

# *Transition Guide*

*for AT&T Long-Term  
Disability Recipients  
and Dependents*

# what's changing

You are receiving this information because:

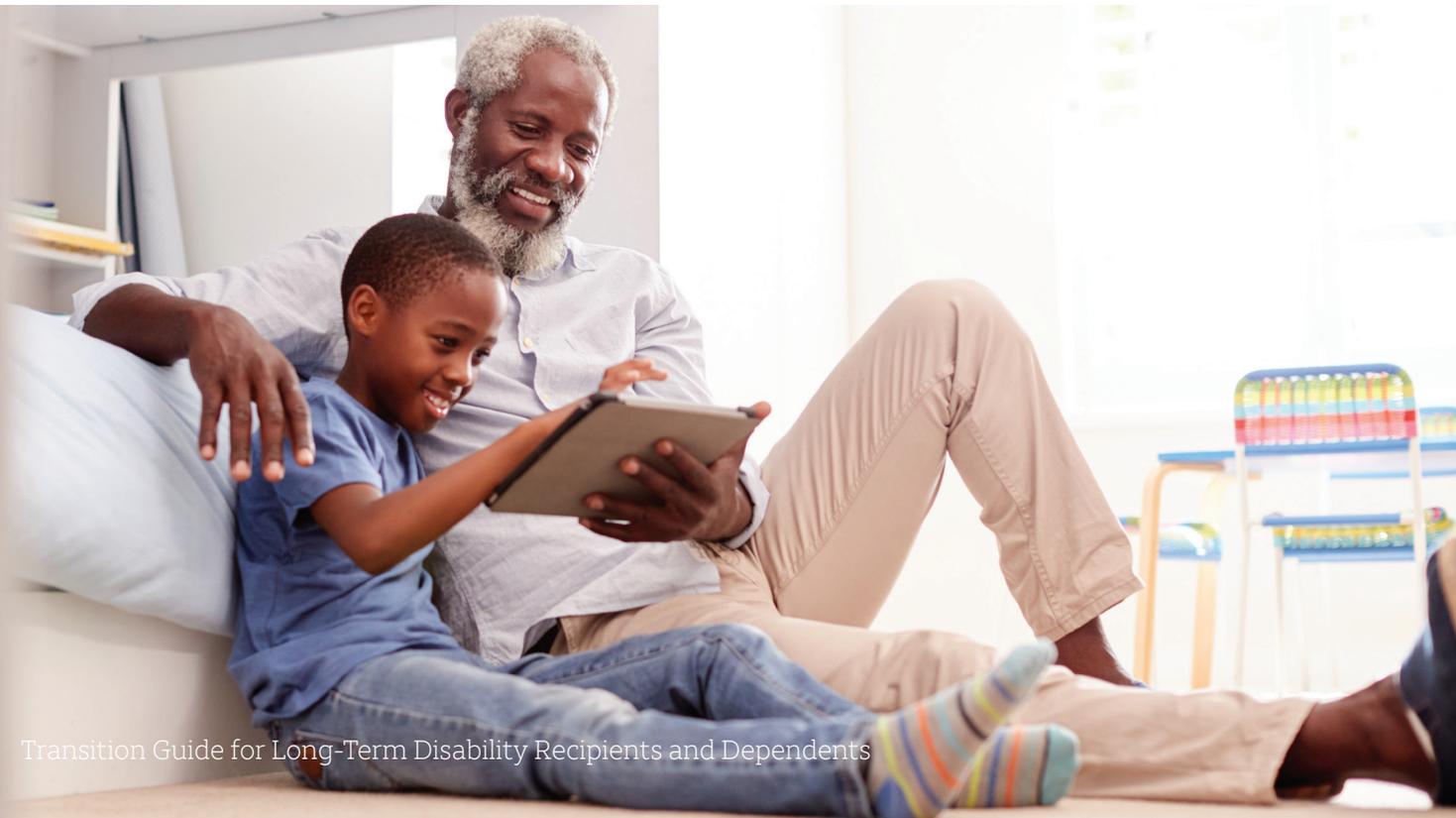
- you are a Medicare-eligible former AT&T employee receiving long-term disability benefits, or
- you are a Medicare-eligible dependent of a former AT&T employee receiving long-term disability benefits, and
- for the first time, you can enroll in health coverage through Aight Retiree Health Solutions (Aight) or the AT&T Group Medicare Advantage (PPO) plan administered by UnitedHealthcare®.

## **What is Aight Retiree Health Solutions?**

- It is a private insurance marketplace where you compare coverage, carriers and prices.
- You can select individual coverage to supplement Medicare Parts A and B, including medical, prescription drug, dental and vision.
- And you get help from a licensed Benefits Advisor to select the coverage that best meets your needs.

## **When do I need to take action?**

**Start today!** Read this Transition Guide. And take advantage of the resources available to help you learn, prepare and enroll.



## Who is eligible?

The information in this guide applies to any individual who is a Medicare-eligible former AT&T employee receiving long-term disability benefits or a Medicare-eligible dependent of a former employee receiving long-term disability benefits. Those who are not Medicare-eligible may be offered coverage through the AT&T group health plans if they meet eligibility requirements.

## What if I have health coverage outside of AT&T?

If you are enrolled in medical or prescription drug coverage outside of AT&T, be sure to contact Alight and ask a Benefits Advisor how this will impact the ability to purchase coverage through Alight as well as any special enrollment deadlines that may apply.

## What if some family members are not Medicare-eligible?

If you are the long-term disability recipient and are Medicare-eligible\*, but have dependents who are not, their eligibility for coverage under the AT&T group plans is contingent upon your enrollment in coverage through Alight or the AT&T Group Medicare Advantage (PPO) plan administered by UnitedHealthcare. Enrollment options would include a medical, prescription drug, vision or dental plan. **If you do not purchase at least one plan through Alight or the AT&T Group Medicare Advantage (PPO) plan, your dependents are not eligible for coverage under the AT&T group medical, dental and vision plans.**

*\*Medicare-eligible individuals diagnosed with End Stage Renal Disease may be eligible to continue coverage under the AT&T group health plans. Contact the AT&T Benefits Center at 877-722-0020, 7 a.m. – 7 p.m. Central time, Monday through Friday, for more information.*

*This Transition Guide refers only to your 2022 retirement health benefits. AT&T reserves the right to change your health benefits at any time.*



**IMPORTANT: THIS APPLIES ONLY TO INDIVIDUALS TO WHOM THIS LETTER AND GUIDE WERE DIRECTLY MAILED.**

*The National Council on Aging (NCOA) recommends Alight because they meet or exceed NCOA's Standards of Excellence for Medicare brokerage services.*

# learn *Right now, learn the basics*

This Transition Guide provides the basic information you need to understand about Alight and the upcoming enrollment.



For a different way to learn, you can visit our transition website, [myexchangeconnection.com/att](https://myexchangeconnection.com/att), created exclusively for AT&T Medicare-eligible individuals and dependents by Alight. *No password is required, so you, your family members, and trusted advisors can easily access the site.*

The website provides:

- **The 2022 Alight guide to Medicare**, which will help you learn more about the basics of Medicare, including the types of insurance coverage available to supplement your Medicare benefits.

- **Videos:** View short, informative videos about the different types of Medicare plans available, prescription drug coverage, HRAs, the enrollment process, and help after you enroll. 
- **Webinar:** You will probably have some questions about the new enrollment process and coverage options that are available. To help answer those questions, we encourage you to view a recorded webinar hosted by Alight.
- **FAQs and other important documents:** These detailed materials can help you through the process.



# prepare

## Next, prepare for your appointment

### Meet by phone with a Benefits Advisor.

Your appointment letter provides details on how to contact Alight and the date and time for your prescheduled telephone appointment with a Benefits Advisor.



During your appointment time, a Benefits Advisor will call you directly and help you enroll in healthcare coverage.

Follow the instructions in your appointment letter to confirm or reschedule your appointment with a Benefits Advisor.

***Medicare regulations will not allow Alight to keep this appointment unless you confirm it at least five business days in advance.***

To enroll in coverage through Alight, you must be a Medicare-eligible former AT&T employee receiving long-term disability benefits or a Medicare-eligible dependent of a former AT&T employee receiving long-term disability benefits who is eligible for Medicare Parts A and B as your primary coverage. To enroll in medical coverage through Alight, you must be enrolled in Medicare Parts A and B.

If you are not already enrolled in Medicare Parts A and B, contact the Social Security Administration (SSA) today at [ssa.gov](http://ssa.gov) or by calling 800-772-1213 (TTY 800-325-0778). The SSA will explain the step-by-step process to enroll, including any forms that must be completed by you and returned to the SSA. If your employer-sponsored coverage is from AT&T, the AT&T Benefits Center (877-722-0020) will complete any sections that require employer information. Representatives are available 7 a.m. – 7 p.m. Central time, Monday through Friday.

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# enroll

## Choose your coverage

### Review your options and enroll in coverage during your telephone appointment with a Benefits Advisor.

A Benefits Advisor will call you during your confirmed, scheduled appointment time and take you through each of the enrollment steps.



You also have the option to complete most of the enrollment online on your own, but you'll need to speak with a Benefits Advisor to confirm the choice you made online.



# HRA's

## Your Health Reimbursement Account (HRA)\*

For eligible individuals, AT&T will establish an HRA for 2022 with an amount to help pay for individual insurance coverage and eligible out-of-pocket expenses.

### How does an HRA work?

- 1 AT&T establishes an HRA.
- 2 You pay for premiums (including Medicare Part B) or eligible out-of-pocket expenses, such as copays or coinsurance.
- 3 Then you get reimbursed for those expenses from the HRA.
- 4 Since the HRA is a tax-free account, you do not pay taxes on the amount reimbursed from the HRA.
- 5 If there is an account balance left over at the end of 2022, it will roll over into 2023.



## What are the requirements for receiving an HRA in 2022?\* What is the amount of the HRA?

The following are general eligibility requirements in order to have an amount credited under the AT&T Medicare-Eligible Health Reimbursement Account Program in 2022:

- You must be currently eligible and receiving long-term disability benefits through an AT&T company-sponsored disability plan.

This guide refers only to your 2022 health benefits while receiving long-term disability benefits under an AT&T company-sponsored disability plan. AT&T reserves the right to change your health benefits at any time. If you would be eligible for a company subsidy for the cost of your coverage under the AT&T group medical plan prior to transitioning to Alight, you are eligible to receive an HRA. Refer to the “Contributions” section of the applicable former employee SPD to determine whether you are eligible for a company contribution toward that coverage. You may also contact the AT&T Benefits Center for assistance at 877-722-0020.

- You and/or your Medicare-eligible dependent must be enrolled in Medicare Part A or Part B where Medicare is primary.
- You must enroll in medical, prescription drug, dental and/or vision coverage through Alight.
- If you enroll in medical and prescription drug coverage through the AT&T Group Medicare Advantage (PPO) plan administered by UnitedHealthcare and in dental/vision coverage through Alight, you would be eligible for an HRA credit.

The HRA amount for your household will be communicated during the appointment taking place with a Benefits Advisor and will depend on you and your eligible dependents actually enrolling in medical, prescription drug, dental and/or vision coverage, as described in the AT&T Medicare-Eligible Health Reimbursement Account Program Summary Plan Description (SPD).

Choosing to remain covered only in AT&T's CarePlus plan or the AT&T Group Medicare Advantage (PPO) plan will not meet the requirements for eligibility. If you enroll in medical coverage through the AT&T Group Medicare Advantage (PPO) plan and in dental/vision coverage through Alight, you would be eligible for an HRA credit.

### **Who administers the HRA?**

Alight will administer the HRA and manage the reimbursement process.

### **When will I learn more?**

After you enroll in medical, prescription drug, dental and/or vision coverage through Alight, an HRA welcome letter will be sent to your home address. It provides detailed information about how to access your HRA and conveniently file claims.

### **Get help with high prescription drug costs**

In 2022, AT&T will offer a Catastrophic Prescription Drug Benefit that will provide up to \$100,000 per individual in supplemental HRA credits for out-of-pocket drug expenses when an individual exceeds \$6,550 of actual out-of-pocket prescription drug expenses. 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.

#### **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 8 a.m. to 8 p.m., Central time, Monday through Friday.

**\*IMPORTANT!** The specific HRA plan terms will govern HRA eligibility and reimbursement and are available in the AT&T Medicare-Eligible Health Reimbursement Account Program Summary Plan Description (SPD). This SPD can be found at [att.com/benefitscenter](http://att.com/benefitscenter). Enter your AT&T Benefits Center log-on and password, from the home page select the Plan Docs and Legal Notices tab, then go to the Health & Welfare Summaries and Legal Information tile. On the page that opens, under Medicare-Eligible Health Reimbursement Account Program, click on AT&T Medicare-Eligible Health Reimbursement Account Program link for the SPD. To request a free printed copy of the SPD, you may call the AT&T Benefits Center toll-free at 877-722-0020.

In all cases, the official documents for the Plan govern and are the final authority on the terms of the Plan. AT&T reserves the right to terminate or amend any and all of its employee benefit plans or programs. Participation in the plans and programs is neither a contract nor a guarantee of future employment.

Please keep this document for future reference.

# questions?

Benefits Advisors are happy to answer your questions. Here are some of the questions they're most frequently asked.

## **HRA\***

### **If I join the AT&T Group Medicare Advantage (PPO) plan, can I still use an AT&T HRA?**

You must be enrolled in individual Medicare or prescription drug coverage through Aight to be eligible for the AT&T HRA. You may choose to enroll in the new AT&T Group Medicare Advantage (PPO) plan administered by UnitedHealthcare. If you enroll in the AT&T Group Medicare Advantage (PPO) plan, you will not be eligible for HRA credits. If you have an existing AT&T HRA balance, you will have access to those funds until they are depleted.

### **If I decide not to enroll through Aight, will I receive an HRA credit to enroll elsewhere?**

No. An HRA from AT&T is provided in 2022 only to those who are eligible and who purchase medical, prescription drug, dental and/or vision coverage through Aight.

### **Am I eligible to receive a reimbursement for the cost of my Medicare Part B premiums?**

Medicare Part B premiums are an eligible expense that may be reimbursed under the HRA.

### **Are dental and vision expenses eligible to be reimbursed through the HRA?**

If you have an HRA, you may use it to reimburse your dental and vision premiums as well as eligible out-of-pocket expenses.

### **I am a Medicare-eligible former AT&T employee receiving long-term disability benefits, and my spouse and I will be enrolling through Aight for insurance coverage. What happens to my spouse's coverage and/or subsidy (if eligible) when I am deceased?**

Your spouse's coverage purchased through Aight is individual insured coverage and will not be impacted by your death. For additional information about eligibility for continued reimbursement through an HRA under the AT&T Medicare-Eligible Health Reimbursement Account Program, please consult the Summary Plan Description (SPD).

## **Access**

### **Do I have to go online, or can I just talk to a Benefits Advisor? Conversely, do I have to talk to a Benefits Advisor, or can I do everything online?**

You don't have to go online if you don't want to. You can complete all the steps you need by reading the print materials sent to you and talking one-on-one with a Benefits Advisor. Should you choose to, you can complete nearly all the steps you need online. However, you may need to speak briefly by phone with a Benefits Advisor. The Centers for Medicare and Medicaid Services (CMS) govern the activities of Aight. CMS requires that each individual who enrolls through Aight (whether enrolling online or by calling the service center) listens to and confirms a series of questions related to the enrollment and provides their voice signature as the final step.

## Who can I talk to if I have questions?

You can call Aight now at 800-928-8027 (TTY 711), 8 a.m. – 8 p.m. Central time, Monday through Friday, to speak with a Customer Service Associate (CSA). For questions regarding coverage options, the CSA can set up an appointment for you to speak with a Benefits Advisor. For questions about the AT&T Group Medicare Advantage (PPO) plan, you can call a dedicated UnitedHealthcare representative at 866-819-3448 (TTY 711), 8 a.m. – 8 p.m. local time, 7 days a week.

## Appointment

### Do I need to attend the appointment with a Benefits Advisor? How long will my appointment last?

We recommend attending your appointment with a Benefits Advisor to walk you through the steps to explore your options for 2022 coverage. Generally, your appointment will last 60 to 90 minutes.

## Coverage options

### How many coverage options will I have? When will I know the carriers who will be available through Aight?

You can see the plans and prices available to you on the Aight website at [retiree.aight.com/att](http://retiree.aight.com/att). If you have questions about the options available to you, please contact a Benefits Advisor.

### Does AT&T choose the policies that are offered through Aight?

No. Individual policies available for enrollment through Aight, including their administration and claims processing, are not designed, sponsored or endorsed by AT&T.

### What happens to my other coverage, such as CarePlus and life insurance, when I begin participating in a policy offered through Aight in 2022?

Your eligibility for CarePlus and life insurance benefits from AT&T is unaffected by the introduction of Aight. You will receive an annual enrollment guide and confirmation statement for any benefits that may still be available to you through the AT&T Benefits Center. Please note that enrollment dates may be different.

## If my dependent and I are both Medicare-eligible, do we have to enroll in the same Medicare plan through Aight, or can we enroll in separate Medicare plans?

You and your dependent can enroll in separate insurance policies through Aight or the AT&T Group Medicare Advantage (PPO) plan administered by UnitedHealthcare. For example, you can enroll through Aight and your dependent can enroll in the AT&T Group Medicare Advantage (PPO) plan.

## What to watch for

You will receive mailings from the AT&T Benefits Center about CarePlus coverage and basic Life Insurance, if applicable, as well as coverage available for members of your family who are not yet Medicare-eligible. You will also receive mailings from UnitedHealthcare regarding the AT&T Group Medicare Advantage (PPO) plan.

You will also receive mailings from Aight regarding individual healthcare coverage. If a piece of mail has **AT&T Benefits Center, Aight** or **AT&T Group Medicare Advantage (PPO) plan** on it, you should open it.

**\*IMPORTANT!** The HRA program is governed by the specific terms found in the AT&T Medicare-Eligible Health Reimbursement Account Program Summary Plan Description (SPD). See page 6 for instructions to access the SPD online.

There are more FAQs available at [myexchangeconnection.com/att](http://myexchangeconnection.com/att).

# get support

## Medicare-required language

Because the market for individual health coverage for Medicare-eligible individuals is regulated by the Centers for Medicare & Medicaid Services (CMS), there is language that is required on certain materials to comply with CMS regulations and help protect your interests. CMS requirements can also change, and there may be additional language required in the future. This is just one example of what you might see.

- “Medicare has neither reviewed nor endorsed this information

## Benefits Advisors

Alight connects you directly with specially trained and certified Benefits Advisors (licensed insurance agents). Benefits Advisors will help you find the healthcare coverage that best meets your needs.

*Benefits Advisors are paid by Alight to assist you, but receive **no compensation to enroll you in a specific insurance coverage, so you can be sure they will help you make a choice that's right for you.***



## Connect with us

It's easy to feel confident about your decisions when you have an advisor every step of the way. But that's not all. There are several ways to learn, prepare and enroll. No matter how you like to connect...



**Benefits Advisor**  
800-928-8027  
(TTY 711)



**Website for AT&T  
Medicare-eligible individuals and  
Medicare-eligible dependents**  
**Resources and information:**  
[myexchangeconnection.com/att](http://myexchangeconnection.com/att)  
**Enrollment actions:**  
[retiree.alight.com/att](http://retiree.alight.com/att)



**Printed information**  
sent to you via U.S. Mail.



**Webinar**

View a recorded webinar at [myexchangeconnection.com/att](http://myexchangeconnection.com/att), from the comfort of your home. You'll get step-by-step guidance on the actions you need to take and details about Medicare.

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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