

# We have important and exciting news about your healthcare and prescription drug coverage options starting January 2021

August 28, 2020

## Beginning January 1, 2021, you will have an additional choice from AT&T when selecting your medical and prescription drug coverage.

We understand, as part of our continued efforts to support our retirees, that having a choice can improve your experience. As a result, we will be expanding your offering to include a new AT&T Group Medicare Advantage (PPO) plan insured by UnitedHealthcare®.

This is a custom Group Medicare Advantage (PPO) plan for AT&T retirees and your eligible dependents. It is designed to combine features of individual Medicare Supplement, Medicare Part D Prescription Drug (PDP) and Medicare Advantage plans with enhanced features compared to plans 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.

### Common Features of Medicare Supplement/PDP

National provider access  
Prescription drug coverage



### AT&T Group Medicare Advantage (PPO) plan Includes:

National provider access  
Prescription drug coverage  
Lower plan premiums  
Clinical & wellness programs  
Custom benefits for AT&T retirees

### Common Features of Individual Medicare Advantage

Lower plan premiums  
Clinical & wellness programs



# What This Means for You



## Costs of Coverage

We are offering this plan to eligible retirees and dependents at the following monthly contribution:

	Subsidy Eligible		Not Subsidy Eligible	
	Retiree	Dependent	Retiree	Dependent
2021	\$0	\$98.13	\$98.13	\$98.13



## Annual Total Cost

The AT&T Group Medicare Advantage (PPO) plan provides a unique value whereby many retirees will have **comparable to substantially lower annual total costs to other options as detailed below:**

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



## Health Reimbursement Account

With enrollment into the new AT&T Group Medicare Advantage (PPO) plan, subsidy-eligible **Retirees and Dependents who purchase individual dental and vision plans** through the Aon Retiree Health Exchange will be eligible to receive a Health Reimbursement Account (HRA) credit for plan year 2021. This annual subsidy for 2021 is \$300 for the retiree and \$200 for dependents.



## Covered Services

If you are currently enrolled in a Medicare Supplement and Part D plan, the uniquely designed AT&T Group Medicare Advantage (PPO) plan offers you:

Continued coverage for:	Plus, you will now have:
Access to all willing Medicare providers	Worldwide emergency and urgent care coverage
Part D utilized medications	Coverage for an expanded formulary (drug list) designed to cover nearly all eligible Part D medications
Your retail pharmacy and access to a Mail Order benefit	Access to an expanded pharmacy network with over 67,000 pharmacies

If you are currently enrolled in an Individual Medicare Advantage HMO or PPO plan, the uniquely designed AT&T Group Medicare Advantage (PPO) plan offers you:

Continued coverage for:	Plus, you will now have:
Access to in-network (HMO) or also out-of-network providers (PPO) with worldwide emergency coverage	Access to all willing Medicare providers at the same cost share as in-network
Part D utilized medications	Coverage for an expanded formulary (drug list) designed to cover nearly all eligible Part D medications
Your retail pharmacy and access to a Mail Order benefit	Access to an expanded pharmacy network with over 67,000 pharmacies



## Additional Covered Services

Regardless of what type of plan you are coming from, the plan also offers additional benefits and features unique to a group plan including:

- Benefits that go beyond Original Medicare like SilverSneakers®, hearing, post-discharge meals, post-discharge transportation, private duty nursing, acupuncture and chiropractic services
- Expanded clinical and wellness programs including NurseLine, incentive rewards, home visits and special clinical and wellness programs like diabetes or heart disease

- Annual out-of-pocket maximums for both your medical and prescription benefits
- A simplified member experience with one ID card and support by a Dedicated Customer Service team for AT&T to provide personalized support for preventive care and health care situations like COVID-19, emergency room visits and hip or knee joint replacements



## Important Information

Medicare requires the following in order for you to be enrolled in the AT&T Group Medicare Advantage (PPO) plan insured by UnitedHealthcare®.

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must continue paying your Medicare Part B premium.
- You must have a permanent street address (this cannot be a P.O. Box).
- You must have your Medicare ID number.
- You must live within the 50 United States, the District of Columbia, or U.S. territories.

If you are not enrolled in Medicare Parts A and B, and/or you live outside the 50 United States, the District of Columbia, or U.S. territories, you should contact Social Security at **1-800-772-1213**, TTY **1-800-325-0778**, between 8 a.m. – 5:30 p.m., Monday – Friday.



## What's Next

In September, you will begin to receive more information from UnitedHealthcare about the AT&T Group Medicare Advantage (PPO) plan including the UnitedHealthcare Plan Guide, virtual educational meeting invitations, Quick Start Guide, and more.

Beginning September 1st, in preparation for your enrollment period **October 15th through December 7th**, contact UnitedHealthcare to learn more about this new option. An experienced UnitedHealthcare Customer Service Advocate will conduct a personalized needs assessment to help you:

- Understand the new group plan and how it compares to any current individual plan(s)
- Find out how the cost of the new group plan compares to any current individual plan(s)
- Learn if your providers, current medications and pharmacies are covered
- Enroll in the plan

To learn more about the AT&T Group Medicare Advantage (PPO) plan, call UnitedHealthcare toll-free at **1-866-819-3448**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week.

This letter 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.

# Frequently Asked Questions

## AT&T Group Medicare Advantage (PPO) plan insured by UnitedHealthcare®

### 1. 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 retirees of AT&T, with additional benefits and features and available on a national basis, including all U.S. territories. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans that might be available in the area.

### 2. Can I continue to see my current provider?

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

When you go out-of-network for care, the PPO plan 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. We will either check our records to determine their accepting status or contact them on your behalf and explain how the plan works, which generally results in provider acceptance.

### 3. 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 new 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.

### 4. Can I enroll in dental or vision under the AT&T Group Medicare Advantage (PPO) plan?

If you wish to enroll in dental or vision coverage, you must enroll in the Aon Retiree Health Exchange (ARHE). To enroll, contact the ARHE at [retiree.aon.com/att](https://retiree.aon.com/att) or call **1-800-928-8027**.

## **5. 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. With the AT&T Group Medicare Advantage (PPO) plan, however, you will not be eligible for HRA crediting.

## **6. Can I remain in or enroll in the Aon Retiree Health Exchange (“Exchange”)?**

You will still have access to the Aon Retiree Health Exchange in 2021, and if you are eligible, you will still have the ability to receive the annual HRA credit for medical, dental or vision, if you enroll in the Exchange.

## **Medicare Supplement**

### **7. Should I keep my Medicare Supplement plan?**

Medicare Supplement plans do not work with Medicare Advantage plans, and you would not be able to use your Medicare Supplement to pay for any health care coverage.

If you choose to enroll in the AT&T Group Medicare Advantage (PPO) plan, you will have to actively disenroll from any Medicare Supplement plan when you receive your Medicare Advantage member ID card, otherwise, you will be paying for two different plans that do not coordinate payment. UnitedHealthcare will assist you with disenrolling from your Medicare Supplement Plan.

UnitedHealthcare can help. Call toll-free at **1-866-819-3448**, TTY **711**, 8 a.m. – 8 p.m. local time, 7 days a week.

## **Prescription Drug Coverage**

### **8. Will I need to change my prescriptions?**

In most cases, you will not need to change your prescriptions. This new 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.

### **9. Will the cost of my prescriptions change with the new 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.

### **10. How do I know if my current prescriptions will be covered under the new plan?**

Your member materials will provide information on your formulary (drug list) and plan design. We also recommend calling UnitedHealthcare Customer Service to review all your prescription medications.

### **11. 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 OptumRx home delivery.

Beginning January 1, 2021 your Preferred Mail Order Provider will be OptumRx®, a UnitedHealth Group company. Once you are enrolled, the UnitedHealthcare Quick Start Guide you receive will include OptumRx contact information.

### **12. 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**

### **13. What major hospitals are in the 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 will 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.

### **14. What is the difference between in-network and out-of-network providers?**

Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract. With this 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.

### **15. How are out-of-network claims processed?**

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 and in your Welcome Packet. UnitedHealthcare processes claims payments for out-of-network providers in compliance with all federal regulations.

## Additional Programs and Features

### 16. What is the SilverSneakers® program?

SilverSneakers® helps you stay physically active by providing access to exercise equipment, classes and more at over 16,000+ fitness locations. At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound. SilverSneakers® signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

### 17. What is the UnitedHealthcare® HouseCalls program?

UnitedHealthcare® HouseCalls is an annual preventive care visit designed to complement your doctor's care and offered to you for no extra cost. The program sends a licensed health care practitioner to visit you at home. During the visit, they will review your medical history and current medications, perform a health screening, identify health risks and provide health education. It's also a chance to ask any health questions you may have. Once completed, HouseCalls will send a summary of your visit to your primary care provider so that they have this additional information regarding your health.

### 18. 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.

### 19. 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.

## Member ID Card

### 20. Do I still need to use my red, white and blue Medicare card if I enroll in the AT&T Group Medicare Advantage (PPO) Plan?

No, you will only use your UnitedHealthcare member ID card for all covered medical and prescription drug services. Make sure to put your Medicare card somewhere for safe keeping. It is important that you use your UnitedHealthcare member ID card each time you receive medical services or fill a prescription. Because UnitedHealthcare pays all claims directly, the claims no longer go to Medicare first. By always showing your UnitedHealthcare member ID card, you can help make sure that your claims get processed correctly, timely and accurately.

### 21. When will I get my UnitedHealthcare member ID card?

If you enroll in the AT&T Group Medicare Advantage (PPO) plan, your member ID card will arrive with the UnitedHealthcare Quick Start Guide before your effective date of January 1, 2021.

OptumRx® is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within seven business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **1-888-279-1828**, TTY **711**.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program.

This information is not a complete description of benefits. Call **1-866-819-3448**, (TTY **711**) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.