$125                               |                             |
| Tier 5: Specialty                           | 33%                 | 33%                                 |                             |
| Part D drugs                                | 98%                 | 98%                                 |                             |

\*\$0 for subsidy-eligible retirees; \$50 for non-subsidy-eligible retirees and all eligible dependents (rates are per dependent).
\*\*\$50 for subsidy-eligible retirees; \$100 for non-subsidy-eligible retirees and all dependents (rates are per dependent).
+You have access to UnitedHealthcare's national coverage. You can see any provider (in-network or out-of-network) at the same share of cost as long as they are eligible to participate in the Medicare Program.

### My health information

#### Medicare ID number

#### Medicare effective date

#### Current medical and prescription drug plans

#### **Current dental coverage**

**Current vision coverage** 

### Current doctors, clinics and pharmacies

| Name | Address | Visits/year |
|------|---------|-------------|
|      |         |             |
|      |         |             |
|      |         |             |
|      |         |             |
|      |         |             |

### Current prescription drugs (Your advocate can tell you if your drugs are covered)

| Name | - | • | U V | Dose/how often | Cost |
|------|---|---|-----|----------------|------|
|      |   |   |     |                |      |
|      |   |   |     |                |      |
|      |   |   |     |                |      |
|      |   |   |     |                |      |
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### For questions about the AT&T Group Medicare Advantage Plan options Call **1-866-819-3448**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week,

or visit retiree.uhc.com/att



### Scan QR code for more information

| Notes |      |      |
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