



Find

your

Fit



You are receiving this brochure because:

- You are an AT&T retiree or former employee, and you are or will become eligible for Medicare by Feb. 1, 2023.
- You are a dependent of an AT&T retiree or former employee, and you are or will become eligible for Medicare by Feb. 1, 2023.

# Introduction

Your available healthcare coverage under the AT&T group health plans is changing Jan. 1, 2023. If you or your dependent is currently eligible for Medicare or will be eligible as of Feb. 1, 2023, you will need to make a new election. This guide provides high-level information to help you understand Medicare basics, your healthcare coverage options and next steps. You need to make an election between Oct. 15 and Dec. 7, 2022. Take action to avoid a gap in coverage for you or your eligible dependents.

## Important Medicare Information

It's important to understand the basics of Medicare. Medicare is made up of four parts: Medicare A, B, C and D. Each part helps pay for certain healthcare services and has certain costs that you may have to pay. Your Medicare costs will depend on what coverage you choose and what healthcare services you use.



### Medicare Part A

Part A is hospital coverage. It covers care you receive while an inpatient in a hospital or skilled nursing facility.



### Medicare Part B

Part B is medical coverage that covers doctor visits, clinic services and care you receive as an outpatient.



### Medicare Part C

Part C is Medicare Advantage. These plans combine the coverage of Parts A and B into one plan. They often include prescription drug coverage, too.



### Medicare Part D

Part D is prescription drug coverage. Plans cover many medications that are prescribed by your doctor or other qualified health professionals.



## Medicare Requirements

In order for you to be enrolled in a Medicare plan, you must:

- Continue paying for your Medicare Part B premium
- Have a permanent street address (not a P.O. Box)
- Have your Medicare ID card number
- Be entitled to Medicare Part A and enrolled in Part B
- Live within the 50 United States, the District of Columbia or U.S. territories

If you are not entitled to Medicare Part A or enrolled in Medicare Part B, and/or you live outside the 50 United States, the District of Columbia, or U.S. territories, you should contact Social Security at [ssa.gov](https://www.ssa.gov) or by calling 800-772-1213, TTY 800-325-0778, between 8 a.m. and 5:30 p.m. Monday through Friday.

# Find Your Fit

We believe having a choice can help you find the best fit for you and your eligible dependent(s).

You have options from AT&T when selecting additional medical and prescription drug coverage. In addition to Medicare, you can enroll in either:

- 1 The AT&T Group Medicare Advantage (PPO) plan insured by UnitedHealthcare,<sup>®</sup> which is a custom-designed plan for eligible AT&T retirees, former employees and their eligible dependents; or
- 2 Individual medical and prescription drug plans, available in your area, through the Medicare exchange provided by Alight Retiree Health Solutions.

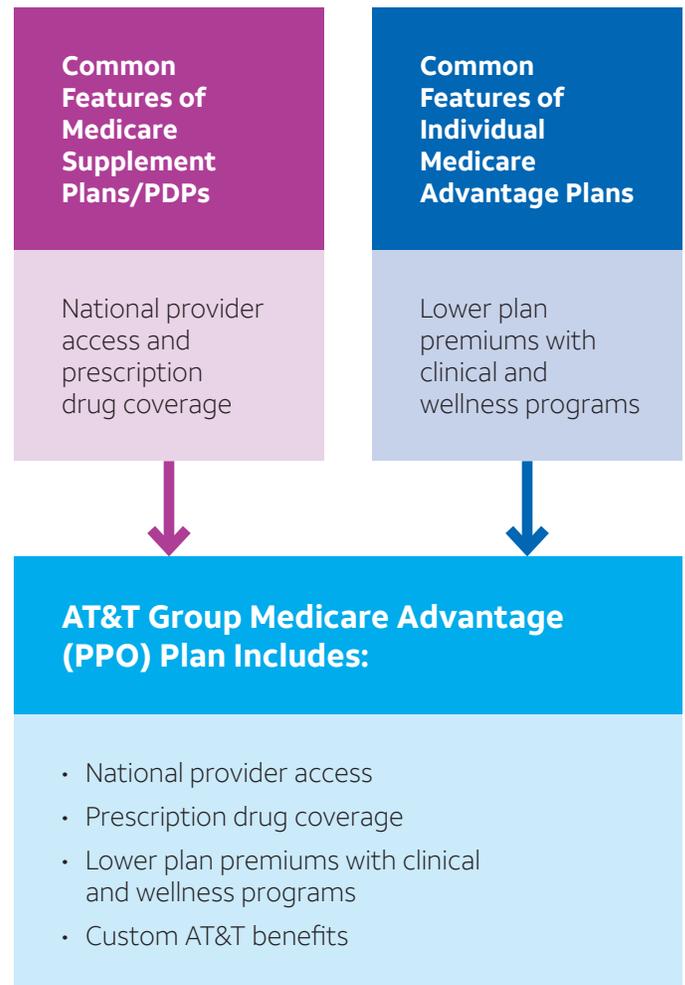
Following is additional information to help you understand more about each option.

## Your Medical and Prescription Drug Coverage Options

### Option 1

#### The AT&T Group Medicare Advantage (PPO) Plan

The AT&T Group Medicare Advantage (PPO) plan is uniquely designed for eligible AT&T retirees, former employees and their eligible dependents. This plan combines features of individual Medicare Supplement plans, Medicare Part D Prescription Drug Plans (PDPs) and Medicare Advantage plans with enhanced features not normally found in the individual marketplace. This plan is also designed to provide access to any Medicare provider that accepts the plan and continued coverage for nearly all Part D medications at your current pharmacy.



# Option 2

The AT&T Group Medicare Advantage (PPO) plan was designed to provide coverage for the most commonly used medical services. Key benefits of this plan are:

- Annual out-of-pocket maximum of \$900 for medical expenses
- \$0 copay for primary care physician visits
- \$0 copay for tier 1 generic drugs and \$4 copay for tier 2 generic drugs (retail and mail order)
- \$0 copay for Virtual Doctor visits

This plan is offered at the following monthly contributions for plan year 2023:

Subsidy Eligible	
Retiree or Former Employee	Dependent
\$0	\$88.13

Not Subsidy Eligible	
Retiree or Former Employee	Dependent
\$88.13	\$88.13

Some members may experience lower annual total costs in comparison to other available individual options as detailed below:

If enrolled in:	Save annually over*:
Individual Medicare Advantage plan	\$400
Individual Medicare Supplement Plan N and a Part D Plan	\$150
Individual Medicare Supplement Plan F and a Part D Plan	\$1,200

\*Actual savings may vary based on benefit utilization.

To learn more about or to enroll in the AT&T Group Medicare Advantage (PPO) plan, call UnitedHealthcare® toll-free at 866-819-3448, TTY 711, from 8 a.m. to 8 p.m. Local time, 7 days a week. You can connect with a Benefits Advisor who will complete a needs assessment to help you understand how the plan may fit your needs.

## Individual Plans Purchased Through Alight Retiree Health Solutions

Alight Retiree Health Solutions (Alight) provides a private insurance marketplace where you compare coverage, carriers and prices. You can select individual insurance coverage to supplement Medicare Parts A and B, including medical, prescription drug, dental and vision.

AT&T offers you access to individual Medicare plans through Alight. Alight features a broad range of insurance products to help retirees find quality coverage for every type of need: medical, prescription, vision, and dental. Alight partners with leading national and regional insurance carriers to offer a wide variety of plans and licensed Benefits Advisors are available to help retirees narrow down their choices to find the best option in the individual market to meet your needs.

**Alight has many of the major national and local insurers available in your area. Choose from plans with\*:**

- \$0 premiums
- Dental, vision, and hearing coverage
- \$0 copays
- Wellness and fitness programs
- Prescription drug coverage
- Covered doctor visits with no referrals required
- Emergency travel coverage and more

**You can choose from a broad range of medical, prescription drug, dental and vision plan providers, including but not limited to:**

- Anthem
- UnitedHealthcare® (including AARP® Medicare Plans)
- BlueCross BlueShield
- Aetna
- Cigna
- Humana
- Mutual of Omaha
- And many more!

As you're making your elections, you can receive personalized, one-on-one analysis and support from a Benefits Advisor when you call 800-928-8027 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. Central time. You can also visit [retiree.alight.com/att](https://retiree.alight.com/att) to get one-stop shopping, with national and regional plans all in one place to save you time comparing plans and recommendation tools to sort through all of your options.

All products and company names are trademarks and registered marks of their respective holders. Use does not imply endorsement by them. Carriers not available in all areas.

\*\$0 premiums as well as other plan benefits are subject to availability by plan, carrier, and/or region.

## Your AT&T Health Reimbursement Account

A Health Reimbursement Account (HRA) is a tax-advantaged health benefit plan that reimburses employees for out-of-pocket medical expenses and individual health insurance premiums. The contribution amount is set by the employer and is only available to certain retirees and former employees. See below for eligibility information.

For eligible individuals, AT&T will credit an HRA for 2023, and, under the Medicare-Eligible Health Reimbursement Account Program, you may use the HRA to help pay for individual insurance coverage and eligible out-of-pocket expenses.

### HRA Eligibility Requirements

- You must be eligible for a subsidy toward AT&T post-employment health coverage. The rules that govern eligibility for a subsidy can be found in the eligible former employee SPD that would be applicable to you.
- You must be a retiree, former employee or a dependent of a retiree or former employee who is entitled to Medicare Part A and enrolled in Medicare Part B where Medicare is primary.
- You must purchase at least one plan: medical, prescription drug, dental or vision, through Alight to activate the HRA. Choosing to remain covered **only** in AT&T's CarePlus plan will not meet the requirements for eligibility.
- If you retired from AT&T on or after Jan. 1, 2021, neither you nor any eligible dependents are eligible for a subsidy toward AT&T post-employment health coverage once you become Medicare-eligible.

An HRA will be credited by AT&T beginning the first of the month in which your coverage purchased through Alight begins.

You can be reimbursed for eligible expenses from the HRA throughout the plan year. Because the account is tax-free, you do not pay taxes on the amount reimbursed from the HRA.

The Company will credit eligible Health Reimbursement Accounts annually according to current rules through 2023. Beyond 2023, future changes to the level of HRA credit (including changes to dental and vision only HRA credit), if any is provided, will be based on a market level of benefits — for which we use public data as our sources (e.g., Kaiser Family Foundation, Alight, etc.). Business conditions and government actions may also be factored.

### Your HRA and the AT&T Group Medicare Advantage (PPO) Plan

The HRA works differently depending on which plan you choose. Following is information on how the HRA works under the AT&T Group Medicare Advantage (PPO) plan.

- When you enroll in the AT&T Group Medicare Advantage (PPO) plan, you **will not receive an HRA credit for your medical and prescription drug coverage.**
- **If you want dental or vision coverage, you must enroll through Alight.** Subsidy-eligible retirees, former employees and dependents **who purchase individual dental and/or vision plans** through Alight will receive an HRA credit. The annual subsidy for plan year 2023 is \$300/retiree or former employee and \$200/dependent.
- You will continue to have access to your HRA account balance and continue to be reimbursed for your premiums and eligible out-of-pocket expenses throughout the plan year until the HRA amount is depleted.

**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 Documents and Legal Notices** tab, then go to the **Health & Welfare Summaries and Legal Information** tile. On the page that opens, under **Medical, Medicare-Eligible Health Reimbursement Account Program, SMMs**, click on the **HRA Exchange SMM**.

## Your HRA and Alight Retiree Health Solutions

Here is how the HRA works under Alight:

- Subsidy-eligible members who choose to enroll through Alight instead of the AT&T Group Medicare Advantage (PPO) plan, that subsidy will be provided as a credit to a Health Reimbursement Account.
- You must purchase at least one plan (medical, prescription drug, dental or vision) through Alight to activate the HRA.
- Alight administers the HRA benefits and manages the reimbursement process.
- After you enroll in medical, prescription drug, dental or vision coverage through Alight, an HRA welcome letter will be sent to your home address on file. It provides detailed information about how to access your HRA and conveniently file claims.
- You will have access to your HRA account balance and continue to be reimbursed for your premiums and eligible out-of-pocket expenses throughout the plan year until the HRA amount is depleted.
- The maximum HRA crediting amount for an AT&T Medicare-eligible retiree who enrolls through Alight for 2023 is \$2,700. The maximum HRA crediting amount for a Medicare-eligible dependent who enrolls through the Exchange for 2023 is \$1,500.
- If you only want dental or vision coverage, you must enroll in dental or vision coverage through Alight. Subsidy-eligible retirees, former employees and dependents will receive an HRA credit for dental and vision qualified expenses. The annual subsidy for plan year 2023 is \$300/retiree or former employee and \$200/dependent.
- HRA crediting amounts for medical and/or prescription drug enrollment cannot be combined with additional HRA crediting amounts for enrollment in dental and/or vision coverage.
- The company's contribution for 2023 may be prorated based on your actual Medicare enrollment date.

## CarePlus and Life Insurance

Your eligibility for CarePlus and life insurance benefits from AT&T will not change. You will receive an annual enrollment guide and confirmation statement through the AT&T Benefits Center for any benefits that may still be available to you. Please note that enrollment dates may be different.

**If you're already enrolled in CarePlus**, you'll automatically stay enrolled during annual enrollment to continue your CarePlus coverage.

**If you want to opt out of CarePlus**, you must make an active election during annual enrollment.

**If you are not currently enrolled in CarePlus**, you will need to make an active election during annual enrollment to enroll in CarePlus coverage. If you do not make an election, you will be opted out of CarePlus. You can resume participation at a future date.

The amount of your basic life insurance may be changing in 2023. If your amount is changing, you will be offered a one-time opportunity to enroll in optional life insurance coverage when you select your 2023 benefits choices.

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. Please reference the AT&T Eligible Former Employee CarePlus — A Supplemental Benefit Program and AT&T Group Life Insurance Program for more information.



## Enrollment

You have a limited time to enroll in coverage. Don't wait. You have 90 days prior and 90 days after your Medicare plan effective date to enroll in a Medicare plan during your initial eligibility period. If you are currently Medicare-eligible, you need to make an election between Oct. 15 and Dec. 7, 2022. Take action to avoid a gap in coverage for you or your eligible dependents.

### Plan Coverage

You and your eligible dependent can enroll in separate plans. For example, you can enroll in the AT&T Group Medicare Advantage (PPO) plan and your dependent can enroll in coverage through Aight and vice versa.

Additionally, you and your eligible dependent can enroll in separate insurance policies through Aight. If you decide to enroll in the same plan, you still need to complete two separate applications.

### Not All Family Members Are Medicare-Eligible

If you are the retiree or former employee 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 the AT&T Group Medicare Advantage (PPO) plan insured by UnitedHealthcare® or through Aight. If you do not enroll in one of these options, your dependents are not eligible for coverage under the AT&T group medical, dental and vision plans.

## What You Need to Do

Take advantage of the tools and resources available to find the right fit for you and your family.

- 1 Get enrolled in Medicare immediately.
- 2 Contact UnitedHealthcare® to learn more about the AT&T Group Medicare Advantage (PPO) plan and get a needs assessment.
- 3 Contact Aight to see what individual plans are available in your area at 800-928-8027 or schedule an appointment to speak to a Benefits Advisor. Additionally, you can access webinars and other resources provided by Aight at [myexchangeconnection.com/att](https://myexchangeconnection.com/att).
- 4 The AT&T Benefits Center website has a plan decision tool to help you evaluate your needs. Simply log on to the AT&T Benefits Center website and answer a few questions to help you decide on a plan. If you choose to enroll in the AT&T Group Medicare Advantage (PPO) plan you can do that directly from the Benefits Center, or you can choose to be directed to the Exchange to review additional plans available there.



## Contact Information

### Alight Retiree Health Solutions

 **For:** Learning more about or to enroll in an individual market plan such as medical, prescription drug, dental or vision

 **Phone:** 800-928-8027, TTY 711

 **Online:** [myexchangeconnection.com/att](http://myexchangeconnection.com/att) (to learn more) or [retiree.alight.com/att](http://retiree.alight.com/att) (to shop and enroll)

 **Hours: January through September:**  
8 a.m. to 8 p.m. Central time,  
Monday through Friday  
**October through December:** 7 a.m. to 10 p.m. Central time, Monday through Friday

### AT&T Benefits Center

 **For:** Eligibility, using the plan decision tool, enrolling in the MAPD plan, CarePlus and life insurance

 **Phone:** 877-722-0020

 **Online:** [att.com/benefitscenter](http://att.com/benefitscenter)

 **Hours:** 7 a.m. to 7 p.m. Central time, Monday through Friday

### Social Security Administration

 **For:** Learning more and to enroll in Medicare

 **Phone:** 800-772-1213,  
TTY 800-325-0778

 **Online:** [ssa.gov](http://ssa.gov)

 **Hours:** 8 a.m. to 5:30 p.m.,  
Monday through Friday

### UnitedHealthcare®

 **For:** Learning more about or to enroll in the AT&T Group Medicare Advantage (PPO) plan

 **Phone:** 866-819-3448, TTY 711

 **Online:** [retiree.uhc.com/att](http://retiree.uhc.com/att)

 **Hours:** 8 a.m. to 8 p.m. Local time, 7 days a week

## FAQs

### If I enroll in the MAPD plan or in coverage through Alight, will I receive a reimbursement for my Medicare Part B premium?

*No. If you enroll in either the Exchange or MAPD, you will not receive a Medicare part B reimbursement.*

### If I enroll in the AT&T Group Medicare Advantage (PPO) plan and then elect an individual plan through Alight in subsequent years, can I change my enrollment options (and vice versa)?

*Yes. You can change your elections annually.*

### If I don't make an election during the enrollment period, will I be able to choose coverage at a later date?

*No. If you don't make an election, you will default to no coverage. You will not be able to enroll again until the next Medicare Open Enrollment.*

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

### If I enroll in the AT&T Group Medicare Advantage (PPO) plan and my spouse enrolls with Alight, will my spouse receive an HRA?

*The retiree must enroll in any plan (medical, Rx, dental or vision) through Alight or enroll in the Group Medicare Advantage (PPO) plan in order for the spouse/dependent to receive the HRA as long as the spouse enrolls in a (medical, Rx, dental or vision) through the Exchange.*

### I am turning 65 soon. What do I need to 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 Parts A and B, and for AT&T post-employment coverage for the remainder of the current plan year. Enrollment in Medicare Parts A and B is important to maintain your current level of benefits under AT&T post-employment group coverage. You can contact the AT&T Benefits Center at 877-722-0020 to learn more.*

This document was written for easy readability. In all cases, the official Plan documents govern and are the final authority on Plan terms. If there are any discrepancies between the information in this letter, Plan documents will control. AT&T reserves the right to terminate, modify, or amend any and all benefit plans at any time and for any reason. Nothing in this document should be construed as conferring a lifetime right to benefits or any particular level of benefits.

## What Happens Next

You will begin to receive more detailed information from UnitedHealthcare® and Alight about your healthcare options. You do not have to wait to receive information. You can contact them now to learn more or to enroll.

Alight Health Market Insurance Solutions Inc. is currently undergoing a name change, and such change is still pending in certain states. Please note the former name is "Aon Hewitt Health Market Insurance Solutions Inc."