



Understanding Medicare



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Welcome



This guide explains more about Medicare and your health care options

As you become eligible for Medicare, it's important to be prepared. This guide was designed to give you the information you need to learn more about Medicare, the steps you may need to take and how to enroll in the plan(s) that best fit your unique needs.

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Medicare is a federal health insurance program for people 65 and older and others with disabilities

- Medicare Parts A and B are considered Original Medicare.
- Part A pays for hospital care and Part B pays for doctor visits and outpatient visits.

Original Medicare doesn't cover everything

Original Medicare helps pay for your hospital care and doctor visits, but it doesn't cover everything. Common benefits and services not covered by Original Medicare include:

- Prescription drugs
- Routine eye care
- Routine hearing exam and hearing aids
- Routine foot care
- Routine dental
- Custodial care (help with bathing, dressing and eating)
- Long-term care
- Most care while traveling outside the United States

When are you eligible?

When you turn 65, you are eligible to enroll in a Medicare plan. You may also qualify if you're under 65 and have a disability or other special situation. In either case, you must also be a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years. You'll find more information about enrollment timing on the next page.

Can you get more coverage than Original Medicare?

Yes, there are 4 types of plans, offered by private insurance companies, that can help you get more coverage than Original Medicare:

- **Individual Medicare Advantage (Part C)** plans combine Part A, Part B and often include prescription drug coverage in one plan. Some plans may offer additional benefits like coverage for routine dental, vision and hearing care.
- **Individual Medicare Part D** plans help pay for prescription medications.
- **Medicare Supplement** plans help pay for some out-of-pocket costs not covered by Original Medicare.
- **The AT&T Group Medicare Advantage (PPO) plan insured by UnitedHealthcare®**
The AT&T Group Medicare Advantage (PPO) plan combines the features of individual Medicare Supplement, Medicare Part D prescription drug (PDP) and Medicare Advantage plans to provide nationwide provider access, prescription drug coverage, more benefits than Original Medicare, and may provide lower monthly premiums and out-of-pocket costs.

Your plan choices don't have to be permanent

Your health care coverage needs may change over time and you may want to change your Medicare plan. You'll have an opportunity to add, drop or switch Individual Medicare Advantage or Part D plans at least once a year.

For more information about the AT&T Group Medicare Advantage (PPO) plan eligibility and enrollment rules, refer to your AT&T Group Medicare Advantage Program Summary Plan Description (SPD).

When can you enroll?

How do I get started?

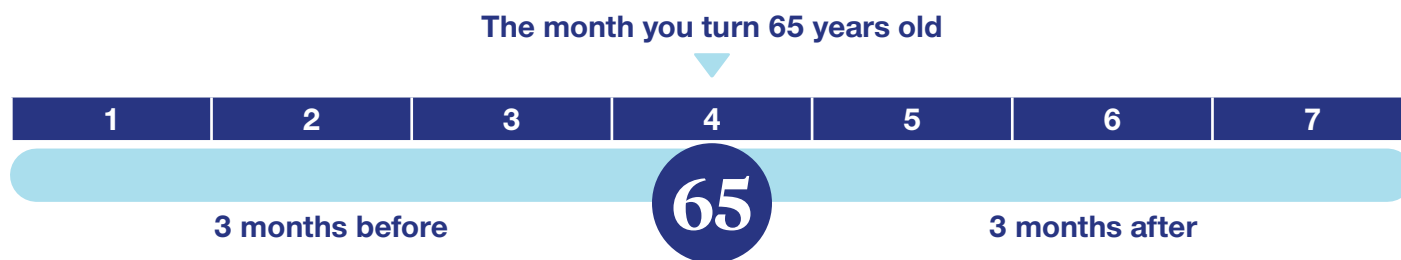
When you become eligible for Medicare, start the enrollment process with the Social Security Administration.

- If you are collecting Social Security benefits when you turn 65, you should be enrolled in Original Medicare (Part A and Part B) automatically. You will receive your Medicare card in the mail 3 months before your 65th birthday.
- If you don't receive your Medicare card or haven't enrolled in Social Security, visit your local Social Security office or contact Social Security by calling **1-800-772-1213**, TTY **1-800-325-0778**, between 8 a.m.–7 p.m. Monday–Friday, or going online to **SocialSecurity.gov**.

After you enroll in Original Medicare and have received your Medicare health insurance card, you may choose to enroll in additional Medicare coverage. The chart on the next page explains the plan options available to you.

Medicare Initial Enrollment Period (IEP)

When you turn 65, you'll have an Initial Enrollment Period (IEP). Your IEP is 7 months long. It includes your 65th birthday month, plus the 3 months before and the 3 months after. If you don't sign up for Medicare when you first become eligible and you don't have other coverage through an employer or other health plan, you may have to pay a late enrollment penalty each month when you do sign up.



Medicare Special Enrollment Period (SEP)

Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the initial enrollment or annual enrollment time frames. This includes Original Medicare (Part A and Part B), a Medicare Supplement plan, Medicare Part D or a Medicare Advantage (Part C) plan. Some ways you may qualify for an SEP are if you:

- Retire and lose your employer coverage
- Receive Medicaid benefits
- Move out of the plan's service area
- Have certain chronic health conditions

Medicare General Enrollment Period (GEP)

If you don't sign up during your IEP, you can enroll during the General Enrollment Period (GEP). You may use the GEP to enroll in Medicare Part A, Part B or both if you miss your IEP and any SEP. The GEP happens every year from January 1 to March 31. You may have to pay a penalty for late enrollment. Coverage takes effect on July 1.

What are your choices?

There are two steps for getting the coverage you may need. First, you must be signed up for Original Medicare and must continue to pay your Part B premium and your Part A premium, if you have one. Then, if you want more coverage, you may choose an additional plan offered by a private insurance company.

Step 1

Enroll in Original Medicare

Original Medicare

Provided by the federal government



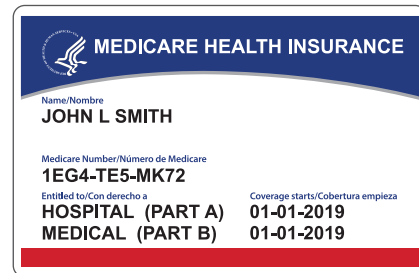
Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care



Step 2

After you enroll in Original Medicare, there are two ways to get additional coverage

Option 1

OR

Option 2

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Supplement Insurance

Offered by private companies



Medicare Supplement

Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan

Offered by private companies



Part D

Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



Part D

Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Medicare that fits your retirement plan

Working beyond 65

- If you plan to keep working beyond age 65 and have medical coverage through AT&T, you are not required to enroll in Medicare Parts A or B until that coverage ends.
- Many people enroll in Part A at age 65 whether or not they are working because Part A is premium-free if you or your spouse have contributed to Medicare for at least 10 years. Enrolling in Medicare Parts A or B is not necessary until your current coverage is ending. Please make sure you are prepared so there is no lapse in coverage.
- If you are enrolled in any part of Medicare while still working, you may not contribute to an AT&T Health Savings Account. Keep this in mind when considering when to enroll in Medicare.
- If you have medical coverage through AT&T, you can sign up for Medicare Parts A or B during a SEP when that coverage ends.
- If your AT&T-sponsored plan includes prescription drug coverage, keep records of your coverage. In addition, the AT&T Benefits Center may have prescription drug coverage records on file. You may need proof of prescription drug coverage when you decide to enroll in Medicare.
- Speak with an AT&T Benefits Center Representative at **1-877-722-0020**, Monday–Friday, 7 a.m.–7 p.m. CT to learn how Medicare may work with your current coverage.

SEP: Working past 65

You may qualify for an SEP to enroll in Part A, Part B or both without penalty for up to 8 months after the month your employment or employer coverage ends, whichever comes first. This is also true if you are covered under your spouse's employer coverage. You are encouraged to start this process while you are still employed with AT&T or have coverage, so you can be enrolled in Medicare Parts A and B beginning at least the first of the month following your last day on AT&T payroll.

▼ Month after the last month of employment or employee health coverage



▲ 8 months to enroll in Parts A and B

You can also enroll in a Medicare Advantage plan (Part C) or prescription drug plan (Part D) up to 2 full months after the month your employment or employer health insurance ends. You must be enrolled in Part B to be eligible for a Medicare Advantage plan.

▼ Month after the last month of employment or employee health coverage



▲ 2 months to enroll in Parts C and D

How Medicare Parts A and B work



Medicare Part A

How it works

Medicare Part A covers hospital stays and inpatient care, including:

- A semi-private room and meals
- Skilled nursing services
- Care in special units, such as intensive care
- Drugs, medical supplies and equipment during an inpatient stay
- Lab tests and X-rays as an inpatient
- Operating room and recovery room services
- Some blood transfusions
- Rehabilitation services after a qualified inpatient stay
- Part-time skilled care for the homebound
- Hospice care

What providers can I see?

You can choose any qualified provider enrolled in Medicare that is accepting Medicare patients.

What isn't covered?

Personal in-hospital costs or services related to “custodial care” will not be covered unless medically necessary. Part A also does not cover most care outside the United States.



Medicare Part B

How it works

Medicare Part B covers doctor visits and outpatient care, including:

- Annual wellness visit and preventive services, like flu shots
- Lab tests and X-rays
- Physical therapy, occupational therapy and speech-language pathology services
- Diabetes screenings and certain diabetes supplies
- Mental health care
- Durable medical equipment for use at home, like wheelchairs
- Ambulatory surgery center services
- Ambulance and emergency room services
- Part-time skilled care for the homebound

What providers can I see?

You can choose any qualified provider enrolled in Medicare that is accepting Medicare patients.

What isn't covered?

Most prescription drugs are not covered by Part B. Routine dental, vision and hearing services are also not included. Additionally, Part B doesn't cover home health care or care outside the United States.

Individual Medicare Part D (prescription drugs)



How it works

Medicare Part D helps with the cost of prescription drugs. Part D prescription drug coverage is optional. You don't get it automatically. If you want drug coverage, you need to enroll in a plan. You can get drug coverage with a stand-alone Part D plan or as part of a Medicare Advantage plan (Part C).

Part D plans are offered by private insurance companies approved by Medicare. Your choices vary depending on where you live. All prescription drug plans must meet the same basic guidelines created by the federal government. But not all plans are the same.

Every Part D plan has a drug list, or formulary, that shows all the brand name and generic drugs it covers. Most formularies categorize drugs into tiers based on how much they cost. Covered drugs and costs vary from plan to plan.



What pharmacies can I use?

Each prescription drug plan has a network of contracted pharmacies. You must use network pharmacies to get the discounted plan price for your drugs. Plans may define networks by geographic area, such as a state, or allow the use of network pharmacies nationwide.



Costs

Your Medicare Part D prescription drug plan costs may include premiums, deductibles, copays or coinsurance. This is true for stand-alone Part D plans, for Medicare Advantage (Part C) plans with built-in drug coverage, as well as the AT&T Group Medicare Advantage (PPO) plan.



Understanding Medicare drug coverage stages

Part D coverage is broken into four stages. You pay a share of the cost of your drugs in each stage. The stages progress based on how much you and your plan pay, up to set limits. The cycle restarts at the beginning of each year.

- 1. Annual deductible:** If the plan has a deductible, you pay 100% of the cost up to the plan deductible amount.
- 2. Initial coverage:** You pay copays or coinsurance up to a set limit.
- 3. Coverage gap (donut hole):** You pay a percentage of the cost up to an out-of-pocket limit.
- 4. Catastrophic coverage:** You pay reduced copays for the rest of the year.

Medicare Supplement Insurance

How it works

Medicare Parts A and B cover many health care expenses, but they don't cover everything. There are certain costs (like deductibles and coinsurance) which may remain. Medicare Supplement insurance plans may help with some of the expenses that you would have to pay out-of-pocket.

Plans set their own premiums. As a general rule, the more generous the coverage, the higher the premium. Premiums vary widely from insurer to insurer even if they offer the exact same coverage. Plans may change their premiums from year to year. The level of coverage and what you pay varies by plan. Some plans split certain costs with you up to a set limit. Others leave certain costs, like the Part B deductible or select copays, for you to pay on your own.

There are various plans to fit your needs such as lower premium plans with out-of-pocket maximums and higher premium options that may eliminate your out-of-pocket costs.

- Up to 8 plan options in most states
- No referrals to see a provider or specialist
- No networks: visit any doctor or hospital in the U.S. who accept Medicare patients
- Guaranteed renewable*
- Plans to fit your need and budget
- While you're traveling, your plan will go with you anywhere in the U.S.



What isn't covered by Medicare Supplement insurance

- Long-term care
- Routine eye exams or eyeglasses
- Routine hearing test or hearing aids
- Routine dental exams, cleaning or X-rays
- Private duty nursing
- Days in a skilled nursing facility beyond the 100 days covered by Part A

While there are several different Medicare Supplement plan levels, they are the same nationwide, except in Massachusetts, Minnesota and Wisconsin.

*Plans are guaranteed renewable as long as premiums are paid when due and there has been no material misrepresentation on the application.

Individual Medicare Advantage (Part C)

How it works

Medicare Part C is Medicare Advantage. Medicare Advantage plans combine Part A and Part B benefits into one plan and many include prescription drug coverage. Plans may also include coverage for routine dental, vision and hearing, as well as benefits for eyewear, hearing aids and fitness programs. Medicare Advantage plans are offered by private insurance companies approved by Medicare. Coverage and costs beyond the standards set by Medicare may vary from plan to plan.

What providers can I see?

Most Medicare Advantage plans offer access to care within a specific geographic area. All Medicare Advantage plans offer nationwide coverage for emergency room services, urgent care and renal dialysis. With some Medicare Advantage plans, you must choose your doctor from a network. This primary care provider (PCP) may manage your care, including care provided by hospitals and specialists. This is often called coordinated care.

Other Fee-For-Service Medicare Advantage plans allow you to get care from any Medicare-eligible provider who accepts the terms, conditions and payment rates of the plan. These plans do not offer coordinated care.



Types of coordinated care plans are:

Health Maintenance Organization plans (HMO)

- Require you to seek care from providers in your network
- Do not cover any of the cost for care you receive outside the network, except for emergency care, urgent care and renal dialysis
- May require you to choose a primary care provider, who may then manage any care you receive from specialists
- May require you to get a referral from your primary care provider to see a specialist

Point of Service plans (POS)

- A type of HMO plan that allows you to see doctors and hospitals outside the plan network for some covered services, usually for a higher copayment or coinsurance
- May or may not require you to get a referral for specialty services

Preferred Provider Organization plans (PPO)

- Generally offer more freedom to choose doctors and other providers
- Don't require a referral to see a specialist
- Allow you to see providers outside the network, though you'll usually pay more than you would with a network provider

Special Needs Plans (SNP)

- Are designed for people with specific health care needs, including nursing home residents, those with chronic conditions and people who are eligible for both Medicare and Medicaid

AT&T Group Medicare Advantage (PPO)

How it works

The AT&T Group Medicare Advantage (PPO) plan 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 coverage for nearly all Part D medications at your current pharmacy.

What providers can I see?

The AT&T Group Medicare Advantage (PPO) plan is a unique Preferred Provider Organization (PPO) plan that has nationwide provider access and 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. Network providers have a contract with UnitedHealthcare. Out-of-network providers do not have a contract. Members of the AT&T Group Medicare Advantage (PPO) plan have access to over 900,000 in-network providers and to any other Medicare provider accepting the plan. Over 99.9% of members continue to have access to their chosen providers.¹

The Medicare plan with more benefits and personalized support

- **\$900 medical out-of-pocket maximum**
- **In-home wellness visits** with UnitedHealthcare® HouseCalls
- **Post-discharge meals and post-discharge transportation**
- **Discounts on hearing aids** through UnitedHealthcare Hearing
- **Special programs for chronic conditions** like diabetes or heart disease
- **Anytime medical advice** through Telephonic Nurse Services
- **Routine acupuncture and chiropractic services**
- **A free gym membership** through Renew Active®
- **Rewards for certain health care activities**
- **Virtual doctor and behavioral health visits**



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



retiree.uhc.com/att

Alight Retiree Health Solutions



Learn more about your individual Medicare plan options

You also have the opportunity to learn about or enroll in individual plan coverage through Alight Retiree Health Solutions (Alight). Call Alight to speak with a Benefits Advisor to learn more about the individual Medicare Advantage, Prescription Drug and Medicare Supplement plans available where you live. Alight is a private insurance marketplace that offers a range of individual medical, prescription drug, dental and vision plan options.

Alight can assist you as you review your coverage options with online tools and resources that can help you decide on the coverage that's right for you.

As an AT&T retiree, you're eligible for Alight advisory services, online decision tools and educational information, webinars and enrollment assistance into individual Medicare plans.










Call Alight at **1-800-928-8027** (TTY 711) 8 a.m.–8 p.m. CT, Monday–Friday
or visit retiree.alight.com/att

What's next

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

What you need to do

-  In preparation for your enrollment, you must be entitled to Medicare Part A and enrolled in Medicare Part B. If you're not sure if you are enrolled in Medicare Part B, check with Social Security.
-  Learn about the benefits of the group plan and the individual plans available to you where you live.
-  Find out how the cost of the new group plan compares to individual plans available to you.
-  Learn if your providers, current medications and pharmacies are covered.
-  Join us online to hear about the benefits and features of the AT&T Group Medicare Advantage (PPO) plan. To view a list of meeting opportunities and find FAQ's and other resources, visit retiree.uhc.com/att
-  Call Alight at the number below to learn about individual plan options available in your area.
-  Enroll in a plan or plans.



For questions about Medicare Parts A or B, visit ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778** between 8 a.m.–7 p.m., Monday–Friday.

Call UnitedHealthcare toll-free **1-866-819-3448**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week to learn more about the AT&T Group Medicare Advantage (PPO) plan or visit retiree.uhc.com/att

Call Alight at **1-800-928-8027** (TTY **711**) 8 a.m.–8 p.m. CT, Monday–Friday or visit retiree.alight.com/att to consider the individual Medicare plans in your area offered by national and regional insurance companies.

Plan comparison worksheet

See if the AT&T Group Medicare Advantage plan is right for you

We're happy to offer you a personalized needs consultation with a dedicated customer service advocate for AT&T retirees.

Plan comparison	AT&T Group Medicare Advantage (PPO) plan	Individual Medicare Advantage plan [^]	Medicare Supplement plan G	Medicare Supplement plan N
Medical benefits	In-Network and Out-of-Network			
Monthly premium	\$0 or \$88.13*	\$21**	\$217**	\$182**
Annual deductible	\$0	\$40	\$233	\$233
Out-of-pocket maximum	\$900	\$4,900	N/A	N/A
Primary care physician/ specialist visit	\$0 / \$30	\$2/\$30	Covered	\$20
Hospital stay	\$100	\$290/day 1-5	Covered	\$0
Emergency room visit	\$100	\$90	Covered	\$50
Prescription drug benefits			Individual Prescription Drug Plans[^]	
Monthly premium	Included in medical	Included in medical	\$43	\$43**
Deductible	\$0	\$157	\$384	\$384
Tier 1: Preferred generic	\$0	\$1	\$1	\$1
Tier 2: Generic	\$4	\$8	\$6	\$6
Tier 3: Preferred brand	\$40	\$38	\$42	\$42
Tier 4: Non-preferred drug	\$95	\$88	49%	49%
Tier 5: Specialty	33%	30%	27%	27%
Percent of Part D drugs covered	97%	50%-60%	50%-60%	50%-60%

*\$0 for subsidy-eligible retirees; \$88.13 for non-subsidy eligible retirees and all eligible dependents.

**Includes national premium averages for individual Medicare Advantage, Part D Prescription Drug and Medicare Supplement plans.

[^]Includes national benefit averages for individual Medicare Advantage and Part D Prescription Drug plans.

My health information

My health information

Medicare ID number (if you have received it)

Medicare effective date (if you have received it)

Current medical and prescription drug plans

Current dental coverage

Current vision coverage

Current doctors, clinic and pharmacies

Name	Address	Visits/year

Current prescription drugs (your advocate can tell you if your drugs are covered)

Name	Dose/how often	Cost



Call for help finding the right plan for you

Call 1-866-819-3448, TTY 711, 8 a.m.–8 p.m. local time, 7 days a week,
or visit retiree.uhc.com/att

The AT&T Group Medicare Advantage (PPO) plan is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

This letter is a brief and broad summary and is 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.

HouseCalls may not be available in all areas.

Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

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. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

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