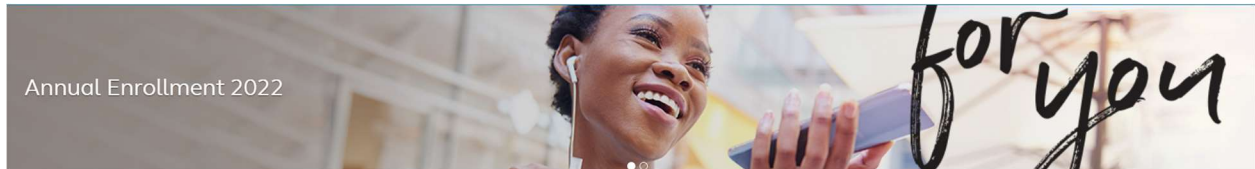
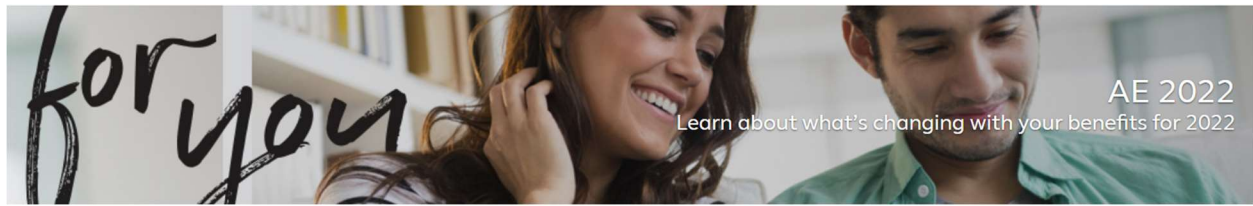


Southeast CWA

Active Manuscript



What's Changing



Medical

Medical Plan Changes

- In 2022, you'll have the same options, administered by Blue Cross and Blue Shield of Illinois (BCBSIL). Your contributions, deductible and out-of-pocket maximum may be increasing for 2022.
- All AT&T bargained employees who enroll in a self-insured medical option should expect to receive a new medical ID card from BCBSIL by Jan. 1, 2022. If you don't yet have your card in January (or have lost your current card) and need care, your provider can confirm coverage directly with BCBSIL. You also may be able to print your medical ID card from the BCBSIL website or you may call BCBSIL at 800-621-7336 and a Benefits Value Advisor can assist you in obtaining your plan information or a temporary ID card.

Use this opportunity to explore and choose what's right for you. Review and compare all your [2022 medical options](#).

Grand Rounds Health

Say Hello to Your Personal Healthcare Management Team

Managing your healthcare can be complicated, confusing, frustrating and stressful. We have a solution for that! Grand Rounds Health has a personalized team of experts, shaped for you. You don't have to manage your healthcare alone. You've got your personal healthcare team provided by Grand Rounds Health as the first destination for your healthcare needs.

Their doctors, nurses, care coordinators and billing specialists join forces to get you the best care. Whether it's making an urgent appointment, resolving a medical bill or making sense of your healthcare benefits, they do the heavy lifting. Grand Rounds Health is on call 24/7, so if you want to chat at 3 a.m., they're all ears. And the best part is, there's no cost to you.

Get a doctor that gets you

The Grand Rounds Health app makes it easy to find in-network providers and facilities with top rankings for patient care. See who's in your network, who's accepting patients, who's available for virtual appointments and more.

Access advice anytime, anywhere

Call or chat with a doctor for as long as you need using our app, website or dedicated phone number. Talk about your health conditions, symptoms, treatment options and more. On call and on your side, Grand Rounds Health provides answers to your health questions.

Don't second guess, get a second opinion

Managing a medical condition? Considering surgery or new medications? Get expert answers without ever leaving home. Obtain a review of your medical record and get an expert opinion to help your treating physician and you verify a diagnosis and treatment options.

Understand your medical plan — what's covered and what's not

See your health plan coverage details in one place. Track your deductible, view your claims, even learn ways to save on healthcare.

Don't get overcharged for healthcare. Get help

At Ground Rounds Health, you can view what's covered under your medical plan, how much you've spent towards your deductibles and other healthcare expenses in one place. Grand Rounds Health will even check your medical bills for errors and assist with denied insurance claims to help you save.

Learn how to make the most of your benefits resources

View your other AT&T-provided benefits and programs in one place and get guidance on which may be the best fit based on your or your dependents healthcare needs in the Grand Rounds Health app, or with the help of your personal care team.

Get cancer support shaped around you

Get a virtual team of oncologists, pain management specialists, nurses and care coordinators centered around you and supporting your local treating physician to identify gaps in your treatment plan. Grand Rounds Health works with you to create an integrated, personalized support plan focused on your needs.

Getting started is easy. Experience Grand Rounds Health today

1. Download the Grand Rounds Health app, visit grandrounds.com/att, or call 800-374-1009 between 7 a.m. - 8 p.m. CT through Dec. 31. Beginning Jan. 1, 2022, call or chat with Your Personal Healthcare team 24/7.
2. Create an account or log in to your existing account.
3. Connect with your personal healthcare team today.

Grand Rounds Health is by your side

In January, look for the Grand Rounds Health number on the back of your medical ID card. Contact them as the first destination for your healthcare needs.

CarePlus

In previous years, CarePlus services were offered to you at no monthly cost due to a contribution holiday.

Beginning January 1, 2022, you will have to pay a nominal contribution for CarePlus services.

Because the CarePlus contribution holiday is ending, during annual enrollment 2022 you will need to make an active election 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.

If you do not actively enroll in CarePlus coverage during 2022 annual enrollment, you can still enroll prospectively at any time, but your contributions will be after-tax through the end of 2022.

Bright Horizons: New in 2021

Bright Horizons provides a comprehensive solution for back-up care for children and adults. For all employees, Bright Horizons offers elder care planning support and discounts on online care resource search memberships. You must be enrolled in CarePlus to be eligible for Bright Horizons back-up care services.

Health Savings Account

If you are enrolled in the Option 2 medical plan, you are now eligible for an HSA with Fidelity. See [Save \\$\\$ With HSAs & FSAs](#) for more information on this tax-advantaged program.

Your maximum annual Health Savings Account (HSA) contribution amounts for 2022 are:

- Individual coverage is \$3,650
- Individual + 1 or more is \$7,300

If you are age 55 or older, you can make an additional \$1,000 catch-up contribution to your account at any time in the year of your 55th birthday. Limits are reviewed by the IRS annually and may be adjusted.

Dental

While your dental options for 2022 may not have changed, your monthly contributions may have.

Take time to look at your 2022 AT&T dental options and their costs. Explore and choose what's right for you.

Vision

While your vision options for 2022 haven't changed, your monthly contributions may have.

Take time to look at your 2022 AT&T vision options and their costs.

Explore and choose what's right for you.

Life Insurance

Annual Enrollment Supplemental Life Insurance Opportunity

During AE 2022 AT&T is offering an easier way to purchase additional supplemental life insurance.

If you are already enrolled in supplemental life insurance, you can elect to increase your current coverage by 1 x your annual pay (as defined in your Summary Plan Description) without having to answer any health questions.

If you would like to enroll in a higher coverage amount or are enrolling in supplemental life insurance for the first time, you can apply for coverage by answering five health questions.

Your application is subject to review and approval by MetLife.

AT&T Ancillary Benefits Program

As part of your annual benefits enrollment, you and your dependents are eligible to enroll in the AT&T Ancillary Benefits Program administered by MetLife. Four options are available for you to elect

with premiums conveniently paid through payroll deduction. These options include Legal Services, Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance.

Critical Illness Insurance

Critical illnesses can happen when you least expect them — and they can be costly. Critical Illness Insurance coverage through MetLife can help safeguard your finances by providing you with a lump-sum payment when you or your loved ones need it most. The payment is made directly to you and is in addition to any other insurance you may have. It's yours to spend however you like, including for everyday living expenses.

Get financial support upon a verified diagnosis of a covered condition* after your coverage effective date:

- Heart Attack and Sudden Cardiac Arrest
- Cancer
- Stroke
- Severe Burn
- Major Organ Transplant
- Coronary Artery Bypass Graft
- Kidney Failure
- Benign Brain Tumor
- Functional Loss: Coma, Loss of the ability to Speak, Hearing, or Sight, and Paralysis*
- Childhood Diseases such as Diabetes (Type I), Cerebral Palsy, and Cystic Fibrosis *
- Infectious Diseases like COVID-19, Lyme Disease, and Bacterial Meningitis*
- Progressive Diseases such as Alzheimer's Disease, Multiple Sclerosis (MS), and Muscular Dystrophy*

*This list is for illustrative purposes only – it is not a complete list of all covered conditions. See the Outline of Coverage/Disclosure Document for details.

The program pays a lump-sum initial benefit upon the first verified diagnosis of a covered condition. You may also receive a lump-sum Recurrence Benefit for a subsequent verified diagnosis of certain covered conditions.

Health Screening Benefit: MetLife will also provide an annual benefit of \$50 per calendar year per covered individual for taking any one of the more than 50 eligible screening/prevention measures, such as routine health check-up exams, dental and eye exams, and immunizations (including COVID-19 testing and vaccinations).

Coverage Options: There are two coverage options – \$10,000 or \$20,000 initial benefit. Your spouse/partner may receive 100% of the initial benefit, eligible dependent children may receive 50%. Children are automatically covered when you elect coverage for yourself or for you and your spouse/partner. You will not have to answer any medical questions when you enroll and you can continue your current coverage if you change jobs or retire.

Accident Insurance

Accidents can happen when you least expect them and, while you can't always prevent them, you can help lessen the financial impact and try to make your recovery less stressful. Accident Insurance coverage through MetLife can help you with unexpected expenses, such as those that may not be

covered under your medical plan, not to mention other expenses like childcare costs and mortgage payments.

MetLife pays a benefit for a wide array of events, medical services, and treatments related to injuries you or your covered dependent(s) sustained in an accident. The payments are made directly to you, not to the hospitals or other healthcare providers, and are yours to spend however you want.

This program provides a lump-sum payment for over 150 different covered events* after your coverage effective date, such as:

- Fracture, Dislocation,
- Second- and Third-degree burns,
- Ruptured Disc
- Cuts and Laceration
- Broken Tooth
- Concussion or Coma

You can also receive a lump-sum payment when you have these covered medical services/treatments* after your coverage effective date like:

- Ambulance and Emergency Care
- Inpatient and Outpatient Surgery
- Medical Testing (X-rays, MRIs, CT Scans)
- Physician follow up visits
- Therapy Services (physical and occupational therapy, speech therapy)

*These lists are for illustrative purposes only – and are not a complete list of all covered events/services/treatments.

Coverage Options: There are two coverage options – High or Low. Your spouse/partner and dependent children may also be covered. You will not have to answer any medical questions when you enroll and you can continue the coverage if you change jobs or retire.

See the Outline of Coverage for details.

Hospital Indemnity

Hospital stays can be expensive and unexpected hospital bills are especially difficult to manage when you lose your income or when your income becomes seriously reduced because of an injury or illness. Hospital Indemnity Insurance through MetLife can help you pay for expenses if you or a loved one becomes hospitalized.

During a hospital stay, you might need various treatments, tests and therapies, which could result in out-of-pocket costs beyond what your medical plan may cover, such as deductibles, co-pays and out-of-network care costs, or household expenses — like your rent or mortgage, car payment or childcare.

The coverage will provide a lump-sum payment to help pay for these costs. The payment is made directly to you and is in addition to any other insurance you may have. It's yours to spend however you like, including for everyday living expenses.

Here are the covered benefits/services* when an accident or illness puts you in the hospital after your coverage effective date:

- Admission to a hospital

- Hospital stay
- Admission to an intensive care unit (ICU)
- ICU stay
- Inpatient rehabilitation unit stay
- Nursery care stay

*This list is for illustrative purposes only – it is not a complete list of all covered benefits/services. See the Outline of Coverage/Disclosure Document for details.

Coverage Options: Your spouse/partner and dependent children may also be covered. You will not have to answer any medical questions when you enroll and you can continue your current coverage if you change jobs or retire.

Legal Services

Quality legal assistance can be pricey, and it can be hard to know where to turn to find an attorney you trust. The Legal Services plan through MetLife gives you access to the expert guidance and tools you need to handle the broad range of common legal issues your family faces. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

For a monthly fee, you have unlimited access to a team of our attorneys ready to help you take care of life's planned and unplanned legal events for all legal matters covered under the program — with no waiting periods, no deductibles and no claim forms when using a network attorney.

Here are some of the covered services* available after your coverage effective date:

- Home & Real Estate Matters, such as sale/purchase of home, deeds, and property tax assessments
- Estate Planning Matters: complex, simple, and living wills, power of attorney, and healthcare proxies
- Family & Personal Matters like adoption, divorce, juvenile court defense, and immigration assistance
- Civil Lawsuits
- Eldercare Issues: power of attorney, Medicaid/Medicare, and wills
- Driving issues like, traffic tickets defense and driving under the influence
- Money Matters, such as identity theft, bankruptcy, and debt collection

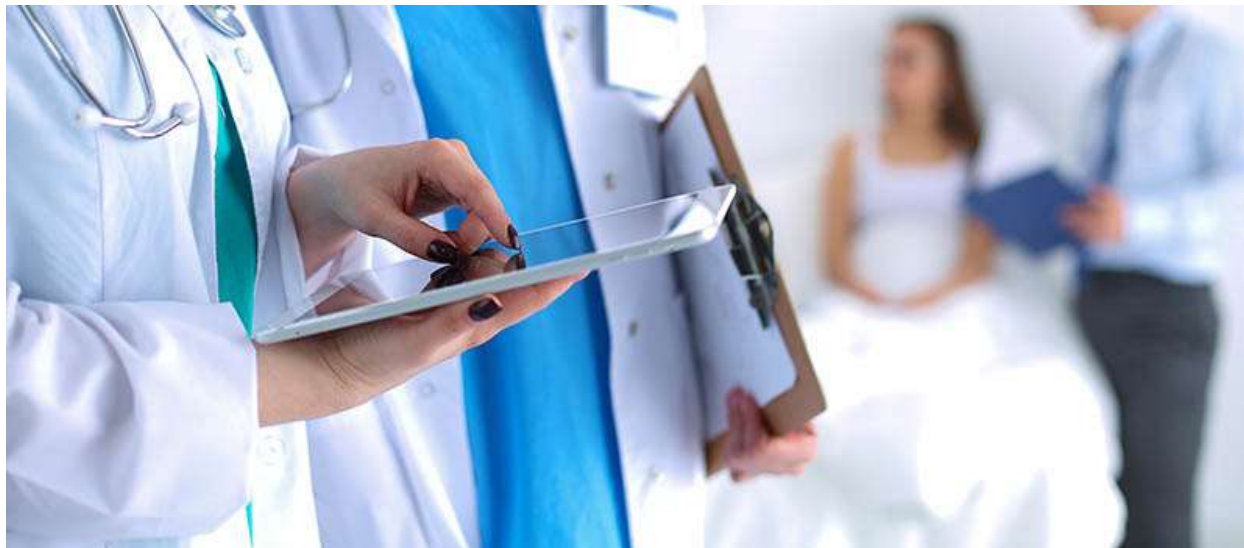
*This list is for illustrative purposes only – it is not a complete list of all covered services. See the Summary Plan Description (SPD) for details.

Digital Estate Planning

You can also create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family, and your assets to create these documents instantly.

Coverage Options: Your spouse/partner, dependent children and parents/parents-in-law may also be covered. You can continue the coverage if you change jobs or retire.

Medical



2022 Medical Options

Following a year of unprecedented challenges, we have more on our minds than before. The goals and concerns you have today may have changed. We're committed to connecting you with the benefits you need, which has never been more important than right now.

No one knows your health and wellness needs better than you. Keep yourself and your family in mind as you review any changes to your benefits options. Use this opportunity to explore and choose the medical plan option that's right for you and those who matter most.

Want to keep your doctors? Make sure they're in-network.

If your preferred providers are not in-network, you could pay more for medical services.

Getting started is easy. Experience Grand Rounds Health today:

1. Download the Grand Rounds Health app, visit grandrounds.com/att, or call 800-374-1009 between 7 a.m. and 8 p.m. Central time through Dec. 31. Starting Jan. 1, you can call or chat with Grand Rounds Health 24/7.
2. Create an account or login to your existing account.
3. Click Find Care in the app or on the website.

During annual enrollment, you also can confirm a provider's network status directly with your doctor/provider or by visiting the benefits administrator's website. When you enroll, you can quickly review the doctors you see most often to determine if they are in or out of the network for the plan you are considering.

Remember, network doctors and group providers can change their status during the year. Always check your provider's network status before receiving services.



Enroll during your annual enrollment period on the AT&T Benefit Center website or enroll by calling an AT&T Benefits Center representative at 877-722-0020 from 7 a.m. to 7 p.m. Central time. Otherwise, you may end up with an option you don't expect and may not want.

If you have questions or need help enrolling, you can schedule an appointment with the AT&T Benefits Center to talk with a representative. Schedule an appointment now through the link on the right. Appointments are available between 7 a.m. and 7 p.m. Central time, Monday through Friday, during the annual enrollment period.

Your 2022 Coverage: Much Like 2021

Use this opportunity to explore and choose what's right for you. While your medical options for 2022 haven't changed, some details of your coverage — including monthly contributions and other costs such as deductibles and coinsurances — may have.

Remember, if your preferred providers are not in-network, you could pay more for medical services.

You can check to see if your doctor is in your network or search for new doctors by visiting Blue Cross and Blue Shield of Illinois (BCBSIL*) at www.bcbsil.com/att. Even if you are currently a BCBSIL member, follow the prompts on the home page to locate the correct network based on your bargaining region and state of residence.

Review and compare all your [2022 medical options](#) and [prescription drug coverage](#).

*Blue Cross and Blue Shield of Illinois (BCBSIL) provides national coverage.

2022 Options for Medical

[Prescription Drug Details](#)
[Medical Program Options summary](#)
[Medical Details](#)

Option	Deductible	Copay/ Coinsurance	Annual Out-of-pocket maximum
Southeast HCN Option 2 1-800-621-7336	\$1,550 Individual \$3,100 Family combined with Mental Health (MH/SUD), Prescription Drug (Rx) and CarePlus	90%	\$6,650 Individual \$13,300 Family includes deductible combined with MH/SUD, Rx and CarePlus capped at \$6,650 per Individual
Southeast HCN Option 1 1-800-621-7336	\$800 Individual \$1,600 Family combined with Mental Health (MH/SUD) Capped at \$800 per Individual in 2022	90%	\$3,500 Individual \$7,000 Family includes deductible combined with MH/SUD capped at \$3,500 per Individual

2022 Options for Prescription Drugs

Medical Option Details
Medical Details

Option	Deductible	Annual Out of Pocket Maximum	Retail	Mail Order
Southeast HCN Option 2	Medical, including MH/SUD, Rx and CarePlus; see Annual Deductible Individual/Family section for amount; deductible must be met before Co-payment applies except for certain preventive care drugs.	Medical, including Rx, MH/SUD and CarePlus; see Annual out-of-pocket maximum Individual/Family section for amount	<p>Generic \$10 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required.</p> <p>Preferred \$40 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug then Mail Order required.</p> <p>Non-Preferred \$80 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug then Mail Order required.</p>	<p>Generic \$20 copay; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.</p> <p>Preferred \$80 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference. Retail pickup at specified Retail Pharmacies also available.</p> <p>Non-Preferred \$160 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference. Retail pickup at specified Retail Pharmacies also available.</p>
Southeast HCN Option 1	Not applicable	\$1,600 Individual; \$3,200 Family; Network copays apply	<p>Generic \$10 copay; up to 30 day supply; two Fill max on maintenance drug, mandatory mail order</p> <p>Preferred \$40 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug, mandatory mail</p> <p>Non-Preferred \$80 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug, mandatory mail</p>	<p>Generic \$20 copay; up to 90 day supply</p> <p>Preferred \$80 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference</p> <p>Non-Preferred \$160 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference</p>

Note: This page is intended to provide brief highlights of the upcoming in-network plan options and rates. Access to this page does not guarantee that you are eligible to participate in the plans, which terms are described in official legal plan documents. If the content of this page conflicts with the plan documents, the terms of the plan documents will control. The information, format, and plan details are subject to change.

See How Much More You Could Pay If You Use Out-of-Network Providers

Here's an example of what you may have to pay for the same services when performed by an out-of-network provider compared to an in-network provider.

Meet Mary

Mary receives a bill for a \$12,000 hospital stay. Assuming she has already met her annual deductible, the following table shows what she could pay depending on which provider she uses.

The numbers and percentages used in this table are illustrative only. The actual amounts may vary based on the plan you are in. Check the Summary Plan Description (SPD) for more details.

	In-Network	Out-of-Network	ONA (Network Provider Used)	ONA (Non-Network Provider Used)
Provider charge for covered health service	\$12,000	\$12,000	\$12,000	\$12,000
Allowable charge (determined by the benefits administrator)	\$9,000	\$10,500	\$9,000	\$10,500
Percentage of allowable charge paid by the program	90%	60%	90%	90%
Total amount paid by the program	\$8,100	\$6,300	\$8,100	\$9,450

Mary's percentage/coinsurance of allowable charge	10%	40%	10%	10%
Amount exceeding allowable charge	\$0	\$1,500	\$0	\$1,500
Total amount Mary owes provider	\$900	\$5,700	\$900	\$2,550

In this example, if Mary receives care from an in-network provider, she only pays \$900 out-of-pocket. This is her portion of the allowable charge for that service. However, if Mary receives care from an out-of-network provider, she is responsible for her portion of the allowable charge plus she may be billed by her provider for the difference between the amount the out-of-network provider charges and the allowable charge for that service.

Additional Options May Be Available

You may be eligible for an HMO, also referred to as a Fully-Insured Managed Care Option (FIMCO), based on your home ZIP code.

If your current HMO/FIMCO is not offered in 2022 and you do not actively enroll during annual enrollment, you will be automatically enrolled in the company self-insured option with the lowest contribution amount.

Important: If your dependents meet the eligibility rules for coverage under your company self-insured option, they will likely be eligible for HMOs/FIMCOs. However, for some dependents (e.g., partners and disabled dependents), certain HMOs/FIMCOs may need more information or may not provide coverage.

Before you enroll or re-enroll in an HMO/FIMCO for 2022, it's important to review and compare all your 2022 medical options. If you have questions, call the HMO/FIMCO service center (not the AT&T Benefits Center). Phone numbers and your reference number are listed on your online medical options chart. Have the reference number from your medical options chart handy and be sure to tell the service representative that you are an AT&T participant.



Medical Quick Tip

Relationships matter. And believe it or not, the relationship you have with a primary care doctor can be one of your most important. When you see a primary care doctor regularly, they can watch for signs of risks — helping you live a healthier life.

Working Spouse/Partner Surcharge

You must take action to certify that your spouse/partner does not have medical coverage available from a current employer.

AT&T encourages you and your spouse/partner to compare the cost of AT&T medical options with those available through your spouse's/partner's current employer.

If you enroll your spouse/partner and your spouse/partner has access to coverage through a current employer, you will have to pay a \$100 monthly surcharge.

If your spouse/partner does not have access to coverage through a current employer, you must certify that during annual enrollment to avoid the surcharge. Otherwise, the surcharge will be added to your

monthly medical coverage contribution (what you pay out of your paycheck each month). Be sure to check the correct status to avoid the surcharge.

Tobacco Use Surcharge

Important action required: Whether or not you are a tobacco user, you must take action during your enrollment window to avoid the Tobacco Use Surcharge. If you don't use tobacco, change to non-smoker status when you enroll.

If you or your spouse/partner (if applicable) uses tobacco and enrolls in an AT&T medical plan, you'll pay an additional monthly surcharge.

Who's a "tobacco user"? Someone who uses tobacco products at least once a month or more, on average, is considered a tobacco user. This includes cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco.

If you use tobacco and want to avoid the surcharge, you can participate in a tobacco cessation program offered at no charge by AT&T in partnership with 2Morrow Health through Castlight.

Tobacco Use Surcharge and Cessation Program

The tobacco surcharge is \$780 per year (\$65 per month) per person, up to \$1,560 for both employee and spouse/partner, if applicable.

AT&T offers a tobacco cessation program with 2Morrow Health through Castlight. For more information on how you can download the 2Morrow Health app and complete the tobacco cessation program to waive the tobacco surcharge, see the Summary Plan Description (SPD) for the AT&T Medical Plan in which you are enrolling or visit mycastlight.com/att.

To register for Castlight text APP to 35925 to download the app, or visit mycastlight.com/att.

CarePlus

CarePlus is a supplemental benefit program providing coverage for a list of specified treatments and services generally not covered under the AT&T Medical Program. You don't need to be enrolled in an AT&T Medical Program to sign up, *but you must be enrolled in CarePlus to receive any CarePlus benefits.*

In previous years, CarePlus covered services were offered to you on a contribution "holiday." This meant there was no required monthly contribution for CarePlus.

Beginning January 1, 2022, the contribution holiday for CarePlus will end, and you will have to pay a nominal contribution for CarePlus coverage:

Contributions

Employee Only: \$1 per month

Family: \$3 per month

Because the CarePlus contribution holiday is ending, during annual enrollment 2022 you will need to make an active election to enroll in CarePlus coverage. If you do not make an election, you will be opted out of CarePlus for benefits effective Jan. 1, 2022.

If you do not actively enroll in CarePlus coverage during annual enrollment 2022, you can still enroll prospectively at any time, but your contributions will be after-tax through the end of 2022.

CarePlus Services

Information about what is included in CarePlus benefits and how to use them is available at <https://careplus.att.com/>. In addition, review your CarePlus Summary Plan Description (SPD) and find a complete list of CarePlus-covered services.

IMPORTANT: Most services must be preapproved by UnitedHealthcare. For additional services or to learn more call UnitedHealthcare at 877-261-3340 (711 from a TTY phone), Monday through Friday from 7 a.m. to 7 p.m. Central time.

Important Note: *Eligibility for the benefit programs described below may vary for certain permanent residents outside of the continental U.S., or exclusions may apply. Refer to your Benefits Highlights Guide on the Annual Enrollment home page or the Summary Plan Description (SPD) for additional details.*

Bright Horizons: New in 2021

If you are enrolled in CarePlus, Bright Horizons provides a comprehensive solution for back-up care for children and adults. For all employees, Bright Horizons offers elder care planning support and discounts on online care resource search memberships.

Program features include:

Back-up care*

- Up to five days a year for dependents at a center or with an in-home caretaker for work-related needs.
- You and your dependents must be enrolled in CarePlus.

Elder care*

- Care Coach, which assists you in evaluating short-term and long-term support needs for an elder dependent.
- Specialized referrals (e.g., transportation, meal preparation and equipment providers).
- Financial assistance with certified financial counselors and legal assistance from licensed attorneys.
- May be used for your dependent or yourself.
- No cost to you, unlimited access.

Ongoing daycare networks

- Up to 10% network discounts at participating network centers.
- Preferred enrollment in select Bright Horizons centers in advance of the general public on a first-come, first-serve basis.
- Available for dependents of all active employees.

Sittercity.com and Yearsahead.com memberships*

- Free membership to SitterCity for all active employees. SitterCity is a self-service search tool for dependent care (planning and services) and other service providers, including tutoring and homework help, pet care and household help.
- Free membership to Yearsahead (owned by SitterCity) for all active employees. Yearsahead is a self-service elder care resource (planning and services).

A number of other program discounts are available.

To Get Started

First-time users will need to register in order to request and use Bright Horizons services. To register, select Join Today on the My Bright Horizons website.

The first time you visit the site, validate that you are an AT&T employee using these credentials:

- Username: AT&T
- Password: Benefits4You

Upon verification, create a username and password to continue accessing My Bright Horizons. While setting up your account you will be asked to select your interests and information on your family.

You can then follow the directions on the site to review and request Bright Horizons services.

*AT&T subsidizes part or all of the cost of these services; however, the value of the services is considered taxable income and will appear on your paystub after services are incurred.

Get the Scoop on Medical ID Cards

You will receive a new medical ID card for 2022. Your new card should arrive by Jan. 1, 2022.

If you don't yet have your card in January (or have lost your current card) and need care, your provider can confirm coverage through your benefits administrator. You also may be able to print your medical ID card from your benefits administrator's website or app.

Please note when you enroll in a company self-insured medical option, your prescription drug benefits administrator will be CVS Caremark. You will receive a separate prescription drug ID card from CVS Caremark for your prescriptions. If you need to request a replacement card or print a temporary card, visit caremark.com or access your ID card from the CVS Caremark app.

Note: If you are enrolling in one of AT&T's Fully-Insured Managed Care Option (FIMCO) medical plans, you may not receive a new card if you are enrolling in the same plan as you had in 2021. ID cards are available either on the plans' mobile apps (where applicable) or on their websites.

Review Your 2021 Prescription Copayment Deadlines

This article does not apply to those enrolled in Fully-Insured Managed Care options, such as an HMO.

For 2021 prescription drug coinsurance/copayments to apply, you must submit eligible prescription drug orders or refills according to the guidelines below.

Note: You may want to allow for additional time when ordering mail order prescriptions or refills during holiday periods.

Your 2022 copay/coinsurance and deductible will apply to orders eligible for refill on or after Jan. 1, 2022, no matter when you place the order. You can contact CVS Caremark Customer Service at 800-378-8851 or online at caremark.com.

Type of Order	Deadline
Mail order for refills or new prescriptions	Dec. 30, 2021 by 11 a.m. Central time
Responses due from your physician for any prescriptions requested through FastStart	Dec 30, 2021 by 11 a.m. Central time
Prescriptions purchased at a Retail Pharmacy	Dec. 31, 2021 by 11:59 p.m. Central time
Refill orders completed via CVS Caremark's IVR/phone system*	Dec. 30, 2021 by 11:59 p.m. Central time
Refill orders completed via the caremark.com website*	Dec. 30, 2021 by 11:59 p.m. Central time

Type of Order	Deadline
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Refill orders placed by phone through a CVS Caremark service associate*	Dec 30, 2021 by 5 p.m. Central time
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* You will receive a confirmation from CVS Caremark that your order is complete.

Save \$\$ With HSAs & FSAs

The Health Savings Account (HSA) portion of this article applies only to those employees who enroll in the HSA eligible Option 2 medical option.

The health and well-being of your loved ones might feel more critical than before. Enroll in a Health Savings Account (HSA) or Flexible Spending Account (FSA) to help save for eligible health care and dependent care costs. You generally don't pay taxes on these payroll contributions, leaving more money in your paycheck*. You must enroll in an HSA-eligible high deductible health plan to participate in an HSA, but you can enroll in an FSA regardless of the medical coverage you have. Ensure you have the coverage needed to take care of yourself and those who matter most to you.

*State income taxes apply to your HSA contributions in California and New Jersey. Other states may vary in their tax treatment of earnings and withdrawals from the federal tax treatment. For more information, consult your personal tax advisor.

Disclosure

HSA payroll contributions and any other contributions described in this notice are governed by the AT&T Flexible Spending Account Plan. For more information, refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD). In the case of any discrepancy between this notice and the terms of the plan, the plan terms will govern.

HSA vs. FSA: What's the Difference?

See below for a quick comparison of HSAs and FSAs. Contribution limits apply for calendar year 2022.

Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)*	Dependent Care Flexible Spending Account (FSA)*
<p>You can open an HSA if you:</p> <ul style="list-style-type: none"> Enroll in an HSA-eligible high deductible health plan. Are not claimed as a dependent on someone else's tax return. Do not have other low-deductible health care coverage, such as through a spouse/ partner's employer. Do not participate in a health care FSA unless your health care FSA is 	<p>You can participate whether or not you elect coverage in a medical option.</p> <p>If you contribute to an HSA, money in your FSA can ONLY be used for eligible dental, vision and preventive care expenses.</p>	<p>You can participate (if eligible) whether or not you elect coverage in a medical option.</p> <p>This can only be used to pay for eligible dependent care expenses.</p>

designated as "limited" to reimbursement of eligible dental, vision, and preventive care expenses. • Are not enrolled in any part of Medicare.		
\$3,650 individual health care; \$7,300 family health care	\$2,750	\$5,000
Yes, HSA funds can be used now and in the future (even after you retire or leave the Company)	No, must be used each calendar year or you forfeit the money	No, must be used each calendar year or you forfeit the money
Yes, for 55 and older (\$1,000 maximum)	No	No

*To be eligible for reimbursement, eligible **health care and dependent care FSA** expenses **must** be incurred by Dec. 31, 2022. Claims must be submitted to Your Spending Account (YSA), the FSA administrator, postmarked by March 31, 2023. Any unused balance in the account will be forfeited.

For more information refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).

If You Are Enrolling in an HSA for the First Time

If certain requirements are satisfied, you can open an HSA with any financial institution. However, to make HSA payroll contributions, you must establish an HSA account with Fidelity, and you must complete the following steps:

- During annual enrollment, input your desired annual HSA payroll contribution amount when you enroll in medical coverage.
- Outside of annual enrollment, make your HSA election on the AT&T Benefits Center website (navigate to this site's Home page and click on the Change Your HSA Contributions icon) or by calling 877-722-0020.
- Once Fidelity receives your HSA election (approximately three business days later), log on to [Fidelity NetBenefits®](#). On the home page, next to Health Savings Account, click **Open** to complete your online application.
- To designate your beneficiary, choose **Beneficiaries** from the Quick Links menu under the Health Savings Account tile on the home page.

Elections made at annual enrollment will be effective Jan. 1, 2022.

Remember, you can change your HSA election at any time on the AT&T Benefits Center website (navigate to this site's Home page and click on the Change Your HSA Contributions icon) or by calling 877-722-0020.

IMPORTANT: The HSA offered by Fidelity Investments is not an arrangement established or maintained by the Company. Rather, an HSA that you open with Fidelity Investments is an arrangement between you and Fidelity Investments that is established and maintained by Fidelity Investments, the HSA trustee. It is the Company's intention to comply with Department of Labor guidance set forth in Field Assistance

Bulletin No. 2004-1, which specifies that an HSA is not an ERISA plan if certain requirements are satisfied.

Save \$\$ With FSAs

Important Reminder: Due to unprecedented events in 2020, the company allowed FSA money to be rolled over to 2021. However, any money left in your dependent care or health care FSAs at the end of the 2021 plan year will be forfeited, including any increases you made in 2021. Any claim for reimbursement for 2021 services must be submitted by March 31, 2022. After that date, any money left, whether from 2020 or 2021, will be forfeited.

Good health and financial well-being lift us all. We care about you and want you at your best so we can *Win As One*. Save for eligible health care and dependent care costs by enrolling in AT&T Flexible Spending Accounts (FSAs). You generally don't pay taxes on FSA contributions, leaving more money in your paycheck.

FSA Basics

- **Health care flexible spending account:** A health care FSA can help you pay for eligible out-of-pocket health care expenses for you and your eligible dependents. These could be doctor visits, prescription drugs, dental expenses, vision costs and more.

You can contribute up to \$2,750 for 2022, but you must use your entire health care FSA balance by the end of each year, or you lose it. Contributions will be taken in equal amounts from each of your paychecks throughout the year, but you can access your full annual contribution amount for eligible health care out-of-pocket expense reimbursement at any time during the year.

- **Child and elder dependent care flexible savings account:** If you and your spouse work, are looking for work, or are in school full time, the dependent care FSA offers the added benefit of child or elder care account coverage. Eligible expenses include day care, summer day camp, after school, or home care expenses. Qualified dependents include children under age 13 (or older, if disabled), as well as your spouse and your parents if they are:
 - Mentally or physically incapable of self-care;
 - Live with you; and
 - Your financial responsibility.

You can contribute up to \$5,000 for 2022, but as with the health care FSA, you must use your entire dependent care FSA balance before the end of each year, or you lose it.

- **For health care and dependent care FSAs (if eligible):**
 - To be eligible for reimbursement, services for all health care and dependent care eligible expenses must be incurred by Dec. 31 with claims postmarked by March 31 of the following year. Otherwise, you will lose any remaining FSA amounts.
 - The dependent care FSA and the health care FSA are separate accounts. Dependent care eligible expenses can't be reimbursed from your health care FSA and health care eligible expense can't be reimbursed from your dependent care FSA.

For more information refer to the AT&T Flexible Spending Account Plan Summary Plan Description (SPD).

Limited FSAs If You Have an HSA

If you enroll in both an HSA (whether your own HSA or a spouse's HSA) and a health care FSA, the IRS requires that your health care FSA be designated as a "limited" health care FSA. This means it can only be used to reimburse your eligible out-of-pocket dental, vision and preventive care expenses. It cannot be changed to a "full" FSA during the calendar year.

If you open an HSA outside your enrollment period and/or without payroll contributions (or if your spouse opens an HSA from which you can be reimbursed for eligible expenses), you must contact the AT&T Benefits Center and request that your health care FSA be "limited."

Grand Rounds Health

Say Hello to Your Personal Healthcare Management Team

Managing your healthcare can be complicated, confusing, frustrating and stressful. We have a solution for that! Grand Rounds Health has a personalized team of experts, shaped for you. You don't have to manage your healthcare alone. You've got your personal healthcare team provided by Grand Rounds Health as the first destination for your healthcare needs.

Their doctors, nurses, care coordinators and billing specialists join forces to get you the best care. Whether it's making an urgent appointment, resolving a medical bill or making sense of your healthcare benefits, they do the heavy lifting. Grand Rounds Health is on call 24/7, so if you want to chat at 3 a.m., they're all ears. And the best part is, there's no cost to you.

Get a doctor that gets you

The Grand Rounds Health app makes it easy to find in-network providers and facilities with top rankings for patient care. See who's in your network, who's accepting patients, who's available for virtual appointments and more.

Access advice anytime, anywhere

Call or chat with a doctor for as long as you need using our app, website or dedicated phone number. Talk about your health conditions, symptoms, treatment options and more. On call and on your side, Grand Rounds Health provides answers to your health questions.

Don't second guess, get a second opinion

Managing a medical condition? Considering surgery or new medications? Get expert answers without ever leaving home. Obtain a review of your medical record and get an expert opinion to help your treating physician and you verify a diagnosis and treatment options.

Understand your medical plan — what's covered and what's not

See your health plan coverage details in one place. Track your deductible, view your claims, even learn ways to save on healthcare.

Don't get overcharged for healthcare. Get help

At Grand Rounds Health, you can view what's covered under your medical plan, how much you've spent towards your deductibles and other healthcare expenses in one place. Grand Rounds Health will even check your medical bills for errors and assist with denied insurance claims to help you save.

Learn how to make the most of your benefits resources

View your other AT&T-provided benefits and programs in one place and get guidance on which may be the best fit based on your or your dependents healthcare needs in the Grand Rounds Health app, or with the help of your personal care team.

Get cancer support shaped around you

Get a virtual team of oncologists, pain management specialists, nurses and care coordinators centered around you and supporting your local treating physician to identify gaps in your treatment plan. Grand Rounds Health works with you to create an integrated, personalized support plan focused on your needs.

Getting started is easy. Experience Grand Rounds Health today

1. Download the Grand Rounds Health app, visit grandrounds.com/att, or call 800-374-1009 between 7 a.m. - 8 p.m. CT through Dec. 31. Beginning Jan. 1, 2022, call or chat with Your Personal Healthcare team 24/7.
2. Create an account or log in to your existing account.
3. Connect with your personal healthcare team today.

Grand Rounds Health is by your side

In January, look for the Grand Rounds Health number on the back of your medical ID card. Contact them as the first destination for your healthcare needs.

Castlight: Your Well-Being, on Another Level

Where are you on your health journey? Feeling just "okay" and need a boost? Already at the top of your game?

We care about you and want you at your best so we can *Win As One*. No matter where you are today, Castlight can give you tools and incentives that can help you take your health to the next level—physically and financially.

Achieve rewards from Jan. 1 to Dec. 31.

What you can do to obtain points

You and your covered spouse/partner are each eligible to earn points for completing certain healthy activities from Jan. 1 to Dec. 31.

Here's how it works:

- Once you've received points, you can redeem your points for entries into any one or more quarterly sweepstakes to win up to \$350 in gift card prizes in the calendar year. You'll receive one sweepstakes entry for each 10 points you redeem (void where prohibited by law).
- Be sure to visit Castlight to see the quarterly sweepstakes available to you. There are three separate sweepstakes each calendar quarter. You can enter one or more depending on the number of points you wish to redeem. See Important Things to Know About Sweepstakes below. Here are the prizes (subject to change):
 - Sweepstakes #1: \$50 Gift Card – 200 winners each quarter
 - Sweepstakes #2: \$100 Gift Card – 50 winners each quarter
 - Sweepstakes #3: \$200 Gift Card – 25 winners each quarter
- Please note: All points received and not redeemed for sweepstakes entries during the calendar year will be forfeited and have no value after Dec. 31. Points are not transferable to any other person, including your covered spouse/partner.
- Sweepstakes prizes are subject to taxation. Taxes for both you and your spouse/partner will be reflected on your paycheck.

How you can get points

- 100 points: Take a health assessment within the Castlight app. (See below regarding alternative accommodations).
- Various point values: Learn about your AT&T health and financial benefits and programs

- Various point values: Track your steps, nutrition, and sleep.

How to register

If you are not already participating

Register by texting App to 35925 to download the app, or visit mycastlight.com/att , and log in to receive 50 Welcome points. If you already have the Castlight app, simply update your app (if a software update is available) to receive 50 Welcome points.

Personalized for You

Good health and financial well-being lift us all. We're committed to connecting you with the benefits you need to stay strong, which has never been more important than right now. Castlight can make the connection for you by recommending activities and services relevant to your unique needs. You can access all the benefits below directly from the Castlight app, wherever you are.

- Your health and finances are connected, and financial stress can create physical stress. Find tools and resources from Fidelity and Edelman Financial Engines that help with financial planning and give you peace of mind.
- Juggling work-life balance can be tricky. Your Employee Assistance Program (EAP) provides confidential assessments and intervention services, relationship strengthening and more at no cost to you.
- Get help with your sleep with SleepCharge. Complete the Sleep Checkup to receive your personalized sleep report, and browse the self-paced library of sleep education and guided bedtime mindfulness.
- Need help managing a condition? If you are enrolled in an AT&T medical program you can get assistance through your medical benefits administrator.

Important Things to Know About Sweepstakes

Your participation is optional.

If you choose to participate, your participation will be subject to the terms and conditions of the points and rewards program.

About quarterly sweepstakes rewards

NO PURCHASE OR PARTICIPATION IS NECESSARY TO ENTER OR WIN.

Eligibility may vary. There are three sweepstakes for the current calendar quarter. Receive one entry for any one sweepstakes for each 10 points you redeem. Void where prohibited by law.

Sweepstakes are only open to eligible Bargained employees and/or their covered spouse/partner, 18 years and older. Sweepstakes begins on or about 12:00am CST on the first day of each quarter and ends at 11:59 p.m. CST on the last day of each quarter. Odds of winning will depend on the total number of entries received. The Approximate Retail Value ("ARV") of the Prizes under the three sweepstakes above are: \$10,000, \$5,000 and \$5,000 respectively. Subject to Official Rules [here](#), and the terms set forth herein.

To enter any of the sweepstakes by mail, send a 4x6 card in a hand-addressed, stamped envelope, with your full name, complete address, home and daytime telephone number (including area code), e-mail address, date of birth, and name of the promotion to: Compliance Sweepstakes Services, P.O. Box 648, Stonington, CT 06378 (Attention: AT&T Quarterly Sweepstakes Mail-In Entry). The terms above control in the event of conflict with the Official Rules. Participants can submit a limit of three (3) sweepstakes entries through the promotional period. The sponsor of this promotion is Castlight Health Inc. 150 Spear Street, Suite 400, San Francisco, CA 94105.

Protecting Your Genetic Information

AT&T neither requires nor requests that you provide genetic information or family medical history for any purpose. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and health plans from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when participating in any activities or programs such as responding to the health assessment. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Your information is secure

Castlight's protocols keep your information safe and private.

Everyone can participate

If you think you might be unable to meet a standard under this program due to a health condition or limitation, you may request an alternative accommodation to receive points and redeem awards. Complete this form to request an alternative accommodation.

AT&T Benefit Plans

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 document and the plan documents (including the medical Summary Plan Description and associated Summaries of Material Modifications), the plan documents will control. Participation in the plans and programs is neither a contract, nor a guarantee of future employment.

Points and Rewards Program Administration

The points and reward program is administered by a third party, Castlight Health. Your individual health information is protected under the privacy and security rules of the Health Insurance Portability and Accountability Act (HIPAA). Castlight is a service and is based on information available to Castlight Health. The tool can provide an estimate of the cost of various services. Actual costs will depend on several factors that exist at the time the medical care is provided and billed, including the actual services provided, whether the provider is a network provider at that time, and the specific terms of the AT&T medical program that you participate in as determined by your medical program's benefits administrator. Quality of care information and patient reviews are provided by individuals who elect to share that information; Castlight does not measure quality of care or guarantee the actual price you will pay.

Dental Options for You



Make dental care a priority for you and your family.

With AT&T dental coverage, certain preventive care, such as regular cleanings, is covered at no cost to you when you visit an in-network provider. Each option also covers basic, major and orthodontia services. It's important for you to understand what is covered under in-network versus out-of-network coverage.

You may also have a Dental Health Maintenance Organization (DHMO) option (depending on your ZIP code) available to you.

Don't Brush Past Your Dental Costs

Your dental options for 2022 haven't changed. Use this opportunity to explore and choose what's right for you.

Remember, seeing in-network dental providers could mean that more of the costs of services are covered under the plan, reducing your overall out-of-pocket expenses.

Take time to look at your 2022 AT&T dental options and their costs. It's worth the effort.

See your Dental Summary Plan Description (SPD) for more information.



Dental quick tip!

Everybody loves a dazzling smile. But if you don't take care of your teeth - especially if you have gum disease - you put yourself at risk of serious health problems such as heart attack, stroke, diabetes and more. Your dental benefits coverage can connect you with what you need to stay strong so we can *Win as One*.

2022 Options for Dental

Dental Details

Options	Deductible	Annual Maximum	Coinsurance: Preventive	Coinsurance: Minor restorative	Orthodontia lifetime max
AT&T Dental PPO 1-888-722-5505	\$25 per Individual per calendar year (combined Network and Non-Network) see the "Annual Deductible" section of the SPD for more information.	\$1,750 each covered Individual (combined Network and Non-Network) see the "Annual Maximum" section of the SPD for more information.	Exams, X-rays and cleanings: Limited to 2 per Plan Year. Topical fluoride treatment: Limited to 1 per Plan Year. Except if diagnosis of periodontal disease, 4 more cleanings per Plan Year.	90% of PPO contract fee. Subject to Annual Deductible.	Reimbursed at 80% of PPO contract fee up to Program maximum of \$2,000 per covered individual (combined Network and Non-Network) see the "Benefit Maximums" section of the SPD.
AT&T Dental HMO 1-888-722-5505	Not applicable	Maximum does not apply	No annual limit on oral examinations; cleanings: Up to 6 per year; topical fluoride treatments: Limited to one every six months up to age 19	100% covered; no member liability; paid according to the DHMO Copayment Basis Schedule NS303	Limited to 24 months of treatment per individual per lifetime

Note: This page is intended to provide brief highlights of the upcoming Dental plan options and rates. Access to this page does not guarantee that you are eligible to participate in the plan, which terms are described in official legal plan documents. If the content of this page conflicts with the plan documents, the terms of the plan documents will control. The information, format, and plan details are subject to change.

Vision Options for You



Seeing clearly affects your well-being wherever you are.

You are eligible for AT&T vision coverage administered by EyeMed.

With AT&T vision coverage, you and each covered family member can get an annual eye exam at no cost to you when you visit a network provider. Your vision plan will help cover expenses related to frames, lenses and contact lenses, as well as provide you access to discounts within a network of vision providers that includes independent providers as well as leading optical retail outlets.

Look Over Your Vision Options

Take time to look at your 2022 AT&T vision options and their costs. Your monthly contributions may have changed. Use this opportunity to explore and choose what's right for you.

For additional program details, refer to your Vision Summary Plan Description (SPD). For additional program details, refer to your Vision Summary Plan Description (SPD).



Vision quick tip!

Regular vision checkups do more than help you see better. Your eyes can also be windows to your overall health, revealing conditions like diabetes or arthritis you might be unaware of.

2022 Options for Vision

[Vision Details](#)

Option	Routine Vision Exams	Lenses	Frames	Contacts
AT&T Vision Program 1-800-638-4288	\$0 Co-payment	Standard plastic - \$0 Co-payment	\$130 Allowance. One Allowance every 12 months. Discount may be available, check with Network Provider.	\$150 Allowance. Discount may be available over Allowance, check with Network Provider

Note: This page is intended to provide brief highlights of the upcoming Vision plan options and rates. Access to this page does not guarantee that you are eligible to participate in the plan, which terms are described in official legal plan documents. If the content of this page conflicts with the plan documents, the terms of the plan documents will control. The information, format, and plan details are subject to change.

Other Resources



Employee Assistance Program

Let the Employee Assistance Program (EAP) Help at No Cost to You

A little support can go a long way. It might be what you need to simplify life, live better or feel your best. That's why we're committed to connecting you with the benefits you need to stay physically and emotionally strong, which has never been more important than right now.

For that reason, we offer an Employee Assistance Program (EAP) to help you deal with stressful situations impacting both your personal and work life. See your Summary Plan Description (SPD) for more information.

EAP services include confidential assessments, referrals and short-term interventions to help with personal, family or work-related concerns. The program also offers online applications to assist you during pregnancy and childbirth. No enrollment is required and EAP services are available at no cost to you and your household.

There may be many reasons why you might contact the EAP:

- Anxiety, depression or stress
- Relationship/marital conflicts
- Parenting and children
- Grief and loss
- Job stress
- Substance use

You will have up to 5 counseling visits per issue identified, per year, at no cost to you. EAP visits can be scheduled as virtual or in-person sessions, whatever is most appropriate for you. If you need services beyond the scope of the EAP, you may be referred to your Mental Health/Substance Abuse benefits through your medical program or to other community resources.

The EAP is administered by Optum and is available 24/7, 365 days a year.

Visit www.liveandworkwell.com [Access Code: ATT], or call 866-263-9253 to get started.

Life Insurance

Life insurance protects you and your loved ones. It's important to consider life events that could cause you to need more protection as your financial commitments and lifestyle change. Getting married, having children and buying a home are all events that could call for adding more life insurance protection to your portfolio.

Basic Life and AD&D Insurance

Your company-paid employee basic life and AD&D insurance coverage is 1 times annual pay.

While AT&T provides basic life insurance coverage at no charge to you, the IRS requires that the difference in the premium that the company pays for any benefit amount above \$50,000 be treated as imputed income, and the nominal amount of additional taxable wages will be reflected in each paycheck.

Supplemental Life and AD&D Insurance for You and Your Dependents

Do you have enough life insurance for you and your family? Purchasing supplemental coverage may give you greater financial security and peace of mind. You can elect supplemental life insurance for you, your spouse/partner and your children. You pay the cost of any supplemental coverage.

For You: You can purchase additional life and AD&D insurance coverage for yourself in amounts of 1 to 6 times annual pay. The maximum combined total of basic and supplemental life insurance for yourself is \$7 million.

Spouse and Child

You can purchase supplemental life and AD&D insurance coverage for your eligible dependents.

For Spouse: You can choose one of the following options:

- \$10,000;
- \$25,000 to \$150,000 (in \$25,000 increments)

For Child: You can choose one of the following options:

- \$1,500;
- \$3,000;
- \$5,000;
- \$10,000;
- \$15,000

Disability (Short-Term, Long-Term)

Your disability benefits give added peace of mind to you and your family in case you are unable to work for an extended period.

If you are absent from work due to illness or injury, you may be eligible to receive short-term disability (STD) and long-term disability (LTD) benefits as a continuing source of income.

Grand Rounds Health

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Their doctors, nurses, care coordinators, and billing specialists join forces to get you the best care whether it's making an urgent appointment, resolving a medical bill, or making sense of your healthcare

benefits, they do the heavy lifting. Grand Rounds Health is on call 24/7, so if you want to chat at 3 a.m., they're all ears. And the best part is, there's no cost to you.

Getting started is easy. Experience Grand Rounds Health today

1. Download the Grand Rounds Health app, visit grandrounds.com/att, or call 800-374-1009 between 7 a.m. - 8 p.m. CT through Dec. 31. Beginning Jan. 1, 2022, call or chat with Your Personal Healthcare team 24/7.
2. Create an account or log in to your existing account.
3. Connect with your personal healthcare team today.

New in 2021: Digital Musculoskeletal (MSK) Solution

A new digital musculoskeletal (MSK) solution provided by Hinge Health is available to all AT&T active, pre-Medicare and Medicare members age 18 or older who are enrolled in an AT&T self-insured medical program.

There are two programs included, and all are offered at no cost to you. Hinge Health will determine the appropriate program for which you or your dependent is eligible.

MSK Program	What is Included?	Target Areas and Program Goals
Chronic Program	<ul style="list-style-type: none"> • Exercise therapy. If you qualify, you will receive a kit in the mail with: <ul style="list-style-type: none"> • A tablet loaded with a personalized exercise therapy program to target the problem area indicated at enrollment. • Wearable exercise therapy sensors and fabric bands. • A charging unit and carrying case. • 1:1 access to personal health coaches and personal physical therapists. • Up to six virtual physical therapist sessions per episode. • A personalized and interactive educational curriculum. 	<p>Target areas: Back, knee, hip, shoulder, and neck</p> <p>Typical 12-week program duration</p>
Prevention Program	<ul style="list-style-type: none"> • Free downloadable app on your personal device. • Just complete a short introductory questionnaire which customizes your program. • Access to the Hinge Health customer support line. 	<p>Program goal: To increase education regarding key strengthening and stretching activities and healthy habits</p>

Health Management Services for Certain Chronic Conditions

These programs provide coverage for health management services for certain chronic conditions (e.g. prediabetes, hypertension, and diabetes) offered by a Designated Network Provider (Livongo). These services are only available to individuals enrolled in a company self-insured medical option based on the eligibility criteria listed in the chart below. These services are preventive care services and will be covered at no cost to you.

The programs utilize a connected device that facilitates monitoring of your condition and provides feedback to you based on your designated preferences.

You can learn more about these services through the Castlight application or at go.livongo.com/ATT. Detailed information about each program is provided below:

Care Management Program	What is Included?	You are eligible if
Diabetes Management Program	<p>Available Services:</p> <ul style="list-style-type: none"> Personalized web portal – includes access to educational materials and coaching and options to order supplies and track personal data 24/7 monitoring and support Clinical coaches for diabetes support and education Online learning events <p>Covered products:</p> <ul style="list-style-type: none"> Connected glucose meter (provided one time) Testing strips, lancets, and control solution (as needed) Lancing device (as needed) Carrying case (as needed) 	You have been diagnosed by a Medical Provider with Type 1 or Type 2 diabetes, and this is indicated in your medical claims.
Hypertension Management Program	<p>Available Services:</p> <ul style="list-style-type: none"> Personalized web portal – includes access to educational materials and coaching and options to track personal data 24/7 monitoring and support Clinical care professionals for hypertension support and education Online learning events <p>Covered products:</p> <ul style="list-style-type: none"> Connected blood pressure monitor and cuff 	You have been diagnosed by a Medical Provider with hypertension, and this is indicated in your medical claims.
Diabetes Prevention Program	<p>Available Services:</p> <ul style="list-style-type: none"> Personalized web portal – includes access to coaching, educational materials – including CDC’s PreventT2 curriculum –and options to track personal data 24/7 monitoring and support Coaching, including periodic review of progress and feedback Online learning events <p>Covered products:</p> <ul style="list-style-type: none"> Connected digital scale 	You have been diagnosed by a Medical Provider with pre-diabetes, and this is indicated in your medical claims.

<p>Weight Management</p>	<p>Available Services:</p> <ul style="list-style-type: none"> • Personalized web portal – includes access to coaching and educational materials and options to track personal data • 24/7 monitoring and support • Coaching, including periodic review of progress and feedback • Online learning events • 5-day challenges (app based) <p>Covered products:</p> <ul style="list-style-type: none"> • Connected digital scale 	<p>You have been diagnosed by a Medical Provider with Type 1 or Type 2 diabetes, and this is indicated in your medical claims.</p>
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Sleep Services

The Nox Health SleepCharge program may provide coverage for Sleep Services provided by the Sleep Center of Expertise, a Designated Network Provider.

Limited services are available to all employees at no cost to you. These services are also available at no cost to your spouse/partner who is enrolled in any AT&T-sponsored health care program (e.g., medical, dental, vision or CarePlus). These services include:

- Online sleep questionnaire — an online questionnaire designed to assess your risk for various sleep-related disturbances and/or sleep disorders.
- Personalized sleep report — upon completion of the online sleep questionnaire, a personalized report is available to you. This report includes an analysis of your sleep duration, timing and quality, and recommended actions.
- Online sleep health educational materials — you will have unlimited access to an online, self-paced library of educational content. This content includes a series of podcast-like sessions to improve your knowledge and personal approach to sleep, and a guided relaxation series to improve preparedness for sleep. Online education materials will be accessible after you register and complete the online sleep questionnaire.

You can access these services through the Castlight application or sleepcharge.com/att.

Sleep Services Available to Individuals Enrolled in Coverage Under a Company Self-Insured Option

In addition to the services described above, additional services may be available to you and your spouse/partner if enrolled in a company self-insured option, at no cost to you.

- If, based on evaluation of your questionnaire results, you are considered "at risk" for certain sleep disorders, you will be offered additional services, including an online clinical sleep evaluation, telehealth physician consultation and home sleep testing (as applicable).
- If you are diagnosed to have a sleep disorder(s), such as sleep apnea, insomnia, restless legs syndrome, or circadian rhythm sleep disorder, you will be offered a recommended treatment plan, through the Sleep Center of Expertise.

If you choose to enroll in a recommended treatment plan, coverage for Sleep Services provided through the Sleep Center of Expertise for these treatment solutions is included under the medical benefits provisions of the Program. These services include your treatment, care and medical management, and specific equipment and supplies. Coverage for these services is at your in-network level of benefits and cost share will apply (for example, deductible and coinsurance).

Depending on your diagnosis and treatment plan, these services may include:

- Equipment, technology and supplies you require for treatment (e.g., medical device, mask, hoses, filters; online Cognitive Behavioral Therapy).

- Care management while you are acclimating to your treatment plan (30-45 days from the start of treatment) to optimize success.
- Sleep coaching and care coordination provided by the care team for behavioral, technical and/or medical barriers to treatment success.
- Clinical care provided by physicians who are board-certified in sleep medicine.
- Case coordination with your personal physician(s).

Beneficiaries

Update Your Beneficiary Information

Life is unpredictable, and yet many of us don't prepare for the "what ifs." But what if something were to happen to you? Choosing your beneficiaries is essential to ensuring the benefits you've worked hard for go to your intended loved ones.

Now is a good time to update your beneficiary designations, especially if you've had a recent life event (e.g., marriage or divorce). Please review your beneficiary designations to confirm that you have the appropriate beneficiaries designated.

Note: Plan rules may specify how benefits are paid after your death. With certain benefits and programs, your marital status may determine your beneficiary. Read your applicable benefit program's Summary Plan Description (SPD) to determine how each of your AT&T benefits will be paid.

You may assign beneficiaries (per the terms of the SPD) for the following benefits:

- 401(k)
- Pension
- Life insurance
- Final unpaid compensation and benefits

If applicable, designate a beneficiary for your Health Savings Account by selecting Beneficiaries from the Quick Links menu under Health Savings Account on www.NetBenefits.com/att.

Dependent Eligibility

Have Dependents? Read This.

It's always important to review your list of dependents you have enrolled for coverage. AT&T offers medical coverage for your spouse/partner and child(ren) up to age 26 (or who are disabled). For additional information on eligible dependents, refer to your Summary Plan Description (SPD).

You will need to provide each dependent's full legal name and Social Security Number when you enroll them.

You can enroll eligible child dependents for medical coverage up to age 26, but eligibility for vision and dental coverage will vary.

Check the enrollment status of your current dependents. You can contact the AT&T Benefits Center to confirm your dependents' status. You do not need to re-enroll them unless they became ineligible due to a prior age restriction. Medical coverage will end for any eligible enrolled dependent at the end of the month in which they reach age 26.

Note: You must remove dependents from coverage when they are no longer eligible or risk penalties for benefits fraud. AT&T may audit benefit eligibility at any time. The plan will automatically remove child dependents who are no longer eligible due to age.

Retiring Soon? Don't Miss These Details.

Thinking about retirement in 2021 or 2022? Plan ahead. You should know how Medicare eligibility will affect your AT&T health coverage options when you are retired.

After you retire and become eligible for Medicare, you and your dependents may become ineligible for certain company-sponsored benefits. For those who remain eligible for company coverage, Medicare becomes the primary coverage.

As a retiree, once you and/or your dependents become eligible for Medicare, you (or they) must enroll in Medicare. If you delay, you could receive a late enrollment penalty from Medicare and experience a gap in coverage. Visit [medicare.gov](https://www.medicare.gov) or call Medicare at 800-633-4227 regarding eligibility for Medicare Part A and to enroll in Medicare Part B. Medicare requires the following in order for you or your eligible dependent to be enrolled in a Medicare plan:

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must continue paying your Medicare Part B premium.
- You must have a permanent street address (this cannot be a P.O. Box).
- You must have your Medicare ID card number.
- You must live within the 50 United States, the District of Columbia or U.S. territories.

If you are not eligible for Medicare Part A, enrolled in Medicare Part B and/or you live outside the 50 United States, the District of Columbia or U.S. territories, contact the U.S. Social Security Administration at 800-772-1213, TTY 800-325-0778.

If you become Medicare-eligible for reasons other than age, you must contact the AT&T Benefits Center and advise them of your Medicare effective date to be sure you are enrolled in the appropriate AT&T coverage options. Be sure to contact the U.S. Social Security Administration at 800-772-1213 or visit [ssa.gov](https://www.ssa.gov) to enroll.

For complete benefit eligibility rules, refer to your Summary Plan Descriptions (SPDs) and related Summaries of Material Modifications (SMMs).

Note: *The plans and contributions offered to you at retirement depend on many factors. These include your hire/rehire date, your termination of employment date, your previous bargained status and original retirement date (if a rehired retiree), Medicare eligibility for you or your dependents, the company you hired into, the company you retire from and where you live.*

If You Have an HSA

Once you are enrolled in any part of Medicare, you can no longer contribute to an HSA. You can continue to use and spend your HSA on qualified medical expenses, but you can no longer add to it. If you are still on payroll, you must stop your HSA contributions. Please keep in mind that Medicare coverage can be retroactive up to 6 months, if you enroll after your 65th birthday, so please plan accordingly.

When you retire from AT&T, your HSA goes with you. That means you can continue to take tax-free withdrawals from your HSA balance to help pay for qualified medical expenses. Keep in mind, there are no account maintenance fees, if you choose to keep your HSA where it is.

If you still have an HSA balance at age 65, you can take taxable withdrawals for non-medical expenses as well, without an additional penalty. If you withdraw funds out of your HSA for non-medical expenses before age 65, you will pay a 20% IRS penalty, in addition to taxes, on the amount withdrawn.

Glossary of Terms

Following are commonly used benefits-related terms and their definitions.

Term	Definition
[+] 529 Plan	A 529 plan is a tax-advantaged investment vehicle designed to encourage saving for the education expenses of a designated beneficiary. You can use the money in your 529 for college expenses, K-12 tuition, certain apprenticeship costs or student loan repayments.
[+] Allowable Amount or Allowable Charge	The dollar amount which is the basis on which benefits are calculated as determined by the applicable benefits administrator for a covered health service. The plan will not pay benefits toward any amount above the allowable charge for a covered health service.
[+] Annual Deductible	The amount of money you must first pay out of pocket each calendar year for Covered Health Services before the Program begins to pay Benefits that are subject to a Deductible.
[+] Aon Retiree Health Exchange	<p>A service provider the Company has contracted with to provide assistance to Medicare-Eligible Former Employees and Eligible Dependents in selecting and enrolling in individual insurance policies. Aon Retiree Health Exchange offers this service with respect to the following types of individual insurance policies:</p> <ul style="list-style-type: none"> • Medicare medical – Medicare Advantage, and Medigap (Medicare supplement); • Medicare prescription drug (may be offered through Medicare Advantage or a stand-alone plan); • Dental; and • Vision.
[+] Coinsurance	The percentage of the Expense Incurred that you pay for covered services. Other cost-sharing requirements may apply.
[+] Company Self-Insured or Self-Funded Medical Plan	A coverage option under the Medical plan, the benefits under which are funded through insurance.
[+] Copay	The specific fixed dollar amount (for example \$15) you pay for certain Covered Health Services under the Program.
[+] Employee Retirement Income Security Act of 1974 (ERISA)	<p>ERISA is a federal law that establishes minimum standards for most voluntarily established retirement and health plans in private industry and provides for extensive rules on the federal income tax effects of transactions associated with employee benefit plans. ERISA was enacted to protect the interests of employee benefit plan participants and their beneficiaries by:</p> <ul style="list-style-type: none"> • Requiring the disclosure of financial and other information concerning the plan to beneficiaries; • Establishing standards of conduct for plan fiduciaries; and • Providing for appropriate remedies and access to the federal courts.
[+] Fully-Insured Managed Care Option (FIMCO) / Health Maintenance Organization (HMO)	An option that provides benefits under an insured arrangement and not through a Company Self-Insured arrangement.

<p>[+] Genetic Information Nondiscrimination Act of 2008 (GINA)</p>	<p>The Genetic Information Nondiscrimination Act (GINA) is a federal law prohibiting discrimination against an Employee, dependent or Spouse on the basis of an individual's genetic information. Genetic information is defined as information about an individual's genetics based on genetic tests of an individual's family members or information about the manifestation of a disease or disorder within an individual's family. Genetic information includes any request for or receipt of genetic services (including genetic testing, counseling, or education), or participation in clinical research that includes such services, by the individual or family member.</p> <p>Federal guidelines related to GINA are constantly evolving, however, the Program is making a good faith effort to comply with current guidelines as we understand them.</p>
<p>[+] Network Provider</p>	<p>A Provider who has contracted to participate in the applicable Benefits Administrator's Network available under the Program. Also referred to as In-Network Provider or preferred Provider.</p>
<p>[+] Out-of-Network Provider</p>	<p>A provider which has not contracted with your insurance company for reimbursement at a negotiated rate.</p>
<p>[+] Out-of-Pocket Maximum</p>	<p>The maximum amount of the Allowable Charges for Eligible Expenses that you will pay out of pocket for Covered Health Services each calendar year that count toward the applicable Annual Out-of-Pocket Maximum.</p>
<p>[+] Preferred Provider Organization (PPO)</p>	<p>The group of Providers of health care Services that have an agreement in effect with the medical Benefits Administrator or an affiliate (directory or through one or more other organizations) who have agreed to participate in the PPO Network which the Benefits Administrator makes available for use by the Program.</p>
<p>[+] Secure Participant Mailbox</p>	<p>A private mailbox accessed through the AT&T Benefits Center website where participants can receive important benefits documents and reminders.</p>
<p>[+] Spouse / Partner</p>	<p>Spouse is the person to whom you are legally married, including through Common Law Marriage. A Partner is a Domestic Partner or Legally Recognized Partner (LRP), as defined in your Summary Plan Description.</p>
<p>[+] Summaries of Material Modifications (SMMs)</p>	<p>Under the Employee Retirement Income Security Act of 1974 (ERISA), plan participants must receive a summary of material modifications any time a change is a material modification to the plan.</p>
<p>[+] Summary Plan Descriptions (SPDs)</p>	<p>The main vehicle for communicating health plan provisions, rights and obligations to participants. SPDs are required for employer-sponsored benefit plans offered under the Employee Retirement Income Security Act of 1974 (ERISA).</p>
<p>[+] Your Personal Healthcare Team</p>	<p>Live care team support provided by Grand Rounds to address general health care questions and provide smart care guidance to appropriate programs offered by AT&T. Other services include resolving billing, Explanation of Benefits (EOB) issues and service denials.</p>