

Frequently Asked Questions

For Participants Transitioning to Alight Retiree Health Solutions

AT&T retirees undergoing a transition to Alight Retiree Health Solutions (Alight) have requested the following information. These individuals include:

- AT&T Medicare-eligible retirees and/or their Medicare-eligible dependents
- Medicare-eligible former AT&T employees receiving long-term disability benefits and/or their Medicare-eligible dependents.

Please contact Alight at 800-928-8027 (TTY 711), 8 a.m. – 8 p.m. Central time, Monday through Friday, with any additional questions. For questions regarding the AT&T Group Medicare Advantage (PPO) plan, contact UnitedHealthcare® (UHC) at 866-819-3448 (TTY 711), 8 a.m. – 8 p.m. local time, 7 days a week.

Click on the links below for answers to questions about:

- [Benefits Advisor Appointment](#)
- [Eligibility](#)
- [Health Reimbursement Account \(HRA\)](#)
- [Premium Auto-Reimbursement](#)
- [Insurance Coverage Options](#)
- [Medicare Part B Premiums](#)
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IMPORTANT:

- These FAQs assume that AT&T Medicare-eligible retirees and their Medicare-eligible dependents are eligible to transition to Alight for the first time effective in 2021 or 2022.
- HRA questions assume that the individual is eligible for a subsidy toward health coverage purchased through Alight during 2021 or 2022.
- 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)*. 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.

*This SPD can be found at att.com/benefitscenter. Enter your AT&T Benefits Center log-on and password and, 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 the 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 from 7 a.m. – 7 p.m. Central time, Monday through Friday.

Eligibility

1. What are the requirements for enrolling through Alight?

In order to be eligible to transition to Alight to enroll in individual insurance coverage available through Alight, you must be one of the following:

- an AT&T retiree or dependent of an AT&T retiree who is Medicare-eligible due to either age or disability, or
- a Medicare-eligible former AT&T employee receiving long-term disability benefits and/or their Medicare-eligible dependents
- You must be eligible for Medicare Parts A and B as your primary coverage. For Medicare Advantage and Medigap plans through Alight, you must be enrolled in both Medicare Part A and Medicare Part B. For prescription drug plans (Medicare Part D) through Alight, you must be enrolled in either Medicare Part A or Medicare Part B.

2. If I'm Medicare-eligible and have coverage as an active employee or as a dependent of an active employee from another employer (not retiree coverage), can I enroll through Alight?

No. Because you are employed or have coverage as an active employee or as a dependent of an active employee through another employer, Medicare is not your primary coverage. If you are not eligible for Medicare as your primary coverage, you will not be able to enroll in individual health insurance through Alight. However, if you dis-enroll in your coverage from another employer and timely enroll in Medicare Parts A and B, you will be eligible to enroll in Medicare Advantage and Medigap plans through Alight. In order to enroll in prescription drug plans (Medicare Part D) through Alight, you must be enrolled in either Medicare Part A or Medicare Part B.

3. If I am younger than 65, Medicare-eligible and have decided not to enroll in the Medicare Advantage plan through UnitedHealthcare, will I have the option to enroll in coverage through Alight?

Yes. Regardless of your age, if you are an AT&T retiree or a dependent of an AT&T retiree, or a former AT&T employee receiving long-term disability benefits or a dependent of a former AT&T employee receiving long-term disability benefits, who is eligible for Medicare Parts A and/or B as your primary coverage and have decided not to enroll in the AT&T Group Medicare Advantage (PPO) plan through UnitedHealthcare, you will be eligible to enroll in individual insurance coverage available through Alight. If you do not meet these criteria, you are not in scope to transition to Alight and your eligibility to enroll in AT&T group health coverage will not be affected. For more information about enrollment in the AT&T group plan, please review enrollment information mailed to you or contact the AT&T Benefits Center toll-free at 877-722-0020 from 7 a.m. to 7 p.m. Central time, Monday through Friday.

4. I am turning 65 soon. What do I need to do?

Generally, if you recently retired from AT&T and you will turn age 65 within 60 days, becoming eligible for Medicare — or if you are a dependent of a recently retired AT&T employee and you will turn age 65 within 60 days, becoming eligible for Medicare — you will be eligible for transition to Alight or the AT&T Group Medicare Advantage (PPO) plan administered by UnitedHealthcare.

You should receive information from Social Security well in advance of your 65th birthday. Take action as instructed to ensure you are enrolled in Medicare Part A and Part B. You can

contact the AT&T Benefits Center toll-free at 877-722-0020 to learn more. You will also receive information from Alight about enrolling. Review the information and participate in all activities to enroll in an individual insurance policy through Alight, including the telephone appointment with a licensed Benefits Advisor.

If you do not take action to enroll in coverage through Alight or the AT&T Group Medicare Advantage (PPO) plan, you will not have coverage. In addition, your AT&T coverage will end the last day of the month prior to your Medicare effective date OR the last day of the month in which you retire, whichever is later, and you will not default into AT&T group coverage. See “Health Care Coverage Key Dates” in the “Resources” section on myexchangeconnection.com/att to determine when your AT&T group coverage will end.

5. What if some family members are not Medicare-eligible?

If you are the retiree and are Medicare-eligible¹ 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. For 2022, enrollment options 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 programs.**

¹ 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 for more information.

6. My spouse and I are both AT&T former employees/retirees. How do we know if we will have a choice to enroll in the AT&T Group Medicare Advantage (PPO) plan, Alight or if we will receive an HRA?

Individuals who are eligible will generally receive information from UnitedHealthcare regarding the AT&T Group Medicare Advantage (PPO) plan and from Alight regarding individual health insurance about 60 to 90 days before their scheduled transition date. For questions about coverage options for you and your spouse through Alight, please schedule an appointment with a Benefits Advisor to discuss your specific situation. Appointments can be scheduled through 800-928-8027 (TTY 711).

For questions about your eligibility for AT&T group coverage, and/or for questions about your or your dependents' eligibility for an HRA, please contact the AT&T Benefits Center toll-free at 877-722-0020.

7. If I retire under the current bargained agreement, and I am, or soon will be, eligible for Medicare, what should I do?

You should receive information from Social Security well in advance of your 65th birthday. Take action as instructed to ensure you are enrolled in Medicare Part A and Part B. You can contact the AT&T Benefits Center toll-free at 877-722-0020 to learn more.

8. If my spouse or I am transitioning to Alight and have already left the AT&T plan, do we have access to guaranteed issue plans as well?

For transitioning individuals who are not currently covered by an AT&T group medical plan and are currently enrolled in a Medicare insurance plan in the individual marketplace, the special enrollment period does not apply.

This means that guaranteed issue opportunities may not be available to you. (There are some exceptions depending on where you live and the plan you have today, so ask a licensed Benefits Advisor.) In addition, in order to enroll through Alight and become eligible for an HRA credit in 2022 (if eligible for an HRA), you will need to enroll in a new medical, prescription drug, dental and/or vision plan during the Medicare Open Enrollment Period (OEP), which occurs between October 15 and December 7. The amount that is credited to your HRA (if eligible) depends on when you enroll and what you enroll in.

9. I am already age 65 and will be retiring from AT&T soon. I will not need to purchase a plan through Alight because I will be enrolling as a dependent under my spouse's plan. That insurance provider is requesting proof of my loss of coverage under the AT&T group plan. How do I obtain that information?

Once you leave the AT&T payroll and the AT&T Benefits Center receives your termination date, it will send you a proof of loss of coverage statement. If you need information in advance of your termination date, you may contact the AT&T Benefits Center toll-free at 877-722-0020 and request a Certificate of Group Health Coverage notification. **Note:** The AT&T Benefits Center can only provide a proof of loss coverage statement after it receives your termination date.

10. I am currently receiving long-term disability benefits and transitioning to Alight. Am I eligible for an HRA in 2022, and what happens when my long-term disability benefits end?

For 2022, you would be eligible for an HRA if the following apply:

- You are a former AT&T employee receiving LTD benefits under an AT&T Disability Benefits Program.
- You are Medicare-eligible.
- You are enrolled in Medicare Part A or B.
- You would be eligible for a company subsidy toward AT&T health coverage immediately before becoming eligible for Alight.
- You enroll in at least one plan through Alight.
- You are not currently covered under an AT&T collective bargaining agreement.

Once your long-term disability benefits end, you will continue to be eligible to enroll in coverage through Alight but will no longer be eligible for an HRA as an LTD recipient. There are separate requirements for HRA eligibility for AT&T retirees, which may apply to you. Please contact the AT&T Benefits Center at 877-722-0020 for more information.



Why Choose Alight Retiree Health Solutions?

11.

a) Why has AT&T offered Medicare-eligible individuals the option to enroll through Alight?

AT&T has been following and researching private exchanges for years. By leveraging its size and scale, AT&T has historically been able to negotiate group pricing that was very attractive and represented a good value. Today, private exchanges do a great job of providing options for coverage and additional support, as well as offering very competitive prices for coverage. Private exchanges allow individuals to have more choice and that's along with valued guidance to help individuals make the right choices.

b) If I enroll in the AT&T Group Medicare Advantage (PPO) plan through UnitedHealthcare can I still use an AT&T HRA?

No. If you choose to enroll in the AT&T Group Medicare Advantage (PPO) plan through UnitedHealthcare, additional funds will not be added into your AT&T HRA. If you have an existing AT&T HRA balance, available funds can be used on eligible expenses until your account has been depleted.

To receive new HRA funds, you must be enrolled in individual Medicare, prescription drug, dental or vision coverage through Alight to be eligible for additional AT&T HRA funding. New funds will be added into your AT&T HRA account on an annual basis. If your AT&T HRA has an existing balance, you can use these funds on eligible expenses until your account has been depleted.

c) If I enroll in the AT&T Group Medicare Advantage (PPO) plan through UnitedHealthcare, can I still receive an HRA credit?

If you enroll in the AT&T Group Medicare Advantage (PPO) plan, subsidy-eligible Retirees and Dependents who purchase individual dental or vision plans through Alight will be eligible to receive an HRA credit for plan year 2022. This annual subsidy for 2022 is \$300 for the retiree and \$200 for dependents.

d) What happens to the balance of my HRA if I enroll in the AT&T Group Medicare Advantage (PPO) plan?

You may continue to submit claims for eligible premiums and out-of-pocket expenses until the balance in your HRA account is \$0.

Why Choose Alight Retiree Health Solutions? *continued*

e) If I am enrolled in the AT&T Group Medicare Advantage (PPO) plan through UnitedHealthcare and later decide to enroll in medical and prescription drug coverage through Alight, will I receive an HRA?

If you are eligible to receive the AT&T HRA and enroll in individual Medicare, prescription drug, dental, or vision coverage through Alight, you will be eligible to receive the AT&T HRA. The amount of the HRA is prorated based on your coverage effective date.

12. Why did AT&T choose Alight versus sending retirees to local brokers?

For many Medicare-eligible individuals, choosing between every Medicare Advantage, prescription drug plan and Medigap plan available in the individual market, as well as finding a reputable, independent broker, could become overwhelming.

Alight Solutions is a leading cloud-based provider of integrated digital human capital and business solutions, and serves more than 30 million employees and family members. AT&T chose Alight because it has carefully selected a wide range of high-quality plans and provided a high-touch support approach to help individuals make this important decision. Benefits Advisors are trained to help individuals understand the different plans available and select and enroll in the plans that best fit their stated needs.

13. What is the difference between Alight and a local Medicare broker?

Alight is not an insurance company. Alight provides information to individuals about a wide range of insurance products from a variety of carriers. Alight's Benefits Advisors (licensed insurance agents) are salaried and not financially incented to recommend one policy over another. Their goal is to find a policy from any insurance policy available through Alight that will meet your needs, whether it is a Medicare Advantage plan or a Medigap plus prescription drug plan.

In some ways, Alight is similar to a local broker because both represent policies and earn a commission from the carrier when they successfully enroll an individual. Alight carefully selects insurance carriers to participate in its platform based on the insurance provider's financial ratings, premium stability, member service level and Medicare Star performance. Local brokers are not required to use any criteria when selecting policies to recommend and many may be licensed to sell only a certain type of policy or products from only one insurance carrier.

14. What services are available through Alight that I can't get by enrolling through another source?

Enrolling through Alight provides you with a variety of value-added services, including access to:

- The services of licensed Benefits Advisors, who have access to and knowledge of the full complement of choices, including Medicare Advantage, prescription drug and Medigap plans, at no additional cost to you. You only pay the cost of the plans you choose.
- Automatic premium reimbursement (if you are eligible for the HRA).
- Advocacy services to help you if you ever have a claim denied or have a dispute with your insurance company.

Health Reimbursement Account (HRA)

15. What are the requirements for receiving an HRA in 2022?

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

2022 (retired former employee/dependent)

- Former employee of a participating AT&T company at least age 65, or dependent
- Medicare-eligible
- Enrolled in Medicare Part A or B
- Would be eligible for a company subsidy toward AT&T retiree health coverage immediately prior to becoming eligible for Alight
- Enrolled in at least one plan through Alight
- Not currently covered under an AT&T collective bargaining agreement

2022 (retired former employee/dependent)

- Former employee of a participating AT&T company, or dependent
- Medicare-eligible
- Enrolled in Medicare Part A or B
- Would be eligible for a company subsidy towards AT&T retiree health coverage immediately prior to becoming eligible for Alight
- Enrolled in at least one plan through Alight
- Not currently covered under an AT&T collective bargaining agreement

2022 (long-term disability recipient/dependent)

- Former AT&T employee receiving LTD benefits under an AT&T Disability Benefits Program, or dependent
- Medicare-eligible
- Enrolled in Medicare Part A or B
- Would be eligible for a company subsidy towards AT&T health coverage immediately prior to becoming eligible for Alight
- Enrolled in at least one plan through Alight
- Not currently covered under an AT&T collective bargaining agreement

16. What is the amount of the HRA?

The HRA amount for your household will be communicated during the appointment with a licensed Benefits Advisor and will depend on you and your eligible dependents actually enrolling in coverage as noted above and as described in the AT&T Medicare-Eligible Health Reimbursement Account Program Summary Plan Description (SPD). This SPD can be found at att.com/benefitscenter. Enter your AT&T Benefits Center login 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 the 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.

17. I already have an HRA with AT&T. What happens with my balance?

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 the AT&T Benefits Center at 877-722-0020. Representatives are available 7 a.m. to 7 p.m., Central time, Monday through Friday.

18. Can HRA credits be used to reimburse expenses incurred for plans that are not purchased through Alight?

For 2022, the HRA is established after an eligible individual enrolls in a medical, prescription drug, dental and/or vision plan through Alight. The amount of the HRA will depend on when you enroll and the type of plans you enroll in. Once the HRA is established, any eligible expenses that the individual submits for himself/herself or another family member also enrolled in coverage through Alight will be processed. For example, if the individual is enrolled in a prescription drug plan through Alight and is enrolled in a Medigap plan outside of Alight, eligible expenses incurred under either plan may be reimbursed through the HRA. However, premium auto-reimbursement will not be available for non-Alight plans and claims will need to be submitted manually instead.

19. Are dental and vision expenses eligible for reimbursement 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.

20. If I decide not to enroll through Alight, will I receive an HRA credit to enroll elsewhere?

No. An HRA from AT&T is provided only to those who are eligible and who purchase medical, prescription drug, dental and/or vision coverage through Alight. The amount credited will depend on when you enroll as well as the type of plans you enroll in.

21. How do I get reimbursed from the HRA?

Reimbursements under the AT&T Medicare-Eligible Health Reimbursement Account Program are administered by Your Spending Account™ (YSA), a company of Alight Solutions. You can submit claims through the YSA website found on retiree.alight.com/att. Log on to your Alight account and click on the link to “Manage My ATT Account.” You can also submit claims via the “Reimburse Me” application for Apple or Android devices. Search for the “Reimburse Me” app in the App Store. If you don’t have access to a computer, call the service representatives at 800-928-8027 (TTY 711).

22. Do I need to do anything to start the Premium Auto-Reimbursement?

No, there is no action you need to take. If you have enrolled in a plan through Alight that participates in Premium Auto-Reimbursement, your insurance carrier will notify YSA directly when you have made your first premium payment. This can typically take up to 60 days. Upon completion of the initial notification period, reimbursement will be automatically processed during the first five business days of each month. Refer to page 20 in this document for additional details about the Premium Auto-Reimbursement process.

23. How will I know if I have to submit a form to set up Premium Auto-Reimbursement?

Most insurance companies available through Alight participate in Premium Auto-Reimbursement. This means confirmation of your premium payments will be sent automatically to YSA for reimbursement from your HRA.

If your insurance coverage provider does not participate in the Premium Auto-Reimbursement feature, you will need to submit a claim form to set up your monthly Premium Auto-Reimbursements. Please obtain this claim form from retiree.alight.com/att or call Alight at 800-928-8027 (TTY 711). You will need to complete the form and return it to YSA, along with appropriate receipts or documentation. You can submit claims through the YSA link found on retiree.alight.com/att. After logging in, click on the link to “Manage My ATT Account.” You may also submit your documentation via fax or mail.

You can also submit claims via the “Reimburse Me” application for Apple or Android devices. Search for the “Reimburse Me” app in the App Store.

24. When can I expect to see reimbursements through the Premium Auto-Reimbursement feature?

You can expect your initial premium reimbursement within 60 days of your coverage effective date. YSA will continue to reimburse your monthly premium payment for as long as you have a balance in your HRA account and are enrolled in that plan.



25. What if I am having my premiums taken from my Social Security check?

It will take several months before Medicare Advantage plan and prescription drug plan deductions are taken from your Social Security check. In general, your insurance company will bill you until Social Security can begin deductions. You are responsible for paying those bills until the deductions begin to come out of your monthly Social Security check. Whether you directly pay your premiums or the premiums are withheld from your Social Security check, you can receive reimbursement from your HRA. Submitting a Premium Auto-Reimbursement claim will minimize the amount of time you will have to wait for a reimbursement.

26. What documents do I need to provide as proof that I have paid my premium or other out-of-pocket expenses?

YSA can approve claims with any document that shows proof of payment, such as a receipt, paid invoice, credit card statement or bank statement. For premium reimbursements, be sure to complete the claim form using the date your coverage begins and not the date of payment. Additional information can be found in your HRA Guide mailed to your home or at retiree.alight.com/att.

27. How can I get a manual claim form?

A manual claim form will be sent to you as part of your welcome packet. You can also call Alight at 800-928-8027 (TTY 711) to request one. The manual claim form can be used to submit claims for eligible healthcare expenses and/or premiums that are not reimbursed through the Premium Auto-Reimbursement feature.

PLEASE NOTE: Each claim form is barcoded and linked with your individual account information.

28. How can I receive my reimbursements?

You can be reimbursed through a paper check, or you can enroll in direct deposit.

29. How can I enroll in direct deposit?

You can sign up for direct deposit through retiree.alight.com/att. Once on the YSA Account Summary page, go to the “Take Action” section and select the “Edit Your Profile” link. Select “Direct Deposit Information” and then “Add Direct Deposit Information.” You can also enroll in direct deposit via the “Reimburse Me” application for Apple or Android devices. Search for the “Reimburse Me” app in the App Store. Alternatively, you can call Alight at 800-928-8027 (TTY 711), select the option for direct deposit and follow the automated instructions for signing up. You can also speak directly with a representative. You will need your bank routing number and your bank account number to sign up.



30. How can I submit a claim online?

To submit claims online, log on to your YSA HRA account via retiree.alight.com/att and follow the instructions in the HRA Guide mailed to your home. The HRA Guide is also posted under “Resources” at myexchangeconnection.com/att.

31. Can I access YSA through my smart phone?

Yes, you can access YSA through your smart phone or tablet. To download the app, search for the “Reimburse Me” app (for Apple or Android devices) in the App Store.

32. How can I submit a claim via the mobile app?

After you have downloaded the “Reimburse Me” App, enter ATT in the company search field. Use your Alight ID and Password to log on and select Submit Claim on the bottom of the Accounts screen. These instructions can also be found by accessing the Mobile App Guide on the Your Spending Account Web Page accessible via retiree.alight.com/att.

33. Can I turn off the automatic premium auto-reimbursement feature of the HRA?

Yes. If you would like to turn off the automatic reimbursement feature, visit the YSA website found on retiree.alight.com/att. Log on to your Alight account and click on “Manage My ATT Account.” Alternatively, you can turn off this feature via the “Reimburse Me” application for Apple or Android devices. Search for the

“Reimburse Me” app in the App Store. If you don’t have access to a computer, call the Alight service representatives at 800-928-8027 (TTY 711) to make your request.

34. Is there anything I need to do to receive premium auto-reimbursement in 2022 if I stay in the same plan I had in 2021?

No. Your reimbursements will continue into 2022. However, if you received a premium increase or decrease for the new year, the insurance carriers will share that information with Alight within 60 days after the beginning of the new year. YSA will make the necessary adjustments retroactive to January 1. If your carrier does not participate in the Premium Auto-Reimbursement Process, then you will need to submit a new Premium Auto-Reimbursement form with documentation to YSA in order to change your reimbursement amount.



Benefits Advisor Appointment

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

We recommend attending your appointment with a licensed Benefits Advisor to walk you through the steps to enroll in coverage. Should you choose, you can complete nearly all the necessary steps online. If you have access to other coverage through a new employer or spouse/partner and will not need to find additional coverage, you should call and cancel your prescheduled appointment. If you do not purchase medical, prescription drug, dental and/or vision coverage through Alight, you will not receive an HRA, even if you would be otherwise eligible. The amount that will be credited to your HRA will depend on when you enroll and the types of plans you enroll in.

Benefits Advisors are willing to take as much time as you need. Generally, your appointment will last 60 to 90 minutes. There are steps you can take before your appointment to shorten it, such as logging in to retiree.alight.com/att to enter the requested information. See the checklist in your Education Kit for details.

36. 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 can complete all the steps you need by reading the print materials sent to you and talking one-on-one with a Benefits Advisor. You can also go onto retiree.alight.com/att, search for plans and enroll in coverage through Alight without speaking with a Benefits Advisor.

37. Can I meet with a Benefits Advisor face-to-face?

Alight only offers over-the-phone appointments, providing you one-on-one support from a Benefits Advisor in an environment where you feel most comfortable, such as your home.

Not only is this a practical approach to serve such a large, dispersed population, it also provides a more controlled environment in which to monitor appointments for quality and Center for Medicare & Medicaid Services (CMS) compliance requirements to protect your interests. If you have a unique situation, please let us know when you confirm your appointment and we will do our best to accommodate you.

38. Why do I need to confirm my appointment?

There are very strict guidelines established by CMS for how insurance carriers and health exchanges can contact Medicare beneficiaries. These guidelines are designed to protect you from receiving unsolicited calls. As a result, you **MUST** confirm your appointment with a Benefits Advisor at least five business days in advance of your scheduled date and time. If you do not confirm your scheduled appointment, it will be cancelled automatically to accommodate other individuals.

39. Why can't I get an appointment today or speak with a Benefits Advisor right now?

Appointment times are scheduled in advance to ensure that every individual gets the focused attention and support they need during their call. While Benefits Advisors would like to accommodate every request for a change or an impromptu appointment, we appreciate your understanding if this cannot be accomplished on demand.

Insurance Coverage Options

40. How long do I have to enroll?

If you are currently enrolled in coverage through Alight, a health insurance company or a private exchange, you can enroll during each year's Open Enrollment Period, October 15 – December 7.

41. How many coverage options will I have? When will I know the plans offered through Alight?

You can view options, plans and prices available to you on retiree.alight.com/att. Except between October and December when current and new year plans are available, you will only be able to see plans that are available for the current plan year. If you have questions about the options available to you, please contact an Alight Benefits Advisor.

42. What policies are available through Alight?

Alight offers a wide variety of carefully selected, highly rated policies, including Medicare Advantage plans, Medicare Part D prescription drug plans and Medigap plans from multiple carriers. On average, a typical Medicare-eligible individual will have more than a dozen Medicare Advantage, Medigap and Medicare Part D prescription drug plans from which to choose. The number and types of policies available to you will vary based on your state and county. Most policies offered through Alight can be viewed on retiree.alight.com/att, but some are only available through a Benefits Advisor.

43. Do I have access to AARP medical plans through Alight?

Yes, Alight represents UnitedHealthcare AARP plans. While AARP does not authorize their Medigap plans to be reviewed online, all AARP plans are available through an Alight Benefits Advisor. You must be an AARP member in order to enroll in an AARP plan. A Benefits Advisor can help you obtain a membership if you don't already have one.

44. Why can't I see next year's insurance plans and prices before October?

Insurance carriers must obtain approval from CMS and states' Departments of Insurance (DOIs) before they can publish the next year's plan details and rates – and they are not permitted to publish them until October 1.

Many individuals use Alight's website to review current information. Each year, the website is updated and Alight Benefits Advisors are ready to discuss the upcoming plans starting on October 1.

45. Does AT&T choose the policies that are offered through Alight?

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

46. Why doesn't Alight offer every policy available to me? I can see a lot more policies on Medicare.gov than what Alight offers.

Alight attempts to create a competitive marketplace where you can shop for a variety of high-quality health policies. Alight follows stringent guidelines about the insurance companies that participate in its exchange.

- Alight carefully selects insurance companies and products based on the companies' financial ratings, premium stability, member service level and Medicare Star ratings.
- They do not offer plans from insurers who cannot meet Alight technology requirements (electronic enrollment, automatic premium reimbursements, etc.) nor those that lack historical stability in certain geographic areas.

In some cases, certain insurers may not be listed because they don't offer their plans through a private exchange. Based upon Alight's experience, a majority of retirees have a range of competitively-priced plan options and often find a policy offering similar or better coverage.

47. Will there ever be more plans to choose from through Alight?

Insurance companies continually introduce new products to the Medicare marketplace. When new products get approved, they may become available through Alight.

48. Is it possible that a local insurance broker can get me a better rate than what is available through Alight for the same plan?

No. If the rate is different for the same plan, there's a reason for it. Here's why:

- By law, the price you pay to purchase the same policy from the same insurance company will not differ, whether you purchase it through Alight or through another broker.
- Alight cannot add a surcharge to any premium.
- The quotes you receive directly from local brokers or insurance companies may already include potential discounts such as direct debit payments, enrollment discounts, etc. In general, the prices listed through Alight may not yet reflect these discounts since the insurance company will need to review your application to determine which discounts may apply. If you qualify for a discounted rate when enrolling with an insurance company through Alight, you'll get the same discounted rate as you would from a local agent or broker.

49. Are there other reasons a policy price could vary between Alight and what I can find elsewhere?

Though the same policies from the same insurance company will have the same price regardless of where or how you enroll, in some cases, the policy that a local agent or broker offers, while similar, is actually different from the one offered through Alight. There may be value-added services and features that could affect the premium, so it's important to carefully review plan details.

50. Why might I get different cost results on the website from one day to another?

There are a number of variables that can significantly impact the policies and prices you see on retiree.alight.com/att. You may see different policies and prices if you access the website through the public site versus through your AT&T account, which contains information specific to your situation. For example, some carriers' policies are only available to retirees whose group plans are ending, while other carriers may offer specific policies to seniors who are Medicare-eligible for the first time. Log on using your AT&T credentials every time to ensure you are seeing all of the plans that you are eligible for as an AT&T retiree. The county you reside in will impact your Medicare choices and prices. If you live in a ZIP code that covers more than one county, you will be asked to select the right county. Be sure to choose the same county each time. Age can impact the cost of some plans so be sure your date of birth is correct.

51. What happens to my other coverage, such as CarePlus and life insurance, when I begin participating in a policy offered through Alight?

Your eligibility for CarePlus and life insurance benefits from AT&T is unaffected by the introduction of Alight. Please contact the AT&T Benefits Center toll-free at 877-722-0020 if you have any questions about your CarePlus eligibility or enrollment.

52. Once I have enrolled, can I change my plan each year?

Yes, you can change plans, but there may be some important limitations to consider.

- **Medigap Plans** – If your coverage in the AT&T group health plan is ending, you are granted a Special Enrollment Period which allows you to enroll in many Medigap plans without having to answer medical questions on the application. You are “guaranteed issue.” However, if later you wish to change to another Medigap plan, you may be subject to medical underwriting, where medical questions are asked. Because the rules can vary by carrier and state, you’ll want to talk with an Alight Benefits Advisor to consider your options.
- **Medicare Advantage plans** – You can enroll in a Medicare Advantage plan or change to a different Medicare Advantage plan each year during the Medicare Annual Open Enrollment Period.
- **Prescription drug plans** – During your initial Special Enrollment Period, and during future Medicare Annual Open Enrollment Periods, you are allowed to enroll in any prescription drug plan without having to answer any medical questions (guaranteed issue every year).

53. Is it true that I could lose my eligibility in the second year if I stay with my Medicare Advantage plan?

For Medigap, Medicare Advantage and prescription drug plans, as long as you continue to pay your premiums on time, you will remain enrolled. The plans auto-renew. The only exception would be if the carrier that issues your policy decides to leave the Medicare marketplace altogether. In this situation, you will need to find a new insurance policy and will have a special election period to enroll in all available Medicare Advantage and prescription drug plans, and most Medigap plans.

54. How does my age impact a premium I am quoted?

Age can be a factor in the pricing of some Medigap plans. In some states, Medigap premiums vary based on age, gender and tobacco use. In other states, Medigap premiums are based on community rates, where everyone in the same geography pays the same premium regardless of age, gender or tobacco use. Medicare Advantage and prescription drug plans are priced at a county level and all individuals in a given area pay the same rate. A Benefits Advisor can discuss this with you during your phone appointment, but you can also see details on how a carrier’s premium is determined (age, county, etc.) by reviewing the plan documents available online at retiree.alight.com/att.

Premium rates can change annually. All insurance premium rates are approved each year by either Medicare or your state’s Department of Insurance.

55. 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 can select a policy for yourself and a different one for your Medicare-eligible dependent — so both your needs are better met.

If you decide to enroll in the same plan, you still need to complete two separate applications.

56. How do I enroll in a dental/vision plan through Aight?

You can enroll during your appointment with a Benefits Advisor or at retiree.alight.com/att.

57. I enrolled in a Medicare Advantage plan and a prescription drug plan through Aight, but one was canceled. Why?

CMS does not allow individuals to enroll in both a Medicare Advantage plan and a prescription drug plan. If CMS sees this enrollment combination, they will cancel whichever application they received first. This could leave you without the coverage you need. If you have decided to enroll in a Medicare Advantage plan, you must enroll through Aight in order to receive the HRA credit.



Survivorship

58. I am a surviving spouse of an AT&T retiree. Will I be transitioning to coverage through Alight?

If you are a survivor who meets the criteria for transition to Alight or the AT&T Group Medicare Advantage (PPO) plan with UnitedHealthcare and, if you would have been eligible under the terms of the AT&T group health plan, you will be eligible for transition to Alight. Please contact an Alight Benefits Advisor at 800-928-8027 (TTY 711) or UnitedHealthcare at 866-819-3448 (TTY 711) for further information.

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

Your spouse's coverage through Alight is individual insured coverage and will not be impacted by your death. The following will apply to eligibility for continued reimbursement of eligible medical expenses through an HRA under the AT&T Medicare-Eligible Health Reimbursement Account Program:

- If your spouse's health expenses were eligible for reimbursement through the HRA during your life, they will continue to be eligible for reimbursement after your death from any remaining available amounts.
- If you happen to pass away in 2022, the HRA will be credited with an additional amount equal to the full 2022 dependent credited amount the first of the month after notification of death. Similarly, if you die in 2023, the HRA will be credited with an additional amount equal to the full 2023 dependent credited amount the first of the month after notification of death.
- COBRA continuation rights will apply and your spouse will receive the applicable notices.

60. If the dependent (including a spouse) of a retiree or long-term disability recipient dies, and there is a remaining balance in the dependent's qualifying HRA account, will the surviving retiree or long-term disability recipient have access to that HRA balance?

If both the retiree or LTD recipient and the dependent were eligible for enrollment through Alight and an HRA, then the surviving retiree or LTD recipient would have access to the full amount remaining in the HRA. These funds can be used for reimbursement of eligible expenses of the deceased dependent and the retiree or LTD recipient.

If only the dependent was eligible for enrollment through Alight and an HRA, then the surviving retiree or LTD recipient has access to the amount remaining in the HRA. These funds can be used for reimbursement of the deceased dependent's eligible expenses.

Expenses incurred by the dependent prior to the dependent's death must be submitted by June 30 of the year following the death, unless a claim or appeal is filed that extends this period.

61. What benefits will my survivor get if he/she is not Medicare-eligible at the time of my death?

To find out what benefits surviving spouses who are not Medicare-eligible receive, refer to your group health plan Summary Plan Description (SPD) for health coverage available to surviving spouses. This SPD can be found at att.com/benefitscenter. Enter your AT&T Benefits Center log-on and password and, 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 the AT&T Medicare-Eligible Health Reimbursement Account Program link for the SPD.



Medicare Part B Premiums

62. If I'm currently receiving a reimbursement from AT&T for the cost of my Medicare Part B premium, will I continue receiving that reimbursement after coverage under the AT&T group health plan ends?

You will no longer receive a direct reimbursement for all or part of your Medicare Part B premium. However, in determining the amount to be credited to an HRA established under the AT&T Medicare-Eligible Health Reimbursement Account Program in 2022 for participants who are eligible to receive it, the company took into consideration the amounts paid toward the cost of retiree health benefits (including Medicare Part B premium reimbursements). Medicare Part B premiums are an eligible expense to be reimbursed under the HRA.

63. 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 you can reimburse under the HRA.

64. How do I provide proof of my Medicare Part B premium payment?

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 one Premium Auto-Reimbursement claim form, triggering you to receive this reimbursement every month for the remainder of the year. There is no need to submit it again until your monthly amount changes. You can learn more about how to submit claims in the HRA Welcome Kit mailed to your home after your HRA has been established.

Miscellaneous

65. Since my coverage under the group health plans is ending, what happens to the pension deduction or bill I receive today to pay for my benefits for the AT&T group health plans?

Generally, any pension deductions or direct bills you receive for your medical, dental or vision coverage will end when your AT&T group health coverage ends, with the exception of CarePlus premiums. Deductions or direct bills for medical, dental, and vision coverage for individuals not moving to Alight, as well as deductions or direct bills for CarePlus and life insurance for all individuals, will not be affected.

66. What is the difference between retiree.alight.com and retiree.alight.com/att?

Logging on through retiree.alight.com/att will provide you with information specific to AT&T. In some geographic areas, as an AT&T retiree or a Medicare-eligible former AT&T employee receiving long-term disability, you have access to special plans that are not available to other Alight users. In addition, there are some insurance companies that only allow Alight to offer their plans to specific employer group individuals. As a result, to be sure you have access to all options available to you, it is important that you always log on to your AT&T account using retiree.alight.com/att.

67. What is a “trial right”?

There are very specific scenarios under which a “trial right” period may apply to you. For example, the “trial right” period allows you to “try” an individual Medicare Advantage plan for a period of time, and then move to a Medigap plan with guaranteed issue rights within the first 12 months of enrollment. However, it does not cover movement from one Medigap plan to another. You can learn more about the very specific situations in which this applies by going online to medicare.gov or by talking to an Alight Benefits Advisor.

68. I submitted my application but I haven’t heard from the plan. What do I do now?

After you complete your application, it is reviewed and submitted to your new insurance carrier. If you have enrolled in a Medicare Advantage or prescription drug plan, the carrier will contact you directly to confirm your enrollment decision. **This is a requirement by CMS and has been put in place to protect you. Your application cannot be confirmed until this step is completed.** Once you have confirmed enrollment with your carrier, your insurance cards will most likely arrive in 10 to 14 business days (timing could vary slightly by carrier and/or be impacted by your local mail service). If you have enrolled in both a Medigap and prescription drug plan, you should expect insurance cards for each plan to arrive at different times. This is because your prescription drug plan has to take the additional step of confirming your enrollment.



Premium Auto-Reimbursement

If you pay your premiums monthly, automatic reimbursement provides payment directly into your bank account or by check — so you do not need to file your premium claims on a monthly basis.

If you have enrolled in coverage with a participating carrier through Alight, your monthly premium will be automatically reimbursed. Generally, the auto-reimbursement process begins up to 60 days after your coverage effective date. For faster payments, please set up direct deposit.

- Initial claims take 5 – 10 business days to process. Once your auto-reimbursement has been set up, your premium reimbursements will process on or near the 5th business day of the month.

- You'll receive your first reimbursement within 2 – 3 business days through direct deposit or within 5 – 7 business days if you're reimbursed by check.
- Future premium reimbursements will be processed on or near the 5th business day of each month.

To set up direct deposit, go to retiree.alight.com/att and under the Take Action section, click Edit Your Profile to add the direct deposit information, or call 800-928-8027 (TTY 711). You'll need your bank information, including account number and routing number, which can be found on your personal checks.

Insurance Carriers NOT Currently Participating in Premium Auto-Reimbursement

If you have enrolled in coverage with any of the following carriers through Alight, you will need to submit a one-time Premium Auto-Reimbursement Claim form, along with the supporting documentation to begin the reimbursement process.

If your carrier does not participate in Premium Auto-Reimbursement and your premium amount changes, you'll need to submit a new claim form with proof of the revised payment to Your Spending Account (YSA).

For faster reimbursements, please also set up direct deposit.

Cigna

Blue Cross Blue Shield of Minnesota

Blue Cross Blue Shield of Nebraska

Loyal American Life Insurance Company

American Retirement Life Insurance Company

Accendo Insurance Company

Central States Indemnity

Sterling Life Insurance Company

HealthSpring, Inc.

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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