

Legacy T CWA Core Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Active Employees	
Effective Date(s)	Health & Welfare: 1/1/2027, unless noted otherwise
Eligibility	<p>For Medical, Dental, Vision, Disability, CarePlus, and Life Insurance (unless otherwise specified)</p> <p>Current Employees, 2009 New Hires & 2012 New Hires Applicable programs: Medical - AT&T <u>Bargained Employees Corp. Employee</u>-Medical Program* Dental - AT&T Dental Program (Bargained Employees) Vision - AT&T Vision Program (Bargained Employees) Disability - Legacy AT&T Disability Income Program CarePlus - AT&T CarePlus - A Supplemental Benefit Program Life Insurance - AT&T Group Life Insurance Program for Active Employees**</p> <p><u>2015 New Hires & 2022 New Hires</u> Applicable programs: Medical - AT&T <u>Corp. Employee</u><u>Bargained Employees</u> Medical Program* Dental - AT&T Dental Program (Bargained Employees) Vision - AT&T Vision Program (Bargained Employees) Disability - AT&T Disability Income Program** CarePlus - AT&T CarePlus - A Supplemental Benefit Program Life Insurance - AT&T Group Life Insurance Program for Active Employees**</p> <p>*Includes Supplemental Life and Dependent Life provisions **This document highlights key elements of program design. For complete program details, refer to the applicable Summary Plan Description (SPD) & associated Summary of Material Modifications (SMMs). **Includes Supplemental Life and Dependent Life provisions Management provisions as described in the Summary Plan Description.</p>
Health Reimbursement Account (HRAs)	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires None.</p> <p>Note: No additional Company crediting. Employees who have remaining account balances will continue to have access to those account balances subject to provisions of the Program.</p>
Medical Program	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T <u>Corp. Employee</u> Medical Program<u>Bargained Employees</u> Medical Program</p> <p><u>No change from current program except as provided below, and including:</u> <ul style="list-style-type: none"> • Choice of Option 1 - <u>Broad</u> or • <u>Option 1 - Select</u> • <u>Option 2 - Broad</u> or • <u>Option 2 - Select</u> or <u>Option 2 as defined below</u>. </p> <p>Fully-insured coverage options such as HMOs continue to be available at the discretion of the Company.</p>
Dependent Eligibility	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires <u>No change from current program.</u> <u>Provisions as described in the AT&T Bargained Employees Medical Program SPD.</u></p>
Eligibility for Coverage	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires <u>No changes from current program.</u> Provisions as described in the AT&T Bargained Employees Medical Program SPD.</p>

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Date: _____

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																									
<u>Eligibility for Company Subsidy</u>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p><u>Eligibility for Company subsidy begins on the Employee's date of hire, provided the Employee enrolls within the Eligibility 31-day enrollment period.</u></p> <p><u>No change from current program except as provided below.</u></p> <p>Individual Coverage: Company subsidy for Employees enrolled in Company sponsored Individual medical coverage (including fully insured coverage options, if available) will continue to begin on the first day of the month in which 90 days of net credited service (NCS) is attained (also referred to as term of employment (TOE)). Employees with less than 90 days of NCS will be eligible to enroll in Company sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage.</p> <p>Family Coverage: Company subsidy for Employees enrolled in Company sponsored medical coverage other than individual coverage will continue to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)). Employees with less than 81 days of NCS may enroll in Company sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage. Employees with more than 90 days of NCS and less than 6 months of NCS may enroll in Company sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage reduced by the company subsidy for the individual coverage tier.</p>																									
<u>Wellbeing Incentives</u>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p><u>Employees will be eligible to earn incentives for participating in the AT&T sponsored wellbeing program following management provisions as they change from time to time, at the sole discretion of the Company.</u></p>																									
<u>Wellbeing Choice Account</u>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p><u>Employees shall have access to the Wellbeing Choice Credit Account (Wellbeing Choice Account) for accumulating credits resulting from the employee and his or her spouse/partner, if applicable, completing certain wellbeing activities through the AT&T sponsored wellbeing program and to use after-tax accumulated credits to reimburse for eligible wellbeing expenses under the same conditions as management employees. No additional credits to the Wellbeing Choice Account shall be permissible, including, but not limited to employee contributions, company contributions, standard company contributions and enhanced company contributions.</u></p>																									
<u>Health Savings Account</u>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p><u>Employees who meet the legal requirements can continue to elect to make pre-tax payroll contributions to an HSA via the Section 125 Cafeteria Plan up to the HSA annual maximum set by the IRS.</u></p> <p><u>The Company will provide a company contribution to Active Employees' HSA who meet the following criteria:</u></p> <ul style="list-style-type: none"> <u>Enroll in an AT&T medical option that meets IRS qualifications for pre-tax HSA contributions.</u> <u>Have or establish an HSA account with the Companies' HSA administrator.</u> <u>Provided the below options meet annual IRS criteria as HSA-qualified HDHPs, the Company will match up to the below amounts for employees who elect to make payroll deduction contributions in an amount equal or greater than the minimum amounts, outlined below:</u> <table border="1"> <thead> <tr> <th><u>Option 2 – Broad, Option 2 – Select and Fully Insured HMOs considered to be a HDHP*</u></th> <th><u>2027</u></th> <th><u>2028</u></th> <th><u>2029</u></th> <th><u>2030</u></th> </tr> </thead> <tbody> <tr> <td><u>Individual</u></td> <td><u>\$1,000</u></td> <td><u>\$1,000</u></td> <td><u>\$1,000</u></td> <td><u>\$1,000</u></td> </tr> <tr> <td><u>Individual + Spouse</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> </tr> <tr> <td><u>Individual + Child(ren)</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> </tr> <tr> <td><u>Family</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> <td><u>\$2,000</u></td> </tr> </tbody> </table>	<u>Option 2 – Broad, Option 2 – Select and Fully Insured HMOs considered to be a HDHP*</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>Individual</u>	<u>\$1,000</u>	<u>\$1,000</u>	<u>\$1,000</u>	<u>\$1,000</u>	<u>Individual + Spouse</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>Individual + Child(ren)</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>Family</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>\$2,000</u>	<u>\$2,000</u>
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<u>Active (Full-Time) Monthly Contributions</u>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <table border="1"> <thead> <tr> <th colspan="5"><u>Monthly Contribution Amounts</u></th> </tr> <tr> <th><u>Option 1 – Broad</u></th> <th><u>2027</u></th> <th><u>2028</u></th> <th><u>2029</u></th> <th><u>2030</u></th> </tr> </thead> <tbody> <tr> <td><u>Individual</u></td> <td><u>\$178</u></td> <td><u>\$184</u></td> <td><u>\$197</u></td> <td><u>\$211</u></td> </tr> <tr> <td><u>Individual + Spouse/Partner</u></td> <td><u>\$463</u></td> <td><u>\$478</u></td> <td><u>\$512</u></td> <td><u>\$549</u></td> </tr> <tr> <td><u>Individual + Child(ren)</u></td> <td><u>\$303</u></td> <td><u>\$312</u></td> <td><u>\$335</u></td> <td><u>\$359</u></td> </tr> </tbody> </table>	<u>Monthly Contribution Amounts</u>					<u>Option 1 – Broad</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>Individual</u>	<u>\$178</u>	<u>\$184</u>	<u>\$197</u>	<u>\$211</u>	<u>Individual + Spouse/Partner</u>	<u>\$463</u>	<u>\$478</u>	<u>\$512</u>	<u>\$549</u>	<u>Individual + Child(ren)</u>	<u>\$303</u>	<u>\$312</u>	<u>\$335</u>	<u>\$359</u>
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Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires				
	Family	\$498	\$515	\$552	\$591
Monthly Contribution Amounts					
	Option 1 – Select	2027	2028	2029	2030
	Individual	\$157	\$162	\$174	\$187
	Individual + Spouse/Partner	\$409	\$421	\$453	\$486
	Individual + Child(ren)	\$267	\$275	\$296	\$318
	Family	\$440	\$453	\$487	\$524
Monthly Contribution Amounts					
	Option 2 – Broad	2027	2028	2029	2030
	Individual	\$83	\$81	\$93	\$106
	Individual + Spouse/Partner	\$231	\$228	\$261	\$296
	Individual + Child(ren)	\$140	\$138	\$158	\$180
	Family	\$248	\$244	\$280	\$318
Monthly Contribution Amounts					
	Option 2 – Select	2027	2028	2029	2030
	Individual	\$63	\$61	\$71	\$83
	Individual + Spouse/Partner	\$176	\$170	\$200	\$232
	Individual + Child(ren)	\$107	\$103	\$121	\$141
	Family	\$188	\$182	\$214	\$249
<u>Current Employees, 2009 New Hires, 2012 New Hires & 2015 New Hires have a choice between the following two options:</u>					
Option 1:					
	Monthly Contribution Amounts				
	Individual	2020	2021	2022	
	Family	\$153	\$155	\$157	
		\$328	\$344	\$367	
	Individual	2023	2024	2025	2026
	Family	\$157	\$159	\$161	\$163
		\$367	\$382	\$405	\$429
Option 2:					
	Monthly Contribution Amounts				
	Individual	2020	2021	2022	
	Family	\$73	\$79	\$86	
		\$202	\$219	\$237	
	Individual	2023	2024	2025	2026
	Family	\$87	\$93	\$100	\$108
		\$240	\$258	\$278	\$300
<u>2022 New Hires have a choice between the following two options:</u>					
Option 1:					
	Monthly Contribution Amounts				
	Individual	2020	2021	2022	
	Family	\$182	\$184	\$187	
		\$394	\$410	\$436	
	Individual	2023	2024	2025	2026
	Family	\$187	\$189	\$191	\$193
		\$436	\$455	\$482	\$511
Option 2:					
	Monthly Contribution Amounts				
	Individual	2020	2021	2022	
	Family	\$96	\$103	\$111	
		\$266	\$286	\$308	
	Individual	2023	2024	2025	2026
	Family	\$112	\$120	\$129	\$138

Company Proposal 5

Date: _____

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																
	Family	\$344	\$332	\$356	\$382												
Active (Part-Time) Monthly Contributions	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u> <u>No change from current program</u> <u>Hired or rehired before Jan. 1, 1981: Same as Full-time Employees</u> <u>Hired, rehired or transferred on or after Jan. 1, 1981: Based on scheduled hours per week</u> • Greater than or equal to 20 hours = 50% of full cost of coverage* • Less than 20 hours = 100% of full cost of coverage* <u>* Note: Calculation of full cost of coverage is subject to annual adjustment.</u>																
Working Spouse/ <u>LRPartner</u> Contribution	<u>Current Employee, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u> <u>Spouse/<u>LRPartner</u> Access to Medical Coverage Additional Medical Contribution:</u> Participants whose spouse/ <u>LRPartner</u> enrolls in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) but otherwise has access to medical coverage through their employer, excluding AT&T, will pay an additional monthly contribution toward their cost of coverage. The monthly additional contribution is shown below. The participant must attest that his or her spouse/ <u>LRPartner</u> does not have access to medical coverage otherwise the additional contribution will be applied.																
Tobacco Use Contribution	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u> <u>Tobacco Use Additional Medical Contribution:</u> Employees and/or spouse/ <u>LRPartner</u> who use tobacco, are enrolled in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) and who choose not to participate in a designated Tobacco Cessation program will pay an additional monthly contribution toward their cost of coverage. The employee and/or spouse/ <u>LRPartner</u> must attest to no tobacco usage or engage in a Company-sponsored Tobacco Cessation program in the time defined during Annual Enrollment otherwise the additional monthly contribution will be applied. Engagement is currently defined as enrollment, and participation. A tobacco user is currently defined as someone who has used tobacco products <u>more than</u> once a month <u>or more</u> , on average. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco. The definitions of engagement, tobacco user and tobacco products and the terms of the Company-sponsored Tobacco Cessation program may change from time to time, at the sole discretion of the Company.																
	<u>Additional Monthly Medical Contribution:</u> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><u>2020</u></td> <td><u>2021</u></td> <td><u>2022</u></td> <td><u>2023</u></td> </tr> <tr> <td><u>2027</u></td> <td><u>2028</u></td> <td><u>2029</u></td> <td><u>2030</u></td> </tr> <tr> <td><u>\$0130</u></td> <td><u>\$100135</u></td> <td><u>\$100140</u></td> <td><u>\$110145</u></td> </tr> </table>					<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>\$0130</u>	<u>\$100135</u>	<u>\$100140</u>	<u>\$110145</u>
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<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>														
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Company Proposal 5

Date: _____

Annual Deductibles	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires								
	Option 1 - Broad:		2027		2028		2029		2030
	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network	
Ind	\$1,000	\$3,000	\$1,100	\$3,300	\$1,100	\$3,300	\$1,100	\$3,300	
Ind+Sp	\$2,000	\$6,000	\$2,200	\$6,600	\$2,200	\$6,600	\$2,200	\$6,600	
Ind+Ch	\$2,000	\$6,000	\$2,200	\$6,600	\$2,200	\$6,600	\$2,200	\$6,600	
Family	\$2,000	\$6,000	\$2,200	\$6,600	\$2,200	\$6,600	\$2,200	\$6,600	
Option 1 - Select:		2027		2028		2029		2030	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	
Ind	\$1,000	N/A	\$1,100	N/A	\$1,100	N/A	\$1,100	N/A	
Ind+Sp	\$2,000	N/A	\$2,200	N/A	\$2,200	N/A	\$2,200	N/A	
Ind+Ch	\$2,000	N/A	\$2,200	N/A	\$2,200	N/A	\$2,200	N/A	
Family	\$2,000	N/A	\$2,200	N/A	\$2,200	N/A	\$2,200	N/A	
Option 1 -		2020		2021		2022		2023	
	Network & Traditional	Non-Network	Network & Traditional	Non-Network	Network & Traditional	Non-Network	Network & Traditional	Non-Network	
Ind	\$700	\$2,450	\$800	\$2,800	\$850	\$2,975			
Family	\$1,400	\$4,900	\$1,600	\$5,600	\$1,700	\$5,950			
2024		2025		2026		2027		2028	
	Network & Traditional	Non-Network	Network & Traditional	Non-Network	Network & Traditional	Non-Network	Network & Traditional	Non-Network	
Ind	\$900	\$2,700	\$950	\$2,850	\$1,000	\$3,000	\$1,050	\$3,150	
Family	\$1,800	\$5,400	\$1,900	\$5,700	\$2,000	\$6,000	\$2,100	\$6,300	

The following Annual Deductible Provisions will apply to Option 1 - Broad and Option 1 - Select:

(Integrated with Med/Surg, Rx, MH/SA, CarePlus)

- Applies to all covered health services, including mental health/substance abuse (MH/SA) and prescription drug (Rx) under the program.
- The Annual Deductibles are included in the Out-Of-Pocket Maximums.
- For Individual + Spouse/Partner, Individual + Child(ren) or Family coverage, a covered person is eligible to receive benefits once their eligible/allowable expenses satisfy the Individual Deductible amount. The Individual + Spouse/Partner, Individual + Child(ren) or Family Deductible is met once any combination of covered persons' eligible/allowable expenses meet the Individual + Spouse/Partner, Individual + Child(ren) or Family Deductible amount. It is not necessary that any one individual reach the Individual Deductible but no one individual may contribute more than the Individual Deductible amount.
- The following costs will never apply toward the Annual Deductible:
 - Copays for primary care, specialist and mental health/substance abuse office visits;
 - Any applicable coinsurance paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code.

Option 2 - Broad:

	2027		2028		2029		2030	
	Network & ONA	Non-Network						
Ind	\$3,000	\$9,000	\$3,300	\$9,900	\$3,300	\$9,900	\$3,300	\$9,900
Ind+Sp	\$6,000	\$18,000	\$6,600	\$19,800	\$6,600	\$19,800	\$6,600	\$19,800
Ind+Ch	\$6,000	\$18,000	\$6,600	\$19,800	\$6,600	\$19,800	\$6,600	\$19,800
Family	\$6,000	\$18,000	\$6,600	\$19,800	\$6,600	\$19,800	\$6,600	\$19,800

Option 2 - Select:

	2027		2028		2029		2030	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Ind	\$3,000	N/A	\$3,300	N/A	\$3,300	N/A	\$3,300	N/A
Ind+Sp	\$6,000	N/A	\$6,600	N/A	\$6,600	N/A	\$6,600	N/A
Ind+Ch	\$6,000	N/A	\$6,600	N/A	\$6,600	N/A	\$6,600	N/A
Family	\$6,000	N/A	\$6,600	N/A	\$6,600	N/A	\$6,600	N/A

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires									
	<u>Option 2:</u>									
		<u>2020</u> <u>Network & Traditional Indemnity</u>	<u>Non-Network</u>	<u>2021</u> <u>Network & Traditional Indemnity</u>	<u>Non-Network</u>	<u>2022</u> <u>Network & Traditional Indemnity</u>	<u>Non-Network</u>			
Ind Family		\$1,550 \$3,100	\$4,650 \$9,300	\$1,600 \$3,200	\$4,800 \$9,600	\$1,650 \$3,300	\$4,950 \$9,900			
		<u>2023</u> <u>Network & Traditional Indemnity</u>	<u>Non-Network</u>	<u>2024</u> <u>Network & Traditional Indemnity</u>	<u>Non-Network</u>	<u>2025</u> <u>Network & Traditional Indemnity</u>	<u>Non-Network</u>	<u>2026</u> <u>Network & Traditional Indemnity</u>	<u>Non-Network</u>	
Ind Family		\$1,700 \$3,400	\$5,100 \$10,200	\$1,750 \$3,500	\$5,250 \$10,500	\$1,800 \$3,600	\$5,400 \$10,800	\$1,850 \$3,700	\$5,550 \$11,100	
The following Annual Deductible Provisions will apply to Option 2 – <u>Broad</u> and <u>Option 2 - Select</u> :										
(Integrated with Med/Surg, Rx, MH/SA, CarePlus) Applies to all covered health services, including mental health/substance abuse (MH/SA) and prescription drug (Rx) benefits under the program.										
The Annual Deductibles are included in the Out-Of-Pocket Maximums. For <u>Individual + Spouse/Partner</u> , <u>Individual + Child(ren)</u> or <u>Family</u> coverage, no individual can receive benefits until the <u>Individual + Spouse/Partner</u> , <u>Individual + Child(ren)</u> or <u>Family</u> Annual Deductible is met. The <u>Individual + Spouse/Partner</u> , <u>Individual + Child(ren)</u> or <u>Family</u> Annual Deductible can be met by one or a combination of covered family members.										
The following costs paid by the participant apply toward the applicable Network/Traditional Indemnity or Non-Network Deductible amounts: All prescription drug allowable charges of eligible expenses.										
The following costs will never apply toward the Annual Deductible: <ul style="list-style-type: none">Any applicable coinsurance paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code.										

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires														
General Copay/Coinsurance	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires														
Option 1 - Broad:															
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	Network	Non-Network													
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Option1:															
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	2020 - 2026														
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Preventive	\$0 / 0% Ded waived	No Benefit													
Sickness/Illness	\$0 / 10% After Ded	\$0 / 50% After Ded													
Option2:															
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	2020 - 2026														
	Network & Traditional Indemnity	Non-Network													
Preventive	\$0 / 0% Ded waived	No Benefit													
Sickness/Illness	\$0 / 10% After Ded	\$0 / 50% After Ded													
<p>Note: Non-Network: The methodology for calculating the Allowable Charge for all categories of Non-Network expenses may be changed from time to time at the Company's discretion.</p>															

Company Proposal 5

Date: _____

Office Visit Copay / Coinsurance	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires		
<u>Option 1 - Broad:</u>			
			2020 – 2026 2027-2030
	<u>Network & Traditional Indemnity</u> NA	<u>Non-Network</u>	
Preventive	\$0 <u>10%</u> Ded waived	No Benefit	
<u>Primary Care Physician (PCP)</u> Sickness/Illness	\$0 <u>10%</u> Ded Waived After Ded	\$0 <u>50%</u> After Ded	
<u>Specialist</u>	\$50; <u>Ded Waived</u>	50%: <u>After Ded</u>	
<u>Mental Health/ Substance Abuse (MH/SA)</u>	\$0; Ded waived	50%; After Ded	
<u>Option 1 - Select:</u>			
			2027-2030
	<u>Network</u>	<u>Non-Network</u>	
Preventive	\$0; Ded waived	N/A	
<u>Primary Care Physician (PCP)</u>	\$0; Ded waived	N/A	
<u>Specialist</u>	\$50; Ded waived	N/A	
<u>Mental Health/ Substance Abuse (MH/SA)</u>	\$0; Ded waived	N/A	
<u>Option 2 - Broad:</u>			
			2020 – 2026 2027-2030
	<u>Network & Traditional Indemnity</u> NA	<u>Non-Network</u>	
Preventive	\$0 <u>10%</u> Ded waived	No Benefit	
<u>Primary Care Physician (PCP)</u>	\$0 After Ded	50% After Ded	
<u>Specialist</u>	\$50; <u>After Ded</u>	50%: <u>After Ded</u>	
<u>Mental Health/ Substance Abuse (MH/SA)</u> Sickness/Illness	\$0; After Ded \$0 <u>10%</u> After Ded	50%; After Ded 50% After Ded	
<u>Option 2 - Select:</u>			
			2027-2030
	<u>Network</u>	<u>Non-Network</u>	
Preventive	\$0; Ded waived	N/A	
<u>Primary Care Physician (PCP)</u>	\$0; After Ded	N/A	
<u>Specialist</u>	\$50; After Ded	N/A	
<u>Mental Health/ Substance Abuse (MH/SA)</u>	\$0; After Ded	N/A	

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires									
Urgent Care Facility/Professional Services Copay / Coinsurance	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires									
	<u>Option 1 - Broad:</u>									
	<table border="1"> <thead> <tr> <th>2027-2030</th> <th>2020 - 2026</th> </tr> </thead> <tbody> <tr> <td>Network & Traditional Indemnity</td> <td>Non-Network</td> </tr> <tr> <td>NA</td> <td></td> </tr> <tr> <td>\$0/-10% After Ded</td> <td>\$0/-50% After Ded</td> </tr> </tbody> </table>		2027-2030	2020 - 2026	Network & Traditional Indemnity	Non-Network	NA		\$0/-10% After Ded	\$0/-50% After Ded
2027-2030	2020 - 2026									
Network & Traditional Indemnity	Non-Network									
NA										
\$0/-10% After Ded	\$0/-50% After Ded									
	<u>Option 1 - Select:</u>									
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2027-2030										
Network	Non-Network									
10%: After Ded	N/A									
	<u>Option 2 - Broad:</u>									
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2027 - 2030	2020 - 2026									
Network & Traditional Indemnity	Non-Network									
NA										
\$0/-130% After Ded	\$0/-50% After Ded									
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2027-2030										
Network	Non-Network									
30%: After Ded	N/A									
Emergency Room Facility/Professional Services Copay / Coinsurance (Emergencies)	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires									
	<u>Option 1 Broad & Select:</u>									
	<table border="1"> <thead> <tr> <th>2020 - 2026</th> <th>2027-2030</th> </tr> </thead> <tbody> <tr> <td>Network & Traditional Indemnity</td> <td>Non-Network</td> </tr> <tr> <td>NA</td> <td></td> </tr> <tr> <td>\$0/-10%* After Ded</td> <td>\$0/-10%* After Ded</td> </tr> </tbody> </table>		2020 - 2026	2027-2030	Network & Traditional Indemnity	Non-Network	NA		\$0/-10%* After Ded	\$0/-10%* After Ded
2020 - 2026	2027-2030									
Network & Traditional Indemnity	Non-Network									
NA										
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	<u>Option 2 Broad & Select:</u>									
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2020 - 2026	2027 - 2030									
Network & Traditional Indemnity	Non-Network									
NA										
\$0/-10%* After Ded	\$0/-10%* After Ded									
	<p>* True emergencies only. Non-emergencies are not covered.</p>									

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires							
Hospital Inpatient/Outpatient Facility/Professional Services Copay / Coinsurance	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u>							
<u>Option 1 - Broad:</u>								
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2027 - 2030	2020 - 2026							
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2027-2030	2020 - 2026							
Network	Non- Network							
10% After Ded	N/A							
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2027 - 2030	2020 - 2026							
Network	Non- Network							
30% After Ded	N/A							

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires														
Tests (all tests including x-ray, radiology, lab test, etc.) Copay / Coinsurance	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires														
<u>Option 1 - Broad:</u>															
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	2020 - 2026	2027 - 2030													
	Network & Traditional Indemnity / NA	Non-Network													
Preventive	\$0/-0% Ded Waived	No Benefit													
Sickness/Illness	\$0/-10% After Ded	\$0/-50% After Ded													
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	Network														
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Sickness/Illness	10%: After Ded														
	N/A														
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	2020 - 2026	2027 - 2030													
	Network & Traditional Indemnity / NA	Non-Network													
Preventive	\$0/-0% Ded Waived	No Benefit													
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	2027 - 2030														
	Network														
Preventive	0%: Ded waived														
Sickness/Illness	30%: After Ded														
	N/A														

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires			
Hearing Benefit	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u>			
	<u>No changes to current Hearing Benefit, except as follows:</u>			
	<u>Option 1 - Broad:</u>			
	<u>2027 – 2030 2020 – 2026</u>			
	<u>Network & Non-Traditional Indemnity</u>			
	<u>ON A</u>			
	<u>\$0 / 10% 50%</u>			
	<u>After Ded</u>			
	<u>Option 1 - Select:</u>			
	<u>2027 - 2030</u>			
	<u>Network Non-Traditional Network</u>			
	<u>10% N/A</u>			
	<u>After Ded</u>			
	<u>Option 2 - Broad:</u>			
	<u>2020 – 2026 2027 - 2030</u>			
	<u>Network & Non-Traditional Indemnity</u>			
	<u>ON A</u>			
	<u>\$0 / 10% 30% 50%</u>			
	<u>After Ded</u>			
	<u>Option 2 - Select:</u>			
	<u>2027 - 2030</u>			
	<u>Network Non-Traditional Network</u>			
	<u>30% N/A</u>			
	<u>After Ded</u>			
	<u>The reimbursement of expenses incurred to purchase hearing aid appliance(s) will increase to \$2,000 in any rolling 36-month period.</u>			

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																				
Mental Health/Substance Abuse (MHSAs) Copay / Coinsurance	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u>																				
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2020 - 2026																					
Network & Traditional	Non-Network																				
Indemnity																					
Out-Patient & In-Patient	\$0 / 10% After Ded																				
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2020 - 2026																					
Network & Traditional	Non-Network																				
Indemnity																					
Out-Patient & In-Patient	\$0 / 10% After Ded																				
	\$0 / 50% After Ded																				

Company Proposal 5

Date: _____

Annual Out-of-Pocket Maximums (OOP)	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires							
	Out-of-Pocket Maximum Amounts (including Annual Deductible)							
	2027		2028		2029		2030	
	Network & ONA	Non- Network	Network & ONA	Non- Network	Network & ONA	Non- Network	Network & ONA	Non- Network
Ind	\$4,700	\$15,000	\$5,000	\$16,500	\$5,000	\$16,500	\$5,000	\$16,500
Ind+Sp	\$9,400	\$30,000	\$10,000	\$33,000	\$10,000	\$33,000	\$10,000	\$33,000
Ind+Ch	\$9,400	\$30,000	\$10,000	\$33,000	\$10,000	\$33,000	\$10,000	\$33,000
Family	\$9,400	\$30,000	\$10,000	\$33,000	\$10,000	\$33,000	\$10,000	\$33,000

Option 1 - Broad:

	2027		2028		2029		2030	
	Network	Non- Network	Network	Non- Network	Network	Non- Network	Network	Non- Network
Ind	\$4,700	N/A	\$5,000	N/A	\$5,000	N/A	\$5,000	N/A
Ind+Sp	\$9,400	N/A	\$10,000	N/A	\$10,000	N/A	\$10,000	N/A
Ind+Ch	\$9,400	N/A	\$10,000	N/A	\$10,000	N/A	\$10,000	N/A
Family	\$9,400	N/A	\$10,000	N/A	\$10,000	N/A	\$10,000	N/A

Option 1 - Select:

	2020		2021		2022		2023		2024		2025		2026	
	Network & Traditional Indemnity	Non- Network												
Ind	\$3,500	\$10,500	\$3,500	\$10,500	\$3,500	\$10,500	\$3,750	\$11,250	\$4,000	\$12,000	\$4,200	\$12,600	\$4,400	\$13,200
Family	\$7,000	\$21,000	\$7,000	\$21,000	\$7,000	\$21,000	\$7,500	\$22,500	\$8,000	\$24,000	\$8,400	\$25,200	\$8,800	\$26,400

The following Out-of-Pocket Maximum provisions will apply to Option 1:

(Integrated with Med/Surg, MH/SA, Rx -CarePlus)

If the coverage tier is Family, the Family Out-Of-Pocket Maximum must be met before the Program pays 100% of the Allowable Charges for Eligible Expenses, except that the Program will pay 100% of the Allowable Charges for Eligible Expenses for Network and Traditional Indemnity Services for an individual family member once the individual meets the applicable Individual Out-Of-Pocket Maximum, even if the Family Out-Of-Pocket Maximum has not been met.

The following additional costs paid by the participant apply toward the applicable Network and Traditional Indemnity or Non-Network Out-of-Pocket Maximum amounts:

- Deductibles

Option 2 - Broad:

	2027		2028		2029		2030	
	Network & ONA	Non- Network						
Ind	\$7,500	\$22,500	\$8,000	\$24,000	\$8,000	\$24,000	\$8,000	\$24,000
Ind+Sp	\$15,000	\$45,000	\$16,000	\$48,000	\$16,000	\$48,000	\$16,000	\$48,000
Ind+Ch	\$15,000	\$45,000	\$16,000	\$48,000	\$16,000	\$48,000	\$16,000	\$48,000
Family	\$15,000	\$45,000	\$16,000	\$48,000	\$16,000	\$48,000	\$16,000	\$48,000

Option 2 - Select:

	2027		2028		2029		2030	
	Network	Non- Network	Network	Non- Network	Network	Non- Network	Network	Non- Network
Ind	\$7,500	N/A	\$8,000	N/A	\$8,000	N/A	\$8,000	N/A
Ind+Sp	\$15,000	N/A	\$16,000	N/A	\$16,000	N/A	\$16,000	N/A

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																								
	<u>Ind+Ch</u>	\$15,000	N/A	\$16,000	N/A	\$16,000	N/A	\$16,000	N/A																
	<u>Family</u>	\$15,000	N/A	\$16,000	N/A	\$16,000	N/A	\$16,000	N/A																
		<u>2020</u>	<u>2021</u>	<u>2022</u>																					
		<u>Network & Traditional</u>	<u>Non-Network</u>	<u>Network & Traditional</u>	<u>Non-Network</u>	<u>Network & Traditional</u>	<u>Non-Network</u>																		
		<u>Indemnity</u>		<u>Indemnity</u>		<u>Indemnity</u>																			
	Ind	\$ 6,650	\$19,950	\$ 6,650	\$19,950	\$ 6,650	\$19,950																		
	Family	\$13,300	\$39,900	\$13,300	\$39,900	\$13,300	\$39,900																		
		<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>																				
		<u>Network & Traditional</u>	<u>Non-Network</u>	<u>Network & Traditional</u>	<u>Non-Network</u>	<u>Network & Traditional</u>	<u>Non-Network</u>	<u>Network & Traditional</u>	<u>Non-Network</u>																
		<u>Indemnity</u>		<u>Indemnity</u>		<u>Indemnity</u>		<u>Indemnity</u>																	
	Ind	\$ 6,750	\$20,250	\$ 6,850	\$20,550	\$ 6,950	\$20,850	\$ 7,050	\$21,150																
	Family	\$13,500	\$40,500	\$13,700	\$41,100	\$13,900	\$41,700	\$14,100	\$42,300																
		<u>The following Out-of-Pocket Maximum provisions will apply to Option 2:</u>																							
		(Integrated with Med/Surg, Rx, MH/SA, CarePlus)																							
		<u>Out-of-Pocket Maximum provisions - Option 1 - Broad, Option 1 - Select, Option 2 - Broad and Option 2 - Select:</u>																							
		<ul style="list-style-type: none"> If the coverage tier is <u>Individual + Child(ren)</u>, <u>Individual + Spouse/Partner or Family</u>, the <u>applicable Individual + Child(ren)</u>, <u>Individual + Spouse/Partner or Family</u> Out-Of-Pocket Maximum must be met before the Program pays 100% of the Allowable Charges for Eligible Expenses, except that the Program will pay 100% of the Allowable Charges for Eligible Expenses <u>for Network and Traditional Indemnity Services</u> for an individual family member once the individual meets the applicable Individual Out-Of-Pocket Maximum, even if the <u>Individual + Child(ren)</u>, <u>Individual + Spouse/Partner or Family</u> Out-Of-Pocket Maximum has not been met. 																							
		The following additional costs paid by the participant <u>for medical and/or prescription drug services</u> apply toward the applicable <u>Network/ONA and Traditional Indemnity</u> or Non-Network Out-of-Pocket Maximum amounts <u>(if applicable):</u>																							
		<ul style="list-style-type: none"> - Deductibles - <u>Prescription drug eCopays/Coinsurance</u> - <u>All prescription drug allowable charges for eligible expenses</u> 																							
Prescription Drug Program (Rx)	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u>																								
	<u>Option 1 Broad and Select:</u>																								
	<u>Deductible-Integrated with Med/Surg and MH/SA</u>																								
	<ul style="list-style-type: none"> <u>Any applicable coinsurance paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code is not subject to the deductible.</u> 																								
	<u>Out-of-Pocket Maximum: Integrated with Med/Surg and MH/SA</u>																								
	<u>Deductible:</u>																								
	<table border="1"> <thead> <tr> <th></th><th>2020 - 2026</th></tr> </thead> <tbody> <tr> <td>Individual</td><td>\$0</td></tr> <tr> <td>Family</td><td>\$0</td></tr> </tbody> </table>											2020 - 2026	Individual	\$0	Family	\$0									
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Individual	\$0																								
Family	\$0																								
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	2023	2024	2025	2026																					
Individual	\$1,700	\$1,700	\$1,800	\$1,800																					
Family	\$3,400	\$3,400	\$3,600	\$3,600																					
	<u>Retail - Network Coinsurance:</u>																								
	(Up to 30-day supply, limited to 2 fills for maintenance) <u>subject to Advanced Control Specialty Formulary provisions</u> .																								
	<u>2020-2022 2027-</u>																								
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	2030																								
Generic	10%\$10																								
Preferred	10%\$40																								
Non-Preferred	50%\$80																								

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires			
<u>Retail – Network Coinsurance Maximum:</u>	<u>2023</u> <u>2027</u>	<u>2024</u> <u>2028</u>	<u>2025</u> <u>2029</u>	<u>2026</u> <u>2030</u>
Generic	\$1050	\$1050	\$1050	\$1050
Preferred	\$40100	\$20045	\$45200	\$45200
Non-Preferred	\$80No	\$90No	\$90No	\$90 No
	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
<u>Retail – Non-Network Copays Coinsurance:</u> Participant pays the greater of the applicable Network <u>Copays Coinsurance</u> or balance remaining after the program pays 75% of network retail cost.				
<u>Mail Order Copays Coinsurance:</u> (Up to 90-day supply <u>subject to Advanced Control Specialty Formulary provisions</u>)	<u>2020</u> <u>2027</u>			
	-2030			
Generic	\$2010%			
Preferred	\$8010%			
Non-Preferred	\$16050%			
<u>Mail Order Coinsurance Maximum:</u>	<u>2023</u> <u>2027</u>	<u>2024</u> <u>2028</u>	<u>2025</u> <u>2029</u>	<u>2026</u> <u>2030</u>
Generic	\$20\$100	\$20\$100	\$20\$100	\$20\$100
Preferred	\$80200	\$90400	\$90400	\$90400
Non-Preferred	\$160No	\$180No	\$180No	\$180No
	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
<u>Option 2 – Broad and Select:</u>				
Deductible: Integrated with Med/Surg, MH/SA, CarePlus.				
• <u>Any applicable coinsurance paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code is not subject to the deductible.</u>				
Out-of-Pocket Maximum: Integrated with Med/Surg, MH/SA, CarePlus.				
<u>Retail – Network Copays Coinsurance:</u> (Up to 30-day supply, limited to 2 fills for maintenance <u>subject to Advanced Control Specialty Formulary provisions</u>)	<u>2020</u> <u>2022</u> <u>2027</u>			
	2030			
Generic	\$1030%			
Preferred	\$4030%			
Non-Preferred	\$8050%			
<u>Retail – Network Coinsurance Maximum:</u>	<u>2023</u> <u>2027</u>	<u>2024</u> <u>2028</u>	<u>2025</u> <u>2029</u>	<u>2026</u> <u>2030</u>
Generic	\$1050	\$1050	\$1050	\$1050
Preferred	\$40100	\$45200	\$45200	\$20045
Non-Preferred	\$80No	\$90No	\$90No	\$90No
	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
<u>Retail – Non-Network Copays:</u> Participant pays the greater of the applicable Network <u>Copay Coinsurance</u> or balance remaining after the program pays 75% of network retail cost.				
<u>Mail Order Copays Coinsurance:</u> (Up to 90-day supply <u>subject to Advanced Control Specialty Formulary provisions</u>)	<u>2020</u> <u>2027</u>	<u>2021</u>	<u>2022</u>	
	-2030			
Generic	\$2030%	\$20	\$20	
Preferred	\$8030%	\$80	\$80	
Non-Preferred	\$16050%	\$160	\$160	
<u>Mail Order Coinsurance Maximum:</u>	<u>2023</u>	<u>2024</u> <u>2028</u>	<u>2025</u>	<u>2026</u>
	2027		2029	2030
Generic	\$20100	\$20100	\$20100	\$20100
Preferred	\$80200	\$90400	\$90400	\$90400
Non-Preferred	\$160No	No	\$180No	\$180No
	<u>Maximum</u>	<u>Maximum\$</u> +80	<u>Maximum</u>	<u>Maximum</u>

Provision	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u>
	<p>The following provisions will continue to apply to Option 1 – <u>Broad and Select</u>, and Option 2 – <u>Broad and Select</u>:</p> <ul style="list-style-type: none"> • Mandatory mail order for maintenance Rx – Applies after second fill at retail. • Specialty pharmacy program • Personal Choice – 100% participant-paid • Mandatory Generic • Advanced Control Specialty Formulary • New Standard Prescription Drug Formulary • Generic Step Therapy
Employee Assistance Program (EAP)	
Program	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u> AT&T Employee Assistance Program</p> <p>No change from current program.</p>
Visit Limit	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p>The maximum number of sessions available to eligible Active Employees and their Household Members will be 12 sessions per Plan Year or the number available to management employees as it changes from time to time, whichever is higher.</p> <p>Continue to provide up to 5 EAP visits per person per issue.</p>
Disability	
Program	<p><u>Current Employees, 2009 New Hires & 2012 New Hires</u></p> <p>Legacy AT&T Disability Benefit Program</p> <p>No change from current program.</p> <p><u>2015 New Hires & 2022 New Hires</u></p> <p>AT&T Disability Income Program as described in the Summary Plan Description, except as provided below.</p>
Short Term Disability (STD)	<p><u>Current Employees, 2009 New Hires & 2012 New Hires</u></p> <p>Legacy AT&T Disability Benefit Program</p> <p>No change from current program.</p> <p><u>2015 New Hires & 2022 New Hires</u></p> <p>AT&T Disability Income Program as described in the Summary Plan Description.</p> <p>No change from current program.</p>
Long-Term Disability (LTD)	<p><u>Current Employees, 2009 New Hires & 2012 New Hires</u></p> <p>Legacy AT&T Disability Benefit Program</p> <p>No change from current program.</p> <p><u>2015 New Hires & 2022 New Hires</u></p> <p>The AT&T Disability Income Program as described in the Summary Plan Description except that Temporary and Term employees are not eligible for LTD benefits.</p> <p>No change from current program.</p>
Dental	
Program	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p>AT&T Dental Program (Bargained Employees) except as provided below:</p> <ul style="list-style-type: none"> • Dental PPO • DHMO (available at the discretion of the Company)

Company Proposal 5

Date: _____

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																																																							
Eligibility for Coverage	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Active Regular, Term and Temporary Full-Time and Part-Time Employees are eligible for coverage. Eligibility for coverage continues to begin on the Employee's date of hire, provided the Employee enrolls within the 31-day enrollment period. Dependent children will be eligible to participate in the AT&T Dental Program (Bargained Employees) until the end of the month in which the child reaches the age of 26 regardless of marital status. first day of the month in which 6 months net credited service (NCS) is attained (also referred to as term of employment (TOE)).</p>																																																							
Eligibility for Company Subsidy	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Company subsidy continues to begin on the Employee's date of hire, provided the Employee enrolls within the 31-day enrollment period, first day of the month in which 6 months net credited service (NCS) is attained (also referred to as term of employment (TOE)).</p>																																																							
Active (Full-Time) Monthly Contributions	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Dental PPO or DHMO (if available):</p> <table border="1"> <thead> <tr> <th></th> <th colspan="6">Contribution Amounts</th> </tr> <tr> <th></th> <th>2020</th> <th>2027</th> <th>2024</th> <th>2028</th> <th>2022</th> <th>2029</th> <th>2023</th> <th>2030</th> <th>2024</th> <th>2025</th> <th>2026</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$7.00</td> <td>10</td> <td>\$8.00</td> <td>10</td> <td>\$8.00</td> <td>10</td> <td>\$8.00</td> <td>11</td> <td>\$8.00</td> <td>\$9.00</td> <td>\$9.00</td> </tr> <tr> <td>Ind+1</td> <td>\$14.00</td> <td>21</td> <td>\$17.00</td> <td>21</td> <td>\$17.00</td> <td>21</td> <td>\$17.00</td> <td>23</td> <td>\$17.00</td> <td>\$19.00</td> <td>\$19.00</td> </tr> <tr> <td>Family</td> <td>\$23.00</td> <td>33</td> <td>\$27.00</td> <td>33</td> <td>\$27.00</td> <td>33</td> <td>\$27.00</td> <td>35</td> <td>\$27.00</td> <td>\$30.00</td> <td>\$30.00</td> </tr> </tbody> </table>		Contribution Amounts							2020	2027	2024	2028	2022	2029	2023	2030	2024	2025	2026	Individual	\$7.00	10	\$8.00	10	\$8.00	10	\$8.00	11	\$8.00	\$9.00	\$9.00	Ind+1	\$14.00	21	\$17.00	21	\$17.00	21	\$17.00	23	\$17.00	\$19.00	\$19.00	Family	\$23.00	33	\$27.00	33	\$27.00	33	\$27.00	35	\$27.00	\$30.00	\$30.00
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Ind+1	\$14.00	21	\$17.00	21	\$17.00	21	\$17.00	23	\$17.00	\$19.00	\$19.00																																													
Family	\$23.00	33	\$27.00	33	\$27.00	33	\$27.00	35	\$27.00	\$30.00	\$30.00																																													
Active (Part-Time) Monthly Contributions	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p> <p>Note: Calculation of cost of coverage is subject to annual adjustment.</p>																																																							
Deductible	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p>																																																							
Annual Maximum Benefit	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p>																																																							
Orthodontic Lifetime Maximum	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p>																																																							
Coverage Levels	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p>																																																							
Outside Network Area (ONA)	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p>																																																							
Vision																																																								
Program	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>AT&T Vision Program (Bargained Employees) except as provided below:</p>																																																							
Eligibility for Coverage	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Active Regular, Term and Temporary Full-Time and Part-Time Employees are eligible for coverage. Eligibility for coverage begins on the Employee's date of hire, provided the Employee enrolls within the 31-day enrollment period. Dependent children will be eligible to participate in the AT&T Vision Program (Bargained Employees) until the end of the month in which the child reaches the age of 26 regardless of marital status. Eligibility for coverage continues to begin on first day of the month in which 6 months net credited service (NCS) is attained (also referred to as term of employment (TOE)).</p>																																																							
Eligibility for Company Subsidy	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Eligibility for company subsidy continues to begin on first day of the month in which 6 months net credited service (NCS) is attained (also referred to as term of employment (TOE)) the Employee's date of hire, provided the Employee enrolls within the 31-day enrollment period.</p>																																																							

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																				
Active (Full-Time) Monthly Contributions	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Contributions as they change from time to time.</p> <table border="1"> <thead> <tr> <th></th> <th>Contribution Amounts 2018-2027</th> <th>2028</th> <th>2029</th> <th>2030</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$2,503.50</td> <td>\$3.50</td> <td>\$3.50</td> <td>\$4.00</td> </tr> <tr> <td>Ind+1</td> <td>\$4,509.50</td> <td>\$9.50</td> <td>\$9.50</td> <td>\$11.00</td> </tr> <tr> <td>Family</td> <td>\$8,0016.00</td> <td>\$16.00</td> <td>\$16.00</td> <td>\$19.00</td> </tr> </tbody> </table> <p>*The 2018 contributions shown above are for illustrative purposes only.</p>		Contribution Amounts 2018-2027	2028	2029	2030	Individual	\$2,503.50	\$3.50	\$3.50	\$4.00	Ind+1	\$4,509.50	\$9.50	\$9.50	\$11.00	Family	\$8,0016.00	\$16.00	\$16.00	\$19.00
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Active (Part-Time) Monthly Contributions	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p>																				
Coverage Levels	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Provisions will apply as indicated in the Summary Plan Description.</p>																				
Flexible Spending Account (FSA)																					
Plan	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>AT&T Flexible Spending Account Plan*</p> <p>No change from current plan, <u>except for those that are mandated by healthcare reform legislation (PPACA)</u>.</p>																				
Contribution Minimum/Maximums	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>No change from current plan, except to annually adjust the maximum contribution amount to that permitted by law for each calendar year for which the IRS issues timely guidance such that the Company can reasonably implement the change.</p>																				
Supplemental Medical Benefits – CarePlus																					
Program	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>AT&T CarePlus – A Supplemental Benefit Program</p> <p>No change from current program.</p>																				
Eligibility for Coverage	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p><u>Active Regular, Term and Temporary Full-Time and Part-Time Employees are eligible for coverage. Eligibility for all coverage begins on the Employee's date of hire, provided the Employee enrolls within the 31-day enrollment period.</u></p>																				
Monthly Contributions	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>No change from current program.*</p> <p>*Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company.</p>																				
General Benefits	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>No change from the current program, except those required to comply with healthcare reform legislation (PPACA).</p> <p>The Company continues to retain the unilateral right to change, modify, amend, and discontinue the benefits offered under CarePlus.</p>																				
Life Insurance																					

Company Proposal 5

Date: _____

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Program	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T Group Life Insurance Program for Active Employees No change from current program.
Eligibility for Coverage	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires <u>Active Regular, Term and Temporary Full-Time and Part-Time Employees are eligible for coverage. Eligibility for all coverage begins on the Employee's date of hire, provided the Employee enrolls within the 31-day enrollment period. Dependent children will be eligible to participate in the AT&T Group Life Insurance Program for Active Employees until the end of the month in which the child reaches the age of 26 regardless of marital status.</u>
Active Benefits	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires No change from current program. * *Note: Contribution amounts are subject to annual adjustments.
Definition of Pay	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires No change from current program.
Long-Term Care	
Plan	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T Consolidated Long-Term Care Insurance Plan
Coverage	2012 New Hires, 2015 New Hires & 2022 New Hires <u>Not available; closed to new entrants as of 5/1/2012.</u> Current Employees and 2009 New Hires <u>No change from current program, except the Company has the unilateral right to change, modify, amend and discontinue the AT&T Consolidated Long-Term Care Insurance Plan.</u>
Adoption, Surrogacy, and Cryopreservation	
Policy	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T Adoption Reimbursement Policy AT&T Surrogacy Reimbursement Policy AT&T Cryopreservation Policy <u>No change from current policy.</u>
Coverage	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires <u>Effective as soon as administratively feasible, active Regular, Term and Temporary Full-Time and Part-Time employees may receive reimbursement of qualifying adoption, surrogacy and tissue cryopreservation expenses up to the same amounts available to AT&T managers, as they change from time to time.</u> <u>Note: The maximum annual reimbursement for qualifying adoption expenses may not be less than \$5,000 per child.</u> <u>No change from current policy.</u>
Commuter	
Policy	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T Commuter Benefits Policy No change from current policy, except as mandated by IRS Code Section 132 Regulations.
Coverage	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires Pre-tax deductions for parking and mass transit. No change from current policy, except eligible expense and monthly limits updated annually as allowed by IRS Code Section 132 Regulations.

Company Proposal 5

Date: _____

Provision	Eligible Retired Employees
Retiree Provisions	<p>Effective 1/1/20270:</p> <p>Applicable for the term of the 2022 Extension Agreement to Eligible Retired Employees who terminate after April 9, 2022 but during the term of 2026 Labor Agreement the 2022 Extension Agreement.</p>
Medical	
Program	Eligible Retired Employees shall be eligible to participate in the same choice of program options and provisions as a similarly situated active Current Employee, 2009 New Hire, 2012 New Hire, 2015 New Hire or 2022 New Hires except as noted below.
Eligible Retired Employees (Full-Time) Monthly Contributions	<p>2022 New Hires Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy. Eligible Retired Employees who are Medicare eligible are ineligible for coverage.</p> <p>2015 New Hires & 2012 New Hires No change from current program, as follows: <ul style="list-style-type: none"> Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy. Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. </p> <p>2009 New Hires No change from current program, as follows: <ul style="list-style-type: none"> Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*. Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. </p> <p>*Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p> <p>Current Employees No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.</p>
Eligible Retired Employees (Part-Time) Monthly Contributions	<p>2022 New Hires Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy. Eligible Retired Employees who are Medicare eligible are ineligible for coverage.</p> <p>2015 New Hires & 2012 New Hires No change from current program, as follows: <ul style="list-style-type: none"> Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy. Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. </p> <p>2009 New Hires No change from current program, as follows: <ul style="list-style-type: none"> Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*. Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. </p> <p>*Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p> <p>Current Employees No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.</p>
Medicare Part-B Premium Reimbursement	<p>2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Not Eligible.</p> <p>Current Employees No change from current program.</p>
Definition of Pay	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>Refer to the Summary Plan Description for the plan in which they were active participants.</p>

Company Proposal 5

Date: _____

Provision	Eligible Retired Employees
Health Reimbursement Account (HRAs)	
	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p>None.</p> <p>Note: No additional Company crediting. Employees who have remaining balances will continue to have access to those account balances subject to provisions of the Program.</p>
Supplemental Medical Benefits - CarePlus	
Program	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p>No change from current program.</p>
Monthly Contributions	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p>No change from current program.</p> <p>Note: Contributions continue to be subject to change from time to time at the sole discretion of the Company.</p>
General Benefits	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</u></p> <p>No change from current program, except those required to comply with healthcare reform legislation (PPACA).</p> <p>The Company continues to retain the unilateral right to change, modify, amend, and discontinue the benefits offered under CarePlus.</p>
Dental	
Program	<p>Eligible Retired Employees shall be eligible to participate in the same provisions as similarly situated active Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires or 2022 New Hires except as noted in the sections below.</p>
Eligible Retired Employees (Full-Time) Monthly Contributions	<p><u>2022 New Hires</u></p> <ul style="list-style-type: none"> • Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy. • Eligible Retired Employees who are Medicare eligible are ineligible for coverage. <p><u>2015 New Hires & 2012 New Hires</u></p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> • Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy. • Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. <p><u>2009 New Hires</u></p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> • Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*. • Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. <p>*Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p> <p><u>Current Employees</u></p> <p>No change from current program, as follows:</p> <p>The contribution shall continue to be the same as for similarly situated active Current Employees.</p>

Company Proposal 5

Date: _____

Provision	Eligible Retired Employees
Eligible Retired Employees (Part-Time) Monthly Contributions	<p>2022 New Hires Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy. Eligible Retired Employees who are Medicare eligible are ineligible for coverage.</p> <p>2015 New Hires & 2012 New Hires No change from current program, as follows: <ul style="list-style-type: none"> • Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy. • Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. </p> <p>2009 New Hires No change from current program, as follows: <ul style="list-style-type: none"> • Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*. • Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. </p> <p>* Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p> <p>Current Employees No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.</p>
Life Insurance	
Eligible Retired Employees	<p>2022 New Hires \$15,000 Retiree Basic Life</p> <p>These provisions will continue to apply:</p> <p>2015 New Hires, 2012 New Hires & 2009 New Hires \$15,000 Retiree Basic Life</p> <p>Current Employees 1X Annual Pay</p> <p>Note: For the purposes of Retiree Basic Life only, Annual Pay: Is the Employee's Rate of Pay as of 12/31/2009. Includes base wages, targeted commissions, team award, individual discretionary award, and miscellaneous pay, where applicable.</p>
Eligible Retired Employees	2022 New Hires, 2015 New Hires, 2012 New Hires & 2009 New Hires
Supplemental Life (Retiree Paid)	Employees eligible for Supplemental Life coverage may add 1x annual pay to Supplemental Life coverage in effect at termination to replace the Basic Life coverage no longer available upon termination of employment.
Current Employees	No change from current program.
Definition of Pay	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires</p> <p>No change from current program.</p>
Vision	
Eligible Retired Employees	<p>2022 New Hires Eligible Retired Employees shall be eligible to participate in the AT&T Eligible Former Employee Vision Program.</p>
Vision Program	<p>Current Employees, 2009 New Hires, 2012 New Hires, & 2015 New Hires</p> <p>Eligible Retired Employees shall continue to be eligible to participate in the AT&T Eligible Former Employee Vision Program.</p>

Company Proposal 5
Date: _____

Provision	Eligible Retired Employees
Eligible Retired Employees Monthly Retiree Contributions	<p>2022 New Hires</p> <ul style="list-style-type: none"> Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy. Eligible Retired Employees who are Medicare eligible are ineligible for coverage. <p>2015 New Hires & 2012 New Hires</p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy. Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage. <p>Current Employees & 2009 New Hires</p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> Eligible Retired Employees will continue to pay 100% of full cost of coverage* with no Company subsidy. <p>*Note: Calculation of the full cost of coverage is subject to change from time to time at the sole discretion of the Company.</p>

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires, 2022 New Hires & Eligible Retired Employees
Voluntary Ancillary Benefits	Discretionary Program AT&T Voluntary Ancillary Benefits Program Platform (products offered as they may change from time to time).