

A photograph of an older woman with grey curly hair and glasses, wearing a blue tank top and white shorts, smiling while kayaking. She is in the foreground, holding a black paddle. To her right, a man in a dark polo shirt is also smiling and kayaking. They are on a river with a bridge in the background under a clear sky.

HRA Guide

*for AT&T Retirees
and Dependents*



Welcome to your Health Reimbursement Account

AT&T has established a Health Reimbursement Account (HRA) to help you pay for individual insurance coverage and eligible out-of-pocket expenses.

Your account under the AT&T Medicare-Eligible Health Reimbursement Account Program is administered by **Your Spending Account™** (YSA), a company of Alight Solutions. This HRA Guide contains important information about your HRA, including:

- How the HRA works
- The reimbursement process
- The catastrophic prescription drug benefit
- Where to go for help

IMPORTANT:

- Regarding the phrases “your Health Reimbursement Account,” “your HRA,” and “your account” in this document, “your” refers to the Accountholder. Because the HRA is generally established in the name of the AT&T Medicare-eligible retiree, the Medicare-eligible retiree is usually the

Accountholder. However, if you are a surviving dependent or participating through COBRA, you are the Accountholder.

- **HRA provisions are governed by the terms of the AT&T Medicare-Eligible Health Reimbursement Account Program and may change from time to time.** Please refer to the Program Summary Plan Description (SPD) for more information. This SPD can be found on the AT&T Benefits Center website through www.att.com/benefitscenter. From the home page, click on *Plan Docs and Legal Notices*, then the *Health and Welfare Summaries and Legal Information* tile. To request a free printed copy of the SPD, you may call the AT&T Benefits Center toll-free at 877-722-0020 (TTY 711), 7 a.m. – 7 p.m. Central time, Monday through Friday.

How do I access my HRA?

Log on to retiree.alight.com/att and follow the steps below.

Important: Use the Accountholder's Alight ID to access the HRA online. If you have any questions about this information, please call 800-928-8027 (TTY 711), 8 a.m. – 8 p.m. Central time, Monday through Friday.

The screenshot shows the Alight website interface. On the left is a dark sidebar with the Alight logo and navigation links: Individual Medicare, Dental/Vision/Hearing, HRA, and Get Help. The main content area is titled "My Account" and includes tabs for My Notifications, My Profile, Appointments, Saved Plans, Coverage, and HRA. The HRA tab is selected and circled in orange. Below the tabs is the "AT&T Medicare-Eligible Health Reimbursement Account Program (HRA) Summary" section. A "Manage My HRA" button is highlighted with a yellow box and circled in orange. Three numbered callouts (1, 2, 3) in orange circles point to the Alight logo, the HRA tab, and the Manage My HRA button respectively.

- 1 Log on to retiree.alight.com/att
- 2 Click on the *HRA* tab at the top of the page.
- 3 Select *Manage My HRA* to be directed to the Your Spending Account web page.

ON THE YOUR SPENDING ACCOUNT WEB PAGE, YOU CAN:

- Obtain an account balance
- Check claim status
- Learn more about expenses eligible for reimbursement
- Set up or edit direct deposit
- Submit claims for reimbursement
- Sign up for text message alerts to inform you of account activity
- Read detailed instructions for downloading and using YSA's "Reimburse Me" mobile application
- Send questions to YSA representatives through the secure mailbox

DID YOU KNOW?

If you have an AT&T Health Reimbursement Account (HRA) and become eligible to enroll for benefits through Alight, your AT&T HRA balance may be automatically transferred to your Medicare Exchange HRA. You will be eligible for this balance transfer if you enroll in the Medicare Exchange and are eligible to receive a Medicare Exchange HRA credit. If you have questions about balance transfers, contact Your Spending Account at 877-722-0020. Representatives are available 7 a.m. – 7 p.m. Central time, Monday through Friday.

how your HRA works

An HRA is used to reimburse you for eligible healthcare expenses, as described below.

HRA PROCESS

1

AT&T
establishes
an HRA

2

You pay for
healthcare

3

You get
reimbursed for
eligible healthcare
expenses, including
premiums, from
the HRA

4

Individuals with more
than \$6,550 in
actual out-of-pocket
drug expenses may
be eligible for up
to \$100,000 in
supplemental HRA
credits for those
expenses

For more information about the HRA process, visit myexchangeconnection.com/att to view videos and guides about your coverage options.

What expenses are eligible for reimbursement?

The HRA can only be used to reimburse eligible expenses incurred by an individual enrolled in a medical, prescription drug, dental and/or vision policy purchased through Alight. When submitting a claim for reimbursement, you will be required to attest that your claim only includes expenses that meet this requirement.

- Generally, premiums and other out-of-pocket healthcare expenses are eligible for reimbursement.
- Eligible expenses that are unrelated to the policies purchased through Alight may also be reimbursed.
- To view a guide of eligible healthcare expenses generally allowed by the IRS, please visit the YSA web page through retiree.alight.com/att

by following the four steps outlined earlier in this guide, which navigates you to the YSA website. On the YSA website, you can view the eligible expense list on the *Reimbursement Accounts* tile.

You must submit all your claims for the current year by March 31 of the following year. For example, you must submit claims for 2022 by March 31, 2023.

Each time a claim is processed, you will receive a notification¹ on the status of your claim to include any amounts paid. If you have a remaining credit amount in your HRA during the fourth quarter of the year, you will receive a statement¹ from YSA as a reminder to file claims for unused funds. Regular monthly statements are not provided. Any unused balance will roll over to the following year.

¹You will receive electronic notifications and statements to the email address on file, unless you specify otherwise. If you would like to add or change your email address, please visit the AT&T Benefits Center website through www.att.com/benefitscenter. From the home page, click on the *Your Profile* link and select the *Personal Information* option. You can also call the AT&T Benefits Center at 877-722-0020. If you would like to change your mailing preference, please contact the service representatives at 800-928-8027 (TTY 711).

the reimbursement process

There are different ways to be reimbursed for eligible healthcare expenses, and the process differs based on the type of expense and the carrier you choose.

You may submit claims for reimbursement online, by mobile device, by fax, or by mail. Approved claims can be reimbursed by check or direct deposit.

	FOR INSURANCE PREMIUMS ²	FOR MEDICARE PART B PREMIUMS	FOR ELIGIBLE HEALTHCARE EXPENSES
How do I get started?	<p>Your Spending Account has a feature called “premium auto-reimbursement.” This service automatically reimburses you each month after you pay the selected carrier premium. The service is available for individual medical, prescription drug, dental and vision insurance policies that are purchased through Alight.</p> <p>For eligible expenses that are unrelated to the policies purchased through Alight, you must submit claims for reimbursement online, by mobile device, by fax, or by mail.</p>	<p>Your Spending Account has a feature called “premium auto-reimbursement.” This service automatically reimburses you each month after you pay your Medicare Part B premium.</p> <p>Each year, Social Security will provide you a statement in December indicating the monthly Medicare Part B premium that will be deducted from your Social Security check in the upcoming year. This statement, or your first bill for Medicare Part B if you do not receive a deduction from a Social Security check, can be submitted with an HRA Claim Form, triggering you to receive this reimbursement every month. There is no need to submit it again until your monthly amount changes.</p>	<p>Submit a claim for reimbursement in one of three ways: online, paper, or mobile application. See page 6 to learn more.</p>

²A small number of insurance carriers do not offer premium auto-reimbursement through YSA. If this applies to your policy, you need to follow these steps to set up auto-reimbursement:

- Set-up Premium Auto-Reimbursement on the YSA website. See page 6 to learn more, or you can complete and sign an HRA Claim Form. To obtain a paper claim form, contact the service representatives at 800-928-8027 (TTY 711).
- If completing a paper claim form, fax or mail your HRA Claim Form, along with proof of premium payment (e.g., bank statement, canceled check or statement from your insurance carrier) and the effective date of coverage, to YSA. The fax number and mailing address are provided on the form.
- Note: Setting up premium auto-reimbursement online will result in faster reimbursement. Your claim will be reviewed and processed upon receipt. You will then receive an Explanation of Benefits (EOB) and reimbursement (if applicable) via check or direct deposit.

FOR INSURANCE PREMIUMS

FOR MEDICARE PART B PREMIUMS

FOR ELIGIBLE HEALTHCARE EXPENSES

When and how will I be reimbursed?

Ongoing monthly premiums are sent to retirees by the fifth business day of each month. EXCEPTION: Your first premium reimbursement may take up to 60 days to receive after the effective date of your coverage. You can file an online claim to set up your recurring premiums. Note: By law, reimbursements from your HRA cannot be made until after the effective date of your coverage.

After accessing the Claims Overview page on the YSA website, follow these five simple steps:

1. Choose *Get Reimbursed*.
2. Enter the information for the premium you'd like set up for auto-reimbursement, making sure to:
 - Select a monthly frequency.
 - Enter your monthly premium payment amount.
 - Select *Yes* for "Set-up Auto-Reimbursement."
3. Select method of sending receipts or documentation to YSA for your claim.
4. Review claim details and click *Submit*.
5. Review *Summary of Request and What Happens Next*.

You will be reimbursed based on the monthly premium amount you pay, which is reported back to YSA. If you prefer to be reimbursed at a lower monthly amount or would prefer to stop auto-reimbursement, this can be done on the YSA website. You can also contact the service representatives at 800-928-8027 (TTY 711).

You will be reimbursed based on the monthly premium amount you pay, which is reported back to YSA. If you determine that you prefer to be reimbursed at a lower monthly amount or would prefer to stop auto-reimbursement, contact the service representatives at 800-928-8027 (TTY 711).

Generally, all reimbursement claims are processed within 3 business days of receipt. If your claim is approved, you can expect payment for reimbursement of your *initial* Medicare Part B premium within two business days via direct deposit or 7 to 10 business days if you opt to be reimbursed by check. Ongoing, your Medicare Part B premium reimbursement request will be processed by the 5th business day of the month.

You must submit a claim to YSA for reimbursement of eligible healthcare expenses. Auto-reimbursement is not available.

Generally, all reimbursement claims are processed within 3 business days of receipt. If your claim is approved, you can expect payment within 2 business days via direct deposit or 7 to 10 business days if you opt to be reimbursed by check.

FOR INSURANCE PREMIUMS

**FOR MEDICARE
PART B
PREMIUMS**

**FOR ELIGIBLE
HEALTHCARE
EXPENSES**

What documentation is required to support my claim for reimbursement?

If your insurance carrier participates in premium auto-reimbursement you do not need to submit any documentation.

If you set up your recurring premium claims via the YSA website or on a paper claim form, your documentation needs to include the following information:

- Name of insurance carrier
- Name of insured (you or your dependent)
- Monthly premium amount you have paid
- Start and end dates of coverage
- Proof of payment (see below)
- Insured's date of birth

Common documents that are acceptable as proof of payment include:

- Bank statements
- Copies of canceled checks
- Statements provided by your insurance carrier

See "How do I get started?" on page 3.

You must submit your HRA Claim Reimbursement Form and itemized receipts containing the following:

- Service provider's name
- Date of service
- Description of service
- Who the service was for
- The out-of-pocket amount you are claiming for reimbursement

Explanation of Benefit (EOB) statements from your carrier are also acceptable forms of documentation for out-of-pocket expenses.

How do I submit a claim for reimbursement of healthcare premiums and expenses?

There are three options.

1 ONLINE - Go to the AT&T Benefits Center website by logging on to retiree.alight.com/att and clicking on *Manage My ATT Account*.

Once on the AT&T Benefits Center website, click on the *Reimbursement Account* tile > *Get Reimbursed* and follow the five easy steps.

2 PAPER - You can also enter your information on a paper HRA Claim Reimbursement Form. Paper forms are available by calling 800-928-8027 (TTY 711). Completed forms can be faxed or mailed to YSA, along with appropriate receipts or documentation. The YSA fax number and mailing address are provided on the Claim Form.

Other information about filing claims and reimbursement

CAN I SAVE MY CLAIMS AND FILE THEM ALL AT ONCE?

Yes. You can file claims at your convenience (monthly, quarterly, etc.). However, generally, you must submit all claims for the year by March 31 of the following year. For example, you would need to submit 2022 claims by March 31, 2023. Amounts remaining in your HRA after March 31 can be used to reimburse eligible expenses incurred in subsequent calendar years while you are a participant in the HRA.

HOW LONG DOES REIMBURSEMENT TAKE ONCE MY CLAIM AND THE REQUIRED DOCUMENTS HAVE BEEN FILED?

Generally, all reimbursement claims are processed within 3 business days of receipt. If your claim is approved, you can expect payment within 2 business days via direct deposit or 7 to ten business days if you opt to be reimbursed via check. As described previously in this document, receipt of your first premium auto-reimbursement can take up to 60 days after the effective date of your coverage. After that, your reimbursements will be processed automatically by the 5th business day of each month.

WHAT DATE SHOULD I USE ON A REIMBURSEMENT CLAIM?

When submitting a claim, use the date on which the expense was incurred. Examples:

- Prescription drug purchase – date of purchase
- Doctor's office visit – date of the visit

- Dentist appointment – date of the visit
- Eyeglass purchase – date of purchase

HOW CAN I SET UP DIRECT DEPOSIT TO RECEIVE MY REIMBURSEMENTS FASTER?

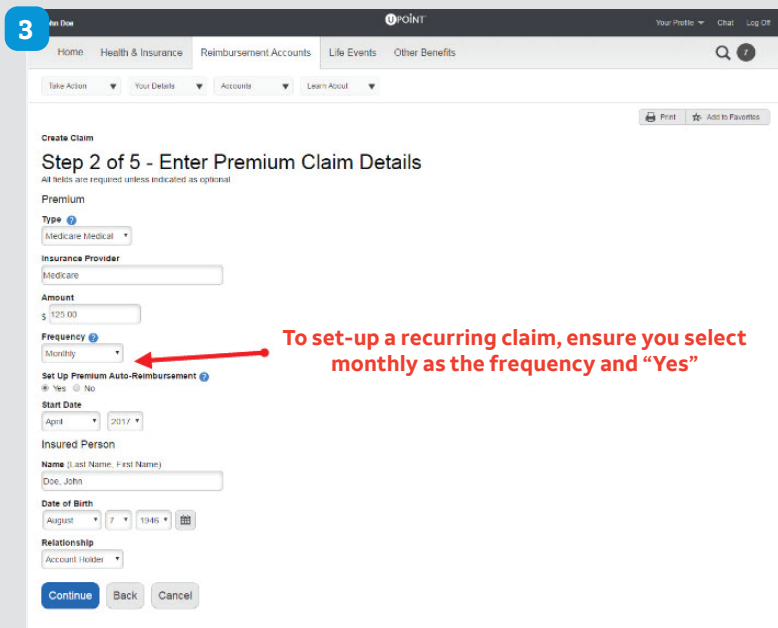
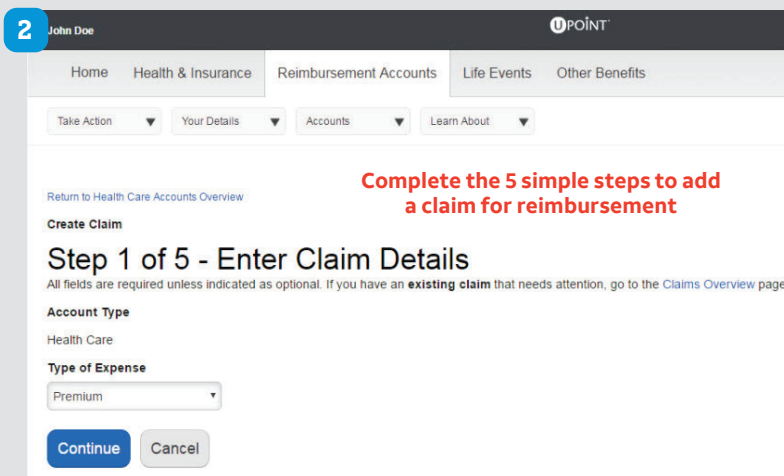
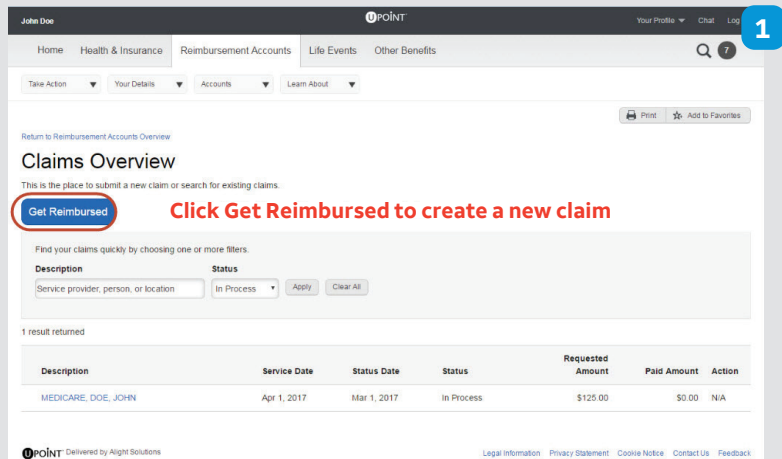
Direct deposit allows for your reimbursement to be deposited directly into your bank account, rather than waiting for a mailed check to arrive. You can sign up for direct deposit through retiree.alight.com/att or by calling 800-928-8027 (TTY 711).

Method 1: Sign up online through retiree.alight.com/att

- Follow the instructions on page 1 to log on to retiree.alight.com/att and click on *Manage My HRA*.
- Once on the AT&T Benefits Center website, select the *Your Profile* link at the top right of the page. Select *Financial Institutions* and then click on the *Spending Accounts* tab. You'll be asked to enter your direct deposit information.
- Enter your bank information (banking institution name, account type, routing number, and account number) in the appropriate fields. Your bank's routing and account numbers can be found on the bottom of your checks.

- **Method 2:** Sign up by phone
 - Call 800-928-8027 (TTY 711).

3 MOBILE APPLICATION - Search for the “Reimburse Me” application (for Apple or Android devices) in the App Store. After you have downloaded the App, enter ATT in the company search field and then select *AT&T Medicare-Eligible HRA*. Then use your Aight ID and Password to log on and select *Submit Claim* on the bottom of the *Accounts* screen.



the catastrophic prescription drug benefit

AT&T recognizes that unexpected circumstances can arise. A change in your health can result in changes to your prescription drug cost.

While most individuals will not need this coverage, a catastrophic prescription drug benefit has been established under the AT&T Medicare-Eligible Health Reimbursement Account Program to offer additional protection to you and your dependents enrolled in coverage through Alight.

Who is eligible for the catastrophic prescription drug benefit?

Retirees, eligible dependents, and surviving spouses of AT&T retirees are eligible for the catastrophic prescription drug benefit if they:

- Are eligible to obtain reimbursement from an AT&T Medicare-Eligible Health Reimbursement Account and receive an HRA credit in the current calendar year;
- Enroll in a Medicare Part D plan (or a Medicare Advantage plan with Prescription Drug component); and
- Incur actual out-of-pocket expenses for eligible prescription drugs that exceed \$6,550 (individual threshold) in the current calendar year.

How much can I receive under the catastrophic prescription drug benefit?

AT&T will provide up to \$100,000 per individual in supplemental HRA credits for actual out-of-pocket drug expenses when an individual exceeds the \$6,550 threshold. The supplemental amounts are added to your HRA and are in addition to the amount credited when your HRA was established. For example, if you pay \$6,850 in personal out-of-pocket drug expenses in 2022, your HRA will be credited with an additional \$300 for the calendar year.

What can I use the credits for?

Credits provided through the catastrophic prescription drug benefit can be used for reimbursement of any eligible healthcare expenses.

How frequently can I request credits?

Participants can request credits under the catastrophic prescription drug benefit all at once or throughout the calendar year. However, all credit requests must be submitted by March 31 of the following calendar year. Keep in mind, that if you want to use the additional credit for other healthcare claims incurred in the current calendar year, you need to apply for the additional credit in advance of the March 31 deadline so you have time to submit your claims per the usual YSA claims submission process.



How do I receive incremental credits for the catastrophic prescription drug benefit?

Once your actual out-of-pocket expenses for eligible prescription drugs exceed \$6,550 (individual threshold) in the current calendar year, you are eligible for incremental HRA crediting.

To obtain additional credits, you must complete and send the Catastrophic Prescription Drug Credit Request Form to YSA. You can access the form in two ways:

1. On the YSA web page through retiree.alight.com/att or
2. By calling 800-928-8027 (TTY 711).

After receiving the Catastrophic Prescription Drug Credit Request Form, you will need to:

- Complete all required fields;
- Obtain your Monthly Prescription Drug Summary showing your actual out-of-pocket expense for the year. You can request this summary from your prescription drug carrier.

Note: This summary is also known as an Explanation of Benefits (EOB).

- Send the form to YSA, according to the instructions on the form.

After YSA reviews your form and documentation, if approved, your HRA will be credited with the amount spent for actual out-of-pocket prescription drugs in excess of \$6,550 **up to \$100,000 per individual.**



where to go for help

ONLINE

Visit the YSA web page through retiree.alight.com/att.



1. Log on to retiree.alight.com/att using the Alight ID.
2. Click on the *HRA* tab at the top of screen.
3. Click on *Manage My HRA*.



PHONE

Call the service representatives at 800-928-8027 (TTY 711).

Medicare has neither reviewed nor endorsed this information.

Alight Solutions is not affiliated with the offering or administration of the AT&T HRA. Please contact AT&T for details about this plan.

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