



Summary of Benefits 2026

AT&T Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): AT&T, INC.

Group Number: 15743

H2001-817-000

Look inside to learn more about the plan and the health services it covers.
Contact us for more information about the plan.



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Toll-free 1-866-819-3448, TTY 711

8 a.m.-8 p.m. CT, Monday-Friday

**United
Healthcare®**
Group Medicare Advantage

Summary of Benefits

January 1, 2026 - December 31, 2026

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

AT&T Group Medicare Advantage (PPO)

Medical premium, deductible and limits

	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual medical deductible	Your plan has an annual combined in-network and out-of-network medical deductible of \$125 each plan year.
Maximum out-of-pocket amount	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$900 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered for hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable.</p>

Medical benefits

		In-network and out-of-network
Inpatient hospital care¹		<p>\$125 copay per stay</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient hospital¹	Ambulatory surgical center (ASC)	\$250 copay
Cost sharing for additional plan	Outpatient surgery	\$250 copay

Medical benefits

		In-network and out-of-network
covered services will apply.	Outpatient hospital services, including observation	\$250 copay
 Doctor visits	Primary care provider (PCP)	\$20 copay
	Virtual visit	\$0 copay
	Specialist ¹	\$40 copay
Preventive services	Routine physical	\$0 copay; 1 per plan year*
	Medicare-covered	\$0 copay
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Diabetes – Self-Management training • Dialysis training • Glaucoma screening • Hepatitis C screening • HIV screening 		<ul style="list-style-type: none"> • Kidney disease education • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • “Welcome to Medicare” preventive visit (one-time)

Medical benefits

In-network and out-of-network

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$135 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$35 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)¹

\$45 copay

Lab services¹

\$45 copay

Diagnostic tests and procedures¹

\$10 copay

Therapeutic radiology¹

\$45 copay

Outpatient X-rays¹

\$45 copay

Hearing services

Exam to diagnose and treat hearing and balance issues¹

\$30 copay

Routine hearing exam

\$0 copay, 1 exam per plan year*



Vision services

Exam to diagnose and treat diseases and conditions of the eye¹

\$30 copay

Medical benefits		
		In-network and out-of-network
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
Mental health	Inpatient visit ¹	\$125 copay per stay
		Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay
	Outpatient therapy or office visit with a psychiatrist ¹	\$10 copay
	Virtual behavioral visits	\$0 copay
Skilled nursing facility (SNF) ¹		\$0 copay per day: days 1-20 \$80 copay per day: days 21-31 \$0 copay per day: days 32-100
		Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy) ¹		\$45 copay
Ambulance ²		\$175 copay
Routine transportation		Not covered
Medicare Part B Drugs	Chemotherapy drugs ¹	15% coinsurance

Medical benefits




		In-network and out-of-network
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	15% coinsurance

Additional benefits

		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$15 copay
	Routine acupuncture services	\$30 copay, up to 10 visits per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$15 copay
	Routine chiropractic services	\$30 copay, up to 10 visits per plan year*

Additional benefits

		In-network and out-of-network
 Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Contour® and Accu-Chek® brands. Other brands are not covered by your plan.</p> <p>Covered glucose monitors include: Contour Plus Blue, Contour Next EZ, Contour Next Gen, Contour Next One, Accu-Chek Guide Me and Accu-Chek Guide.</p> <p>Test strips: Contour, Contour Plus, Contour Next, Accu-Chek Guide and Accu-Chek Aviva Plus.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	20% coinsurance
Durable medical equipment (DME) and related supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance
	Wigs	<p>\$0 copay</p> <p>The plan pays up to \$300 per plan year for wigs for hair loss due to chemotherapy*</p>

Additional benefits		
	In-network and out-of-network	
 Fitness program Renew Active by UnitedHealthcare	<p>\$0 copay for Renew Active by UnitedHealthcare, a Medicare fitness program. It includes a gym membership at a fitness location you select from our national network, plus online classes and fun activities outside of the gym, at no additional cost.</p> <p>Sign in to your member site, look for My Coverage and select Access gym code or call the number on your UnitedHealthcare member ID card to obtain your code.</p>	
Foot care (podiatry services)	Foot exams and treatment ¹	\$30 copay
	Routine foot care	\$30 copay, 6 visits per plan year*
 UnitedHealthcare Healthy at Home Post-discharge program	<p>\$0 copay for the following benefits for up to 30 days following each inpatient hospital and SNF stay:</p> <ul style="list-style-type: none"> •28 home-delivered meals, referral required •12 one-way trips to medically related appointments and the pharmacy, up to 50 miles per trip, referral required •6 hours of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver, no referral required <p>Services must be provided by approved vendors. Call Customer Service for more information, to request a referral after each discharge and to use your benefits.</p>	
 Home health care¹	\$0 copay	
Hospice	You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.	
In-home non-medical care	\$0 copayment for 8 hours per month of non-medical personal care services like companionship, meal prep, medication reminders and more with a professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply.	
Opioid treatment program services¹	\$0 copay	

Additional benefits		
		In-network and out-of-network
Outpatient substance use disorder services	Outpatient group therapy visit ¹	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay
Private duty nursing¹		<p>We cover medically necessary skilled nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home.</p> <p>The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. The face-to-face evaluation must occur no more than 90 days prior to the service request.</p> <p>The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>\$0 copayment for each visit, up to \$3,500 per plan year</p>
Renal dialysis¹		\$30 copay

¹ Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

² Authorization is required for non-emergency Medicare-covered ambulance air transportation. Authorization is not required for non-emergency Medicare-covered ambulance ground transportation. Emergency ambulance (ground or air) does not require authorization.

* Benefits are combined in and out-of-network

About this plan

AT&T Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers

AT&T Group Medicare Advantage (PPO) has a network of doctors, hospitals, and other providers. Your plan is a Preferred Provider Organization (PPO) plan. You have access to our nationwide coverage. You can see any Medicare provider (in-network or out-of-network) at the same cost-share, that accepts the plan and is eligible to participate in the Medicare program.

You can go to [**retiree.uhc.com/att**](https://retiree.uhc.com/att) to search for a network provider using the online directory.

Required Information

AT&T Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

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

The provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare 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.

The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.

Participation in the fitness program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. The fitness program includes standard fitness membership and other offerings. Fitness membership equipment, classes, activities and events may vary by location. Certain services, discounts, classes, activities, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. Gym network may vary in local market and plan.