



# Understanding Medicare







Your available health care coverage under the AT&T group health plans changes when you become eligible for Medicare. This guide provides high-level information to help you understand Medicare basics, your health care coverage options and next steps.

## Important Medicare information

It's important to understand the basics of Medicare. Medicare is made up of 4 parts: Medicare A, B, C and D. Each part helps pay for certain health care services and has certain costs that you may have to pay. Your Medicare costs will depend on what coverage you choose and what healthcare services you use.



### Medicare Part A

Part A is hospital coverage. It covers care you receive while an inpatient in a hospital or skilled nursing facility.



### Medicare Part B

Part B is medical coverage that covers doctor visits, clinic services and care you receive as an outpatient.



### Medicare Part C

Part C is Medicare Advantage. These plans combine the coverage of Parts A and B into one plan. They often include prescription drug coverage, too.



### Medicare Part D

Part D is prescription drug coverage. Plans cover many medications that are prescribed by your doctor or other qualified health professionals.

# What are your choices?

There are 2 steps for getting the coverage you may need. First, you must be signed up for Original Medicare and must continue to pay your Part B premium and your Part A premium, if you have one. Then, if you want more coverage, you may choose an additional plan offered by a private insurance company.

## Step 1 Enroll in Original Medicare

### Original Medicare

Provided by the federal government



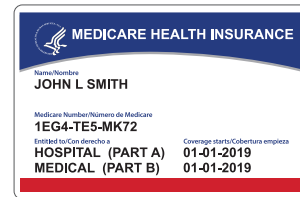
#### Part A

Helps pay for hospital stays and inpatient care



#### Part B

Helps pay for doctor visits and outpatient care



## Step 2

After you enroll in Original Medicare, there are 2 ways to get additional coverage

### Option 1

OR

### Option 2

Add one or both of the following to Original Medicare:



#### Medicare Supplement Insurance

Helps pay some of the out-of-pocket costs that come with Original Medicare (offered by private companies)



#### Medicare Part D Plan

Helps pay for prescription drugs (offered by private companies)

Choose a Medicare Advantage plan:



#### Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



#### Part D

Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

## Medicare requirements

In order for you to be enrolled in additional coverage, you must:

- Continue paying your Medicare Part B premium
- Have a permanent street address (not a P.O. Box)
- Have your Medicare ID card number
- Be entitled to Medicare Part A and enrolled in Part B
- Live within the 50 United States, the District of Columbia or U.S. territories

If you are not entitled to Medicare Part A or enrolled in Medicare Part B, and/or you live outside the 50 United States, the District of Columbia, or U.S. territories, you should contact Social Security at [ssa.gov](http://ssa.gov) or by calling **800-772-1213**, TTY **800-325-0778**, between 8 a.m.-5:30 p.m. Monday-Friday.

# AT&T Group Medicare Advantage (PPO) Plans Available in 2025

AT&T offers company-subsidized plans insured by UnitedHealthcare.® You have the option of enrolling in the AT&T Group Medicare Advantage (PPO) Plan or the AT&T Group Medicare Advantage (PPO) Plus Plan that includes dental, vision and expanded hearing benefits.

The AT&T Group Medicare Advantage (PPO) Plans are uniquely designed for eligible AT&T retirees, former employees and their eligible dependents. These plans combine features of Individual Medicare Supplement plans, Medicare Part D Prescription Drug Plans (PDPs) and Individual Medicare Advantage plans with enhanced features not normally found in the individual marketplace. These plans are also designed to provide access to any Medicare provider that accepts the plan and continued coverage for nearly all Part D medications at your current pharmacy.

The AT&T Group Medicare Advantage (PPO) Plans are designed to provide coverage for the most commonly used medical services. Key benefits of the plans are:

- **Annual out-of-pocket maximum of \$900** for medical expenses
- **\$0 copay** for virtual doctor and behavioral health visits
- **A free gym membership** at a fitness center from our large nationwide network
- **In-home wellness visits** with UnitedHealthcare® HouseCalls\*
- **Post-discharge meals and post-discharge transportation**
- **Special programs for chronic conditions** like diabetes and heart disease
- **In-home personal care** 8 hours a month of non-medically related care
- **\$0 copay for Tier 1 generic drugs** (30-day retail fill and 90-day mail order fill)



## 2025 costs of coverage

AT&T is offering these plans to retirees and eligible dependents at the following monthly contribution:

	AT&T retiree	Eligible dependents**
AT&T Group Medicare Advantage (PPO) Plan	\$0	\$0
AT&T Group Medicare Advantage (PPO) Plus Plan (with dental, vision and expanded hearing benefits)	\$50	\$50

\*HouseCalls may not be available in all areas.

\*\*Premium is per dependent.

# AT&T Group Medicare Advantage (PPO) Plans Available in 2025

## Learn about Nancy's story to see how you may save by enrolling in an AT&T Group Medicare Advantage (PPO) Plan

Nancy<sup>1</sup> is 74 years old. When she retired, she didn't think she needed a plan as rich as the plans that were offered by AT&T so she enrolled in an Individual Medicare Advantage Plan with a higher maximum out-of-pocket but a low monthly premium. Nancy is eligible to enroll in AT&T-sponsored coverage and is considering what the AT&T Group Medicare Advantage (PPO) Plan options have to offer her and her unique health care concerns.



### **Nancy is pre-diabetic and has high blood pressure**

She sees her Primary Care Provider (PCP) annually to stay on top of her overall health needs. Nancy is looking for additional programs to help manage her conditions.



### **She takes blood pressure and 2 other medications monthly to manage her health conditions**

She is concerned about the rising prescription drug costs with her current plan.



### **Her orthopedic specialist believes she'll need a knee replacement soon**

The recommended surgeon is not currently in her network.

## With the AT&T Group Medicare Advantage (PPO) Plan, Nancy likes that she can:

### ✓ **Save \$2,800 on yearly costs<sup>2</sup>**

Nancy's current plan has a medical out-of-pocket maximum of \$6,100. With the AT&T Group Medicare Advantage Plan's \$0 premium, \$900 medical out-of-pocket maximum and \$2,000 pharmacy out-of-pocket maximum for Part D covered drugs, Nancy can confidently plan her budget for the year knowing \$2,900 is the most she would pay for covered medical services and prescription drugs.

### ✓ **Keep seeing her favorite providers**

With no network restrictions, Nancy can see any provider in or out-of-network<sup>3</sup> and continue to see her PCP and cardiologist to stay on top of her health.

### ✓ **Receive support for upcoming surgery**

With lower out-of-pocket costs for post-discharge care (including 14 hours of in-home care support) and no network restrictions<sup>4</sup>, Nancy can schedule her knee replacement surgery at the facility her provider recommends, knowing it will be at the lowest cost<sup>2</sup> compared to other plans she has evaluated.

### ✓ **Manage chronic conditions for less**

With extra no-cost programs and support, lower out-of-pocket costs and savings on some of her prescriptions, Nancy can take advantage of more care options.

The **AT&T Group Medicare Advantage (PPO) Plan** and the **AT&T Group Medicare Advantage (PPO) Plus Plan** include the same great benefits, but the Plus Plan also includes 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 popular brands, including Phonak, Starkey®, Signia, ReSound, Widex® and Unitron™
- **In-person care at 6,500+ hearing providers nationwide**, including the option for virtual appointments
- **Personalized support** to help you adjust to your new hearing aids

\*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 one follow-up visit.

\*\*\*\*Three-year extended warranty covers repair and one-time loss/damage replacement. One-time professional fee may apply.



# Plan comparison

Medical benefits	AT&T MAPD Plan	AT&T MAPD Plus Plan
Monthly premium	\$0*	\$50**
Annual deductible	\$125	\$125
Out-of-pocket maximum	\$900	\$900
Primary care physician/specialist visit	\$20 / \$40	\$20 / \$40
Hospital stay	\$125 per stay	\$125 per stay
Emergency room visit	\$135	\$135
Outpatient copay	\$45	\$45
Ambulance	\$175	\$175
Outpatient surgery	\$250	\$250
Dental	Not covered	Covered (see benefits on page 6)
Vision	Limited coverage (exclusions apply)	Covered (see benefits on page 6)
Hearing	Limited coverage (exclusions apply)	Covered (see benefits on page 6)
Prescription drug benefits	AT&T MAPD Plan	AT&T MAPD Plus Plan
Monthly premium	Included in medical	Included in medical
Deductible	\$590	\$590
Out-of-pocket maximum	\$2,000	\$2,000
Tier 1: Preferred generic	\$0 copay (deductible does not apply)	\$0 copay (deductible does not apply)
Tier 2: Generic	25% coinsurance	25% coinsurance
Tier 3: Preferred brand	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drug	25% coinsurance	25% coinsurance
Tier 5: Specialty	25% coinsurance	25% coinsurance
Percent of Part D drugs covered	99%	99%

\*\$0 for retirees and eligible dependents (rates are per dependent).

\*\*\$50 for retirees and eligible dependents (rates are per dependent).

# Additional benefits offered by AT&T

## CarePlus and life insurance

While your eligibility for CarePlus will not change, your life insurance benefits from AT&T may change when you become Medicare-eligible. You will receive an annual enrollment guide and confirmation statement through the AT&T Benefits Center for any benefits that may still be available to you. Please note that enrollment dates may be different.

### If you're already enrolled in CarePlus

You'll automatically stay enrolled during annual enrollment to continue your CarePlus coverage.

### If you are not currently enrolled in CarePlus

You will need to make an active election during annual enrollment to enroll in CarePlus coverage. If you do not make an election, you will be opted out of CarePlus. You can resume participation at a future date.



The amount of any basic life insurance and Optional Retiree life insurance that you currently have through MetLife will not change. If you are currently enrolled in and paying for Supplemental life insurance, that coverage will discontinue once you become Medicare-eligible. If your Supplemental life insurance is discontinued, you will be offered a one-time opportunity to enroll in Optional Retiree life insurance coverage through the AT&T Benefits Center.

You will receive mailings from the AT&T Benefits Center about CarePlus coverage and life insurance, if applicable, as well as coverage available for members of your family who are not yet Medicare-eligible. Please reference the AT&T CarePlus – A Supplemental Benefit Program and the applicable AT&T Group Life Insurance Program for more information.

## Legal services

Legal services through MetLife gives you access to expert guidance and tools 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.

Review your coverage options and pricing through the AT&T Benefits Center or visit [metlife.com/info/att/benefits/legal-plans](https://www.metlife.com/info/att/benefits/legal-plans) for more information.

## Identity theft protection

AT&T offers identify 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.

Review your coverage options and pricing through the AT&T Benefits Center or visit [idwatchdog.com/myplan/ATT](https://www.idwatchdog.com/myplan/ATT) for more information.



**Scan the QR code to enroll in AT&T paperless – by opting in, you will receive electronic communications from AT&T**



You have a limited time to enroll in coverage. Don't wait. You have 90 days prior and 90 days after your Medicare plan effective date to enroll in a Medicare plan during your initial eligibility period. Take action to avoid a gap in coverage for you or your eligible dependents.

## **Important: For recent AT&T retirees, former employees or dependents of recent AT&T retirees or former employees – Avoid a gap in coverage**

If you (or your dependents) are Medicare-eligible, your eligibility for healthcare coverage under the AT&T group health plans ends on the last day of the month in which you leave the payroll. Therefore, you have limited time to make a decision and apply for new coverage. You may enroll in medical and prescription drug coverage through one of the AT&T Group Medicare Advantage (PPO) Plans for health care expenses beyond what's paid by Medicare Parts A and B.

If you're unable to complete your enrollment into one of the AT&T Group Medicare Advantage (PPO) Plans prior to the end of the month in which you retired or became eligible for longterm disability benefits, you may continue your active group health benefits by electing coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA). In certain circumstances, you will be eligible for a company contribution toward the cost of your COBRA coverage for up to 2 calendar months. You will receive information related to COBRA in a separate communication.

## **What you need to do**

Take advantage of the tools and resources available to find the right fit for you and your family.

- 1 Get enrolled in Medicare
- 2 Enroll in an AT&T Group Medicare Advantage (PPO) Plan online or by phone. Simply choose the way that's easiest for you.
  - To enroll online, visit [retiree.uhc.com/att](https://retiree.uhc.com/att). Then select the Enrollment and meetings tab and Enroll in plan. Follow the step-by-step instructions to enroll. Or scan the QR code to enroll.
  - Or, you can call to learn about the AT&T Group Medicare Advantage (PPO) Plans
- 3 Visit online at [retiree.uhc.com/att](https://retiree.uhc.com/att) – or scan the QR code to learn about upcoming education meetings





## Working beyond 65?

If you plan to keep working beyond age 65 and have medical coverage through AT&T, you are not required to enroll in Medicare Parts A or B until that coverage ends.

Many people enroll in Part A at age 65 whether or not they are working because Part A is premium-free if you or your spouse have contributed to Medicare for at least 10 years. Enrolling in Medicare Parts A or B is not necessary until your current coverage is ending. Please make sure you are prepared so there is no lapse in coverage.

If you are enrolled in any part of Medicare while still working, you may not contribute to an AT&T Health Savings Account. Keep this in mind when considering when to enroll in Medicare.

If you have medical coverage through AT&T, you can sign up for Medicare Parts A or B during a Special Enrollment Period (SEP) when that coverage ends.

If your AT&T-sponsored plan includes prescription drug coverage, keep records of your coverage. In addition, the AT&T Benefits Center may have prescription drug coverage records on file. You may need proof of prescription drug coverage when you decide to enroll in Medicare.

Talk to an AT&T Benefits Center Representative at **1-877-722-0020**, Monday-Friday, 7 a.m.-7 p.m. CT to learn how Medicare may work with your current coverage.

## **If I enroll in the MAPD Plan will I receive a reimbursement for my Medicare Part B premium?**

No. If you enroll in the MAPD Plan you will not receive a Medicare Part B reimbursement.

## **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.

## **If I don't make an election during the enrollment period, will I be able to choose coverage at a later date?**

No. If you don't make an election, you will default to no coverage. You will not be able to enroll again until the next Medicare Open Enrollment.

## **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.

## **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.

## **Contact information**

### **AT&T Benefits Center**

**For:** Eligibility, using the plan decision tool, enrolling in the MAPD plan, CarePlus, life insurance, legal services and identity theft

**Phone:** 877-722-0020

**Online:** [att.com/benefitscenter](http://att.com/benefitscenter)

**Hours:** 7 a.m.–7 p.m. CT, Monday–Friday

### **UnitedHealthcare®**

**For:** Learning more about or enrolling in an AT&T Group Medicare Advantage (PPO) Plan

**Phone:** 866-819-3448, TTY 711

**Online:** [retiree.uhc.com/att](http://retiree.uhc.com/att)

**Hours:** 8 a.m.–8 p.m. CT, Monday–Friday

### **Social Security Administration**

**For:** Learning more and to enroll in Medicare

**Phone:** 800-772-1213, TTY 800-325-0778

**Online:** [ssa.gov](http://ssa.gov)

**Hours:** 8 a.m.–5:30 p.m., Monday–Friday

<sup>1</sup>Actor portrayal. For illustrative purposes only.

<sup>2</sup>These plan benefits and costs are calculated using estimated costs and plan details available on Medicare.gov. Savings shown are for illustrative purposes only based on estimated plan costs of the AT&T Group Medicare Advantage Plans compared to a Typical Medicare plan. Your actual costs and savings may vary based on your benefit utilization.

<sup>3</sup>Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

<sup>4</sup>As long as the provider accepts the plan and have not opted out of or been excluded or precluded from Medicare.

AT&T Group Medicare Advantage (PPO) 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.

This letter 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, Plan documents will control. AT&T reserves the right to terminate, modify, or amend any and all benefit plans at any time and for any reason. Nothing in this document should be construed as conferring a lifetime right to benefits or any particular level of benefits.

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