



Frequently Asked Questions

The 2024 Medicare-eligible retiree changes will not impact your current healthcare coverage or the options you choose for your 2023 coverage, but it's important to know answers to common questions regarding the upcoming changes.

These FAQs apply to Medicare-eligible retirees currently enrolled in the AT&T Group Medicare Advantage (PPO) Plan or eligible for a health reimbursement account (HRA) through the Alight Retiree Health Exchange.

General Questions

Q1: Why is AT&T making this change?

AT&T continually monitors changes in the healthcare landscape to ensure that we continue to provide excellent retiree healthcare while ensuring the long-term health of our company.

Q2: Will I receive a HRA credit if I enroll in the AT&T Group Medicare Advantage (PPO) Plan?

No. Because AT&T will now offer a plan with no monthly costs to all retirees, the company's HRA contribution will end beginning in 2024. However, you will still have access to any unused HRA funds for eligible reimbursements.

Q3: What happens to my HRA balance if I enroll in the AT&T Group Medicare Advantage (PPO) Plan?

Your current HRA balance will not be impacted, and can be used for eligible medical expenses, including out-of-pocket expenses under the AT&T Group Medicare Advantage (PPO) Plan. Beginning in 2024, however, you will not be eligible for additional HRA contributions.

Q4: Is the Alight Retiree Health Exchange going away?

Beginning in 2024, AT&T will offer one company-sponsored plan: AT&T Group Medicare Advantage (PPO) Plan insured by UnitedHealthcare. That said, you have options and can choose to stay on your current plan without HRA contributions or find another plan through the individual market. You will receive more information next year on the AT&T Group Medicare Advantage plan, as well as how to opt out so that you can enroll in a different plan, whether through the Alight Retiree Health Exchange, or elsewhere.

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Q5: If I enroll in the AT&T Group Medicare Advantage (PPO) Plan and then move to an individual supplemental Medicare plan in subsequent years, can I change my enrollment options (and vice versa)?

Yes. Based on current Medicare enrollment and AT&T Group Medicare Advantage Plan rules, you can change your elections annually, but please remember that because we'll now offer this plan with no monthly costs to all eligible retirees, our HRA contribution will end beginning in 2024.

Q6: If I enroll in the AT&T Group Medicare Advantage (PPO) Plan, will I receive a reimbursement for my Medicare Part B premium?

No. There is no change in 2024 related to Part B premium reimbursements, so you will not receive a reimbursement directly from AT&T for this cost. That said, if you have remaining funds in your HRA, you may continue to reimburse yourself for Medicare Part B premiums from your HRA funds.

Q7: If I don't make an election during the enrollment period, will I be able to choose coverage at a later date?

This change does not impact your current healthcare coverage or the 2023 coverage in which you'll enroll beginning this October. So, if you are currently enrolled through the Exchange and take no action during Medicare Open Enrollment this fall, you can stay in your current Exchange plan, and receive any applicable HRA contributions effective Jan. 1, 2023. You will receive more information next year on Medicare Open Enrollment for 2024 coverage.

Q8: Is dental or vision coverage available under the AT&T Group Medicare Advantage (PPO) Plan?

Yes, in 2023, you'll hear directly from UnitedHealthcare with more details about 2024 coverage, including dental and vision options. Again, this does not impact your current healthcare coverage or the 2023 coverage in which you'll enroll beginning this October. You can also continue to purchase dental and/or vision coverage outside of UnitedHealthcare or through the Exchange, but you will not be eligible for any HRA contributions based on that enrollment. However, you may continue to reimburse yourself for your Medicare part B premiums from any unused HRA funds.

Q9: Can I remain in or enroll in the Alight Retiree Health Exchange ("Exchange")?

Yes. Though it will no longer be AT&T-sponsored in 2024, you can choose to stay in a plan through the Exchange without the HRA contributions or find another plan through the individual market. Alternatively, you could move to the company-sponsored AT&T Group Medicare Advantage Plan. More information will be available in 2023.

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Q10: Will AT&T continue to offer CarePlus to retirees?

CarePlus will still be available to Medicare-eligible retirees in 2023. As usual, you will receive more information next year about available coverage for 2024, including CarePlus eligibility & coverage information. If you have questions about what is covered in CarePlus today, you can visit careplus.att.com.

Q11: Is this a UnitedHealthcare Medicare Advantage Plan that's advertised on TV?

No. This is a custom Group Medicare Advantage (PPO) Plan designed exclusively for AT&T retirees with enhanced features that are available across the country and in all U.S. territories. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage Plans that might be available in your area.

Q12: If I enroll in the AT&T Group Medicare Advantage (PPO) Plan, can I continue to see my current provider?

The AT&T Group Medicare Advantage (PPO) Plan is a unique Preferred Provider Organization (PPO) that allows you to see any Medicare-willing provider (in-network or out-of-network), as long as the provider accepts the plan.

When you go out-of-network for care, the PPO pays providers just as much as Medicare would have paid, resulting in near universal provider access. If you have any questions on whether your provider accepts the plan, or if they state that they do not accept the plan, please call UnitedHealthcare at 1-866-819-3448, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week.

For Kaiser Permanente participants: While the AT&T Group Medicare Advantage (PPO) Plan has many benefits, Kaiser Permanente doctors and policies operate only on their private network. Therefore, choosing this plan will likely mean you'll lose access to your existing providers.

Q13: 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 in the AT&T Group Medicare Advantage (PPO) Plan?

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. 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 the AT&T Group Medicare Advantage (PPO) Plan.

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Q14: Should I keep my Medicare Supplement plan?

Medicare Supplement plans do not work with the AT&T Group Medicare Advantage (PPO) Plan, and you would not be able to use your Medicare Supplement plan to pay for any health care coverage. If you enroll in the AT&T Group Medicare Advantage (PPO) Plan, you will have to actively disenroll from any Medicare Supplement plan directly with the carrier when you receive your Member ID card, otherwise, you will be paying for two different plans that do not coordinate payment.

Q15: I (or my spouse/partner) 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. You must be enrolled in Medicare Parts A and B to be eligible for the AT&T Group Medicare Advantage (PPO) Plan.

Q16: I am a pre-Medicare retiree, and my spouse is turning Medicare eligible. What do I need to do?

If you are a pre-Medicare retiree (e.g. not yet eligible for Medicare) and your spouse or dependent is Medicare-eligible, you will be in different plans. In 2023, the pre-Medicare retiree would need to enroll in a non-Medicare AT&T-sponsored plan, and then the Medicare-eligible spouse would be eligible to enroll in the AT&T Group Medicare Advantage (PPO) Plan or in a plan through the Alight Retiree Health Exchange.

Q17: Do I still have to enroll in order for my family members to remain eligible for AT&T coverage?

Yes. If you are Medicare-eligible, you must enroll in AT&T-sponsored coverage in order for your dependents (either Medicare-eligible or non-Medicare-eligible) to be able to enroll in coverage through an AT&T-sponsored plan. In 2023, that means that you must enroll in either the AT&T Group Medicare Advantage (PPO) Plan or in at least one plan (Medical, Rx, Dental or Vision) through the Alight Retiree Health Exchange in order for your dependent to be able to enroll for plan year 2023. In 2024, because the AT&T Group Medicare Advantage (PPO) Plan will be the only AT&T-sponsored option, then you would need to enroll in the AT&T Group Medicare Advantage (PPO) Plan in order for your dependent to be able to enroll for plan year 2024.

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Group Medicare Advantage (PPO) Plan Questions

Prescription Drug Questions

Q18: Will I need to change my prescriptions?

In most cases, you will not need to change your prescriptions. The AT&T Group Medicare Advantage (PPO) Plan covers all Part D eligible drugs except some medications considered high risk for a Medicare population. You or your physician may request an exception for coverage.

Q19: If I choose the AT&T Group Medicare Advantage (PPO) Plan, will my current medications continue to be covered at my local pharmacy?

The AT&T Group Medicare Advantage (PPO) Plan has a large formulary (drug list) uniquely designed for AT&T retirees to cover nearly all eligible Part D medications. The majority, if not all your current medications would continue to be covered.

Additionally, this plan includes an expanded pharmacy network with over 67,000 national chain, regional and independent local retail pharmacies across the 50 United States, the District of Columbia and U.S. territories. This pharmacy network is substantially larger than many offered on the individual market, which should result in your current pharmacy continuing to be in-network. You can call UnitedHealthcare Customer Service to check if a pharmacy is in-network, request a printed directory, or look up pharmacies online.

Q20: Will the cost of my prescriptions change if I switch to the AT&T Group Medicare Advantage (PPO) Plan?

Your cost for prescriptions may change. What you pay will depend on what drug cost tier your prescription falls in to. Your cost may also change during the year based on the total cost of the prescriptions you have filled. To find out how your current prescriptions may be covered, call UnitedHealthcare Customer Service.

Q21: How do I know if my current prescriptions will be covered under the AT&T Group Medicare Advantage (PPO) Plan?

The member materials available during Medicare open enrollment this fall (for 2023 coverage) and next fall (for 2024 coverage) will provide information on your formulary (drug list) and plan design. We also recommend calling UnitedHealthcare Customer Service to review all your prescription medications.

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Q22: Will my home delivery prescriptions transfer?

We are not able to transfer your prescriptions from your current mail order pharmacy. We encourage you to have your doctor write you a new prescription to be filled at Optum Rx home delivery.

If you choose the AT&T Group Medicare Advantage (PPO) Plan, your Preferred Mail Order Provider will be Optum Rx®, a UnitedHealth Group company. Once you are enrolled, the UnitedHealthcare Quick Start Guide you receive will include Optum Rx contact information.

Optum Rx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use Optum Rx home delivery for a 90-100 day supply of your maintenance medication.

Q23: If I elect the AT&T Group Medicare Advantage (PPO) Plan, will I be penalized by Medicare and be required to pay a Late Enrollment Penalty for not previously having drug coverage through AT&T?

It depends on whether or not you had “creditable” prescription drug coverage from the time you first became eligible for Medicare Part D or not. Creditable coverage means that your prescription drug coverage was at least as good as, or better than, what Medicare requires. If you had a Medicare Part D plan, you had creditable coverage. If you had creditable prescription drug coverage through another source, such as a spouse’s employer plan, you should have received a certificate of creditable coverage. If you were eligible for Medicare Part D and you did not have any prescription drug coverage for more than 63 days, Medicare will determine if you need to pay a Late Enrollment Penalty (LEP) for the length of time you were eligible but did not have Part D coverage.

Network and Service Area Questions

Q24: What is the difference between in-network and out-of-network providers in the AT&T Group Medicare Advantage (PPO) Plan?

Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract. With the AT&T Group Medicare Advantage (PPO) Plan, you have the flexibility to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan.

Q25: How are out-of-network claims processed in the AT&T Group Medicare Advantage (PPO) Plan?

Whether your provider is in-network or out-of-network, your provider can submit claims to UnitedHealthcare online. If needed, the UnitedHealthcare claim address information is provided on your UnitedHealthcare member ID card. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations.

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Q26: What major hospitals are in the AT&T Group Medicare Advantage (PPO) Plan UnitedHealthcare network?

While there are many hospitals in the UnitedHealthcare network, all hospitals accept Medicare and are eligible on an out-of-network basis under this plan. To determine if your hospital is in-network or out-of-network and willing to accept the plan, please call UnitedHealthcare. The UnitedHealthcare Customer Service Advocates will be able to confirm if a hospital (or provider) is in-network or, if out-of-network, they are willing to accept the plan.

Additional Programs and Features Questions

Q27: I've heard the AT&T Group Medicare Advantage (PPO) Plan provides a free gym membership. Can you tell me more about it?

Renew Active® by UnitedHealthcare, provides Medicare fitness programs for body and mind. It includes a free gym membership at a fitness center you select from UnitedHealthcare's nationwide network, online classes, brain games and fun social activities.

Renew Active® includes a standard fitness membership. The information provided through Renew Active is for informational purposes only and is not medical advice. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Gym network may vary in local market.

Q28: What is the post-discharge meal program?

The post-discharge meal delivery program provides freshly made meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost. The program provides up to 84 meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare clinical advocate.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

Q29: What is the post-discharge transportation program?

The transportation program gives you a lift to and from medically related visits such as doctors' appointments, pharmacy trips and more. The program offers a fixed number of rides at no extra cost to you.

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Q30: What is the UnitedHealthcare® HouseCalls program?

With UnitedHealthcare® HouseCalls you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care. The visit takes up to an hour and is tailored to your needs. It includes health screenings and a chance to:

- Review current medications
- Receive health education, prevention tips, care and resource assistance
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave you with a personalized checklist and send a summary to your regular doctor.

HouseCalls may not be available in all areas.

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