



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.

AT&T-sponsored UnitedHealthcare Group Medicare Advantage plans include Medicare Part C (Medicare Advantage) and Medicare Part D prescription drug coverage.

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



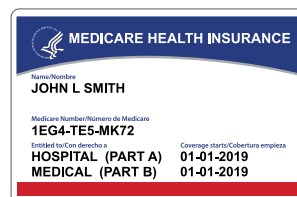
Part A

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

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)

Option 2

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 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 2027

AT&T has selected UnitedHealthcare® to provide health care and prescription drug coverage to their Medicare-eligible retirees and eligible dependents. You have the option of enrolling in a plan designed just for you. Choose the coverage level that best fits your needs:

- AT&T Group Medicare Advantage (PPO) Plan & AT&T MedicareRx for Groups (PDP) Plan
- AT&T Group Medicare Advantage (PPO) Plus Plan & AT&T MedicareRx for Groups (PDP) Plan

The Plus Plan also includes expanded dental, vision and hearing benefits.

These AT&T-sponsored 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-sponsored Group Medicare Advantage Plans are designed to provide coverage for the most commonly used medical services. Key benefits of the plans are:

- **\$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 Optum® 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)



2027 monthly cost of coverage

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

	AT&T retiree	Eligible dependents**
AT&T Group Medicare Advantage (PPO) Base Plan & AT&T MedicareRx for Groups (PDP) Plan	\$0	\$0
AT&T Group Medicare Advantage (PPO) Plus Plan & AT&T MedicareRx for Groups (PDP) Plan	\$150	\$150

*HouseCalls may not be available in all areas.

**Premium is per dependent.

The **AT&T-sponsored Group Medicare Advantage Plans** include the same great benefits, but the Plus Plan also includes expanded dental, vision and 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
- **\$2,000 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

*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 MA Base Plan	AT&T MA Plus Plan
Monthly premium	\$0*	\$150**
Annual deductible	\$375	\$125
Out-of-pocket maximum	\$3,900	\$1,000
Primary care physician/specialist visit	\$20 / \$70	\$20 / \$70
Hospital stay	\$250 (days 1-6)	\$125 per stay
Emergency room visit	\$150	\$135
Ambulance	\$175	\$175
Outpatient surgery	\$250	\$250
Dental	Not covered	Covered (see benefits on page 5)
Vision	Limited coverage (exclusions apply)	Covered (see benefits on page 5)
Hearing	Limited coverage (exclusions apply)	Covered (see benefits on page 5)
Prescription drug benefits	AT&T PDP Plan	AT&T PDP Plan
Monthly premium	\$0	\$0
Deductible	\$590	\$590
Out-of-pocket maximum	\$2,400	\$2,400
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).

**\$150 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 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 for more information.

Enjoy bigger savings on your wireless bill

As an AT&T retiree, you now get a 50% discount on AT&T's best wireless plans – up from 30%. To use this benefit, simply log in to your wireless account online and upgrade to the newest plan or visit the AT&T Benefits Center to learn more.



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-sponsored Group Medicare Advantage 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-sponsored 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 MA and AT&T PDP Plan online or by phone. Simply choose the way that's easiest for you.
 - To enroll online, visit retiree.uhc.com/att. Then select the Enrollment and meetings tab and "Enroll now". Follow the step-by-step instructions to enroll. Or scan the QR code to enroll.
 - Or, you can call to enroll in the AT&T-sponsored Plans
- 3** Visit online at retiree.uhc.com/att – or scan the QR code to learn about upcoming education meetings



You must enroll in both the medical plan and prescription drug plan to be eligible for AT&T-sponsored coverage.



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 you delay enrolling in Medicare, you will need to provide proof of employment and health coverage when you leave the company and enroll during a Special Enrollment Period. When you are ready to retire and enroll in Medicare, call the AT&T Benefits Center to process your proof of coverage form.

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 AT&T MA + PDP Plan will I receive a reimbursement for my Medicare Part B premium?

No. If you enroll in the MA + PDP 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-sponsored Plans?

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-sponsored Group Medicare Advantage 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-sponsored Group Medicare Advantage Plans.

Contact information

AT&T Benefits Center

For: Eligibility, using the plan decision tool, enrolling in the MA + PDP Plans, CarePlus, life insurance, legal services and identity theft

Phone: 877-722-0020

Online: att.com/benefitscenter

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

UnitedHealthcare®

For: Learning more about or enrolling in an AT&T-sponsored Medicare Plan

Phone: 866-819-3448, TTY 711

Online: 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

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

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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