



Understanding Medicare





Your available health care coverage under the AT&T group health plans changes when you become eligible for Medicare. This guide provides high-level information to help you understand Medicare basics, your health care coverage options and next steps.

Important Medicare information

It's important to understand the basics of Medicare. Medicare is made up of 4 parts: Medicare A, B, C and D. Each part helps pay for certain health care 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 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 B

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



Medicare Part D

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


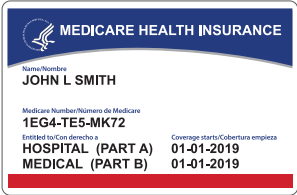

What are your choices?

There are 2 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	

Medicare requirements

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

- Continue paying 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 or by calling **800-772-1213**, TTY **800-325-0778**, between 8 a.m. and 5:30 p.m. Monday through Friday.

Step 2

After you enroll in Original Medicare, there are 2 ways to get additional coverage

Option 1

OR

Option 2

Add one or both of the following to Original Medicare:



Medicare Supplement Insurance
Helps pay some of the out-of-pocket costs that come with Original Medicare (offered by private companies)



Medicare Part D Plan
Helps pay for prescription drugs (offered by private companies)

Choose a Medicare Advantage plan:



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

AT&T Group Medicare Advantage (PPO) Plans Available in 2024

Starting Jan. 1, 2024, AT&T is offering company-subsidized plans insured by UnitedHealthcare.® You will have the option of enrolling in the AT&T Group Medicare Advantage (PPO) Plan or the AT&T Group Medicare Advantage (PPO) Plus Plan that includes dental, vision and expanded hearing benefits.

The AT&T Group Medicare Advantage (PPO) Plans are uniquely designed for eligible AT&T retirees, former employees and their eligible dependents. These plans combine 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. These plans are 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.

The AT&T Group Medicare Advantage (PPO) Plans are designed to provide coverage for the most commonly used medical services. Key benefits of the plans 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 (retail and mail order); \$10 copay for tier 2 generic drugs (retail) and \$25 copay for tier 2 generic drugs (mail order)
- \$0 copay for Virtual Doctor visits

The plans are offered at the following monthly contributions for plan year 2024:



2024 costs of coverage

AT&T is offering these plans to retirees and eligible dependents at the following monthly contribution:

	Subsidy eligible retiree	Non-subsidy eligible retiree	All dependents*
AT&T Group Medicare Advantage (PPO) Plan	\$0	\$50	\$50
AT&T Group Medicare Advantage (PPO) Plus Plan (with dental, vision and expanded hearing benefits)	\$50	\$100	\$100

Common Features of Medicare Supplement Plans/PDPs:

National provider access and prescription drug coverage

Common Features of Individual Medicare Advantage Plans:

Lower plan premiums with clinical and wellness programs

*Premium is per dependent

AT&T Group Medicare Advantage (PPO) Plans Available in 2024

AT&T Group Medicare Advantage (PPO) Plans include:



National provider access



Prescription drug coverage



Lower plan premiums with clinical and wellness programs



Custom AT&T benefits

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

Compared to:	Save annually over* :
Individual Medicare Advantage plan	\$400
Individual Medicare Supplement Plan G and a Part D Plan	\$1,700

*Actual savings may vary based on benefit utilization.



Questions? We're here to help.

To learn more about or to enroll in an AT&T Group Medicare Advantage (PPO) Plan, call UnitedHealthcare® toll-free at **866-819-3448**, TTY **711**, from 8 a.m.–8 p.m. local time, Monday–Friday.



While your eligibility for CarePlus will not change, your life insurance benefits from AT&T may change when you become Medicare-eligible. 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 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 any basic life insurance and Optional Retiree life insurance that you currently have through MetLife will not change. If you are currently enrolled in and paying for Supplemental life insurance, that coverage will discontinue once you become Medicare-eligible. If your Supplemental life insurance is discontinued, you will be offered a one-time opportunity to enroll in Optional Retiree life insurance coverage through the AT&T Benefits Center.

You will receive mailings from the AT&T Benefits Center about CarePlus coverage and 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 CarePlus – A Supplemental Benefit Program and the applicable AT&T Group Life Insurance Program for more information.

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. Take action to avoid a gap in coverage for you or your eligible dependents.

Important: For Recent AT&T Retirees, Former Employees or Dependents of Recent AT&T Retirees or Former Employees — Avoid a Gap in Coverage

If you (or your dependents) are Medicare-eligible, your eligibility for healthcare coverage under the AT&T group health plans ends on the last day of the month in which you leave the payroll. Therefore, you have limited time to make a decision and apply for new coverage. You may enroll in medical and prescription drug coverage through one of the AT&T Group Medicare Advantage (PPO) Plans for health care expenses beyond what's paid by Medicare Parts A and B.

If you're unable to complete your enrollment into one of the AT&T Group Medicare Advantage (PPO) Plans prior to the end of the month in which you retired or became eligible for longterm disability benefits, you may continue your active group health benefits by electing coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA). In certain circumstances, you will be eligible for a company contribution toward the cost of your COBRA coverage for up to 2 calendar months. You will receive information related to COBRA in a separate communication.

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 and enroll in an AT&T Group Medicare Advantage (PPO) Plan
- 3** Visit online at retiree.uhc.com/att — or scan the QR code to learn about upcoming education meetings



If I enroll in the MAPD Plan will I receive a reimbursement for my Medicare Part B premium?

No. If you enroll in the MAPD Plan you will not receive a Medicare Part B reimbursement.

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

No. If there is a Medicare-eligible member in a retiree family, there will no longer be a requirement that the retiree be enrolled in AT&T-sponsored coverage in order for dependents to be eligible for AT&T coverage.

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 in AT&T-sponsored Medicare coverage?

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 AT&T-sponsored Medicare 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 AT&T-sponsored Medicare coverage. In order to enroll in Prescription Drug Plans (Medicare Part D), you must be enrolled in either Medicare Part A or Medicare Part B.

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.

Contact information

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

Hours: 7 a.m. to 7 p.m. CT, Monday–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

Hours: 8 a.m. to 8 p.m. Local time, Monday–Friday

Social Security Administration

For: Learning more and to enroll in Medicare

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

Online: ssa.gov

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

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 and the Plan, 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.

Plan comparison

Medical benefits	AT&T MAPD Plan	AT&T MAPD Plus Plan	Individual Medicare Advantage PPO [^]	Medicare Supplement Plan G
Monthly premium	\$0 or \$50*	\$50 or \$100**	\$55	\$217
Annual deductible	\$0	\$0	\$0	\$0
Out-of-pocket maximum	\$900	\$900	\$8,700	N/A
Primary care physician/ specialist visit	\$0 / \$30	\$0 / \$30	\$2 / \$36	Covered (exclusions may apply)
Hospital stay	\$100	\$100	\$334, days 1-5 in-network, (INN) 40% out-of-network (OON)	Covered (exclusions may apply)
Emergency room visit	\$135	\$135	\$65	Covered (exclusions may apply)
Network access ⁺	Same cost share INN & OON	Same cost share INN & OON	Cost share varies, you may pay more for OON services	Same cost share INN & OON
Prescription drug benefits				
Monthly premium	Included in medical	Included in medical	Included in medical	~\$40
Deductible	\$0	\$0	\$157	\$480
Tier 1: Preferred generic	\$0	\$0	\$1	\$1
Tier 2: Generic	\$10	\$10	\$8	\$8
Tier 3: Preferred brand	\$40	\$40	\$38	\$39
Tier 4: Non-preferred drug	\$125	\$125	\$88	40%
Tier 5: Specialty	33%	33%	30%	25%
Percentage of Part D drugs covered	98%	98%	~50%-60%	52%

*\$0 for subsidy-eligible retirees; \$50 for non-subsidy-eligible retirees and all eligible dependents (rates are per dependent).

**\$50 for subsidy-eligible retirees; \$100 for non-subsidy-eligible retirees and all dependents (rates are per dependent).

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

⁺You have access to UnitedHealthcare's national coverage. You can see any provider (in-network or out-of-network) at the same share of cost as long as they are eligible to participate in the Medicare Program.

You have the option to enroll in a plan with the same great benefits as the AT&T Group Medicare Advantage (PPO) Plan plus dental, vision and expanded hearing benefits.



Dental benefits include:

Coverage for dental services such as:*

- **100% coverage for preventive care** — including exams, 2 cleanings in a 12-month period, X-rays and periodontal maintenance*
- **80% coverage for basic dental services** — including fillings (metal and tooth-colored), nitrous oxide (laughing gas) and pulp protection
- **50% coverage for major dental services** — including crowns, bridges, dentures, root canals and extractions
- **Freedom to see out-of-network providers** — you may pay more when going out-of-network
- **Large national network** of providers to serve your dental needs
- **\$50 deductible,** \$1,000 plan year maximum**



Vision benefits include:

- **A routine eye exam once every 12 months**
- **\$150 allowance** toward eyeglasses (frames and lenses) or contact lenses every 12 months
- **Freedom to see any participating vision provider**
- **National network of providers** to serve your vision needs



Hearing benefits include:

- **Coverage for a hearing test and prescription hearing aids** offered exclusively through UnitedHealthcare Hearing
- **\$4,000 hearing aid allowance**, every 3 years, to use toward state-of-the-art hearing aids that include:
 - 3 follow-up visits***
 - A 3-year extended warranty****
 - 100-day trial for hearing aids purchased using virtual care, 60-day trial for hearing aids purchased in person
- **Innovative hearing aid technology** from brands like Relate™, Phonak and Starkey®
- **In-person care at 7,000+ hearing providers nationwide**, including the option for virtual appointments through select providers or our virtual care provider Jabra Enhance™
- **Professional guidance and support** to help you with whatever you need, every step of the way

*When you see a network dentist.

**Preventive and diagnostic services are not included in the deductible.

***Three follow-up virtual visits are included at no cost. Hearing aids purchased in the Silver technology level receive 1 follow-up visit.

****Three-year extended warranty covers repair and 1-time loss/damage replacement. One-time professional fee may apply.

Medicare ID number

Medicare effective date

Current medical and prescription drug plans

Current dental coverage

Current vision coverage

Current doctors, clinics and pharmacies

Name	Address	Visits/year

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

Name	Dose/how often	Cost



For questions about the AT&T Group Medicare Advantage Plan options

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



Scan the QR code for more information

