

## Legacy T CWA Core Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
<b>Active Employees</b>	
<b>Effective Date(s)</b>	Health & Welfare: 1/1/2020, unless noted otherwise
<b>Eligibility</b>	<p><b>For Medical, Dental, Vision, Disability, CarePlus, and Life Insurance (unless otherwise specified)</b></p> <p><u>Current Employees, 2009 New Hires &amp; 2012 New Hires</u>            Applicable programs:  <b>Medical</b> - AT&amp;T <del>Bargained Employees Corp. Employee</del> Medical Program*  <b>Dental</b> - AT&amp;T Dental Program (Bargained Employees)  <b>Vision</b> - AT&amp;T Vision Program (Bargained Employees)  <b>Disability</b> - Legacy AT&amp;T Disability Income Program  <b>CarePlus</b> - AT&amp;T CarePlus - A Supplemental Benefit Program  <b>Life Insurance</b> - AT&amp;T Group Life Insurance Program for Active Employees**</p> <p><u>2015 New Hires &amp; 2022 New Hires</u>            Applicable programs:  <b>Medical</b> - AT&amp;T <del>Corp. Employee</del> <u>Bargained Employees</u> Medical Program*  <b>Dental</b> - AT&amp;T Dental Program (Bargained Employees)  <b>Vision</b> - AT&amp;T Vision Program (Bargained Employees)  <b>Disability</b> - AT&amp;T Disability Income Program**  <b>CarePlus</b> - AT&amp;T CarePlus - A Supplemental Benefit Program  <b>Life Insurance</b> - AT&amp;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) &amp; associated Summary of Material Modifications (SMMs).            **Includes Supplemental Life and Dependent Life provisions            Management provisions as described in the Summary Plan Description.</p>
<b>Health Reimbursement Account (HRAs)</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u>            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>
<b>Medical Program</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u>            AT&amp;T <del>Corp. Employee Medical Program</del> <u>Bargained Employees Medical Program</u></p> <p>No change from current program except as provided below, and including:</p> <ul style="list-style-type: none"> <li>• <u>Choice of Option 1 - Broad or</u></li> <li>• <u>Option 1 - Select</u></li> <li>• <u>Option 2 - Broad or</u></li> <li>• <u>Option 2 - Select or Option 2 as defined below.</u></li> </ul> <p>Fully-insured coverage options such as HMOs continue to be available at the discretion of the Company.</p>
<b>Dependent Eligibility</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>No change from current program.  <u>Provisions as described in the AT&amp;T Bargained Employees Medical Program SPD.</u></p>
<b>Eligibility for Coverage</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>No changes from current program. <u>Provisions as described in the AT&amp;T Bargained Employees Medical Program SPD.</u></p>

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																									
<b>Eligibility for Company Subsidy</b>	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</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><b>Individual Coverage:</b> 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><b>Family Coverage:</b> 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 61 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>																									
<b>Wellbeing Incentives</b>	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p><u>Employees will be eligible to earn incentives for participating in the AT&amp;T sponsored wellbeing program following management provisions as they change from time to time, at the sole discretion of the Company.</u></p>																									
<b>Wellbeing Choice Account</b>	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</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&amp;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>																									
<b>Health Savings Account</b>	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</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"><li><u>Enroll in an AT&amp;T medical option that meets IRS qualifications for pre-tax HSA contributions.</u></li><li><u>Have or establish an HSA account with the Companies' HSA administrator.</u></li><li><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></li></ul> <table><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><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></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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<b>Active (Full-Time) Monthly Contributions</b>	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <table><tr><th></th><th colspan="4"><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><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></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
Current Employees, 2009 New Hires, 2012 New Hires & 2015 New Hires have a choice between the following two options:					
<b>Option-1:</b>					
	Monthly Contribution Amounts				
	2020	2021	2022		
Individual	\$153	\$155	\$157		
Family	\$328	\$344	\$367		
	2023	2024	2025	2026	
Individual	\$157	\$159	\$161	\$163	
Family	\$367	\$382	\$405	\$429	
<b>Option-2:</b>					
	Monthly Contribution Amounts				
	2020	2021	2022		
Individual	\$73	\$79	\$86		
Family	\$202	\$219	\$237		
	2023	2024	2025	2026	
Individual	\$87	\$93	\$100	\$108	
Family	\$240	\$258	\$278	\$300	
2022 New Hires have a choice between the following two options:					
<b>Option-1:</b>					
	Monthly Contribution Amounts				
	2020	2021	2022		
Individual	\$182	\$184	\$187		
Family	\$391	\$410	\$436		
	2023	2024	2025	2026	
Individual	\$187	\$189	\$191	\$193	
Family	\$436	\$455	\$482	\$511	
<b>Option-2:</b>					
	Monthly Contribution Amounts				
	2020	2021	2022		
Individual	\$96	\$103	\$111		
Family	\$266	\$286	\$308		
	2023	2024	2025	2026	
Individual	\$112	\$120	\$129	\$138	

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires												
	<table><tr><td>Family</td><td>\$311</td><td>\$332</td><td>\$356</td><td>\$382</td></tr></table>	Family	\$311	\$332	\$356	\$382							
Family	\$311	\$332	\$356	\$382									
Active (Part-Time) Monthly Contributions	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p><del>No change from current program.</del></p> <p><u>Hired or rehired before Jan. 1, 1981: Same as Full-time Employees</u></p> <p><u>Hired, rehired or transferred on or after Jan. 1, 1981: Based on scheduled hours per week</u></p> <ul style="list-style-type: none"><li><u>Greater than or equal to 20 hours = 50% of full cost of coverage*</u></li><li><u>Less than 20 hours = 100% of full cost of coverage*</u></li></ul> <p><u>* Note: Calculation of full cost of coverage is subject to annual adjustment.</u></p>												
Working Spouse/LRPartner Contribution	<p>Current Employee, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p><u>Spouse/LRPartner Access to Medical Coverage Additional Medical Contribution:</u></p> <p>Participants whose spouse/LRPartner enrolls in AT&amp;T-sponsored medical coverage (within either self-insured or fully insured programs) but otherwise has access to medical coverage through their employer, excluding AT&amp;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/LRPartner does not have access to medical coverage otherwise the additional contribution will be applied.</p> <p>Additional Monthly Medical Contribution:</p> <table><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>\$9130</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>\$9130</u>	<u>\$100135</u>	<u>\$100140</u>	<u>\$110145</u>
<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>										
<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>										
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Tobacco Use Contribution	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p><u>Tobacco Use Additional Medical Contribution:</u></p> <p>Employees and/or spouse/LRPartner who use tobacco, are enrolled in AT&amp;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/LRPartner 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 once a month 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.</p> <p>Additional Monthly Medical Contribution:</p> <table><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>2020</u></td><td><u>2021</u></td><td><u>2022</u></td><td><u>2023</u></td></tr><tr><td><u>\$5075</u></td><td><u>\$6075</u></td><td><u>\$6575</u></td><td><u>\$7075</u></td></tr></table>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>\$5075</u>	<u>\$6075</u>	<u>\$6575</u>	<u>\$7075</u>
<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>										
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**Annual  
Deductibles**

Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 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		2024		2025		2026	
	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network
Ind	\$700	\$2,450	\$800	\$2,800	\$850	\$2,975	\$900	\$2,700	\$950	\$2,850	\$1,000	\$3,000	\$1,050	\$3,150
Family	\$1,400	\$4,900	\$1,600	\$5,600	\$1,700	\$5,950	\$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	Network & ONA	Non- Network	Network & ONA	Non- Network	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							
	<b>Option 2:</b>							
		<u>2020</u>		<u>2021</u>		<u>2022</u>		
		<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	
	Ind	\$1,550	\$4,650	\$1,600	\$4,800	\$1,650	\$4,950	
	Family	\$3,400	\$9,300	\$3,200	\$8,600	\$3,300	\$9,900	
		<u>2023</u>		<u>2024</u>		<u>2025</u>		<u>2026</u>
		<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>
	Ind	\$1,700	\$-5,100	\$1,750	\$-5,250	\$1,800	\$-5,400	\$1,850
	Family	\$3,400	\$10,200	\$3,500	\$10,500	\$3,600	\$10,800	\$3,700
								\$-5,550
The following Annual Deductible Provisions will apply to Option 2 – Broad and Option 2 - 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) benefits under the program.								
The Annual Deductibles are included in the Out-Of-Pocket Maximums.								
For <u>Individual + Spouse/Partner, Individual + Child(ren)</u> or Family coverage, no individual can receive benefits until the <u>Individual + Spouse/Partner, Individual + Child(ren)</u> or Family Annual Deductible is met. The <u>Individual + Spouse/Partner, Individual + Child(ren)</u> or Family 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/ <u>Traditional Indemnity</u> or Non-Network Deductible amounts:								
All prescription drug allowable charges of eligible expenses.								
The following costs will never apply toward the Annual Deductible:								
• <u>Any applicable coinsurance paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code.</u>								



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	
	<u>Option 1 - Broad:</u>	
	2027-2030	
		Network & ONA      Non-Network
	Preventive	0% Ded waived      No Benefit
	Sickness/ Illness	10% After Ded      50% After Ded
	<u>Option 1 - Select:</u>	
	2027-2030	
		Network      Non-Network
	Preventive	0% Ded waived      N/A
	Sickness/ Illness	10% After Ded      N/A
	<u>Option 2 - Broad:</u>	
	2027-2030	
		Network & ONA      Non-Network
	Preventive	0% Ded waived      No Benefit
	Sickness/ Illness	30% After Ded      50% After Ded
	<u>Option 2 - Select:</u>	
	2027-2030	
		Network      Non-Network
	Preventive	0% Ded waived      N/A
	Sickness/ Illness	30% After Ded      N/A
	<u>Option1:</u>	
	2020-2026	
		Network & Traditional Indemnity      Non-Network
	Preventive	\$0 / 0% Ded-waived      No Benefit
	Sickness/Illness	\$0 / 10% After Ded      \$0 / 50% After Ded
	<u>Option2:</u>	
	2020-2026	
		Network & Traditional Indemnity      Non-Network
	Preventive	\$0 / 0% Ded-waived      No Benefit
	Sickness/Illness	\$0 / 10% After Ded      \$0 / 50% After Ded
	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.	

Office Visit  
Copay / Coinsurance

Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires

## Option 1 - Broad:

	<del>2020 — 2026</del> 2027-2030	
	Network & <del>Traditional</del> <del>Indemnity</del> NA	Non- Network
Preventive	\$0 / 0% Ded waived	No Benefit
<del>Primary Care</del> Physician (PCP) <del>Sickness/Illness</del>	\$0 / 10% Ded Waived After Ded	\$0 / 50% After Ded
<del>Specialist</del>	\$50; Ded Waived	50%; After Ded
Mental Health/ Substance Abuse (MH/SA)	\$0; Ded waived	50%; After Ded

## Option 1 - Select:

	2027-2030	
	Network	Non- Network
Preventive	\$0; Ded waived	N/A
<del>Primary Care</del> Physician (PCP)	\$0; Ded waived	N/A
<del>Specialist</del>	\$50; Ded waived	N/A
Mental Health/ Substance Abuse (MH/SA)	\$0; Ded waived	N/A

## Option 2 - Broad:

	<del>2020 — 2026</del> 2027-2030	
	Network & <del>Traditional</del> <del>Indemnity</del> NA	Non- Network
Preventive	\$0 / 0% Ded waived	No Benefit
<del>Primary Care</del> Physician (PCP)	\$0 After Ded	50% After Ded
<del>Specialist</del>	\$50; After Ded	50%; After Ded
Mental Health/ Substance Abuse (MH/SA) <del>Sickness/Illness</del>	\$0; After Ded \$0 / 10% After Ded	50%; After Ded \$0 / 50% After Ded

## Option 2 - Select:

	2027-2030	
	Network	Non- Network
Preventive	\$0; Ded waived	N/A
<del>Primary Care</del> Physician (PCP)	\$0; After Ded	N/A
<del>Specialist</del>	\$50; After Ded	N/A
Mental Health/ Substance Abuse (MH/SA)	\$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	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p>Option 1 - Broad:</p> <table> <tr> <th>2027-2030</th><th>2020-2026</th></tr> <tr> <td>Network &amp; 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> </table> <p>Option 1 - Select:</p> <table> <tr> <th>2027-2030</th><th></th></tr> <tr> <td>Network</td><td>Non-Network</td></tr> <tr> <td>10% After Ded</td><td>N/A</td></tr> </table> <p>Option 2 - Broad:</p> <table> <tr> <th>2027-2030</th><th>2020-2026</th></tr> <tr> <td>Network &amp; Traditional Indemnity</td><td>Non-Network</td></tr> <tr> <td>NA</td><td></td></tr> <tr> <td>\$0-130% After Ded</td><td>\$0-50% After Ded</td></tr> </table> <p>Option 2 - Select:</p> <table> <tr> <th>2027-2030</th><th></th></tr> <tr> <td>Network</td><td>Non-Network</td></tr> <tr> <td>30% After Ded</td><td>N/A</td></tr> </table>	2027-2030	2020-2026	Network & Traditional Indemnity	Non-Network	NA		\$0-10% After Ded	\$0-50% After Ded	2027-2030		Network	Non-Network	10% After Ded	N/A	2027-2030	2020-2026	Network & Traditional Indemnity	Non-Network	NA		\$0-130% After Ded	\$0-50% After Ded	2027-2030		Network	Non-Network	30% After Ded	N/A
2027-2030	2020-2026																												
Network & Traditional Indemnity	Non-Network																												
NA																													
\$0-10% After Ded	\$0-50% After Ded																												
2027-2030																													
Network	Non-Network																												
10% After Ded	N/A																												
2027-2030	2020-2026																												
Network & Traditional Indemnity	Non-Network																												
NA																													
\$0-130% After Ded	\$0-50% After Ded																												
2027-2030																													
Network	Non-Network																												
30% After Ded	N/A																												
Emergency Room Facility/Professional Services Copay / Coinsurance (Emergencies)	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p>Option 1 Broad &amp; Select:</p> <table> <tr> <th>2020-2026</th><th>2027-2030</th></tr> <tr> <td>Network &amp; 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> </table> <p>Option 2 Broad &amp; Select:</p> <table> <tr> <th>2020-2026</th><th>2027-2030</th></tr> <tr> <td>Network &amp; Traditional Indemnity</td><td>Non-Network</td></tr> <tr> <td>NA</td><td></td></tr> <tr> <td>\$0-1030%* After Ded</td><td>\$0-1030%* After Ded</td></tr> </table> <p>* True emergencies only. Non-emergencies are not covered.</p>	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		\$0-1030%* After Ded	\$0-1030%* After Ded												
2020-2026	2027-2030																												
Network & Traditional Indemnity	Non-Network																												
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NA																													
\$0-1030%* After Ded	\$0-1030%* After Ded																												

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																								
Hospital Inpatient/Outpatient Facility/Professional Services Copay / Coinsurance	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p><u>Option 1 - Broad:</u></p> <table> <tr> <td><del>2027 - 2030</del> <del>2020 - 2026</del></td><td></td></tr> <tr> <td><del>Network &amp; Traditional Indemnity</del> NA</td><td><del>Non-Network</del></td></tr> <tr> <td><del>\$0 - 10%</del> After Ded</td><td><del>\$0 - 50%</del> After Ded</td></tr> </table> <p><u>Option 1 - Select:</u></p> <table> <tr> <td><del>2027 - 2030</del></td><td></td></tr> <tr> <td><del>Network</del></td><td><del>Non-Network</del></td></tr> <tr> <td><del>10%, After Ded</del></td><td><del>N/A</del></td></tr> </table> <p><u>Option 2 - Broad:</u></p> <table> <tr> <td><del>2020 - 2026</del> <del>2027 - 2030</del></td><td></td></tr> <tr> <td><del>Network &amp; Traditional Indemnity</del> NA</td><td><del>Non-Network</del></td></tr> <tr> <td><del>\$0 - 40%</del> <del>30%</del> After Ded</td><td><del>\$0 - 50%</del> After Ded</td></tr> </table> <p><u>Option 2 - Select:</u></p> <table> <tr> <td><del>2027 - 2030</del></td><td></td></tr> <tr> <td><del>Network</del></td><td><del>Non-Network</del></td></tr> <tr> <td><del>30%, After Ded</del></td><td><del>N/A</del></td></tr> </table>	<del>2027 - 2030</del> <del>2020 - 2026</del>		<del>Network &amp; Traditional Indemnity</del> NA	<del>Non-Network</del>	<del>\$0 - 10%</del> After Ded	<del>\$0 - 50%</del> After Ded	<del>2027 - 2030</del>		<del>Network</del>	<del>Non-Network</del>	<del>10%, After Ded</del>	<del>N/A</del>	<del>2020 - 2026</del> <del>2027 - 2030</del>		<del>Network &amp; Traditional Indemnity</del> NA	<del>Non-Network</del>	<del>\$0 - 40%</del> <del>30%</del> After Ded	<del>\$0 - 50%</del> After Ded	<del>2027 - 2030</del>		<del>Network</del>	<del>Non-Network</del>	<del>30%, After Ded</del>	<del>N/A</del>
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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	
	Option 1 - Broad:	
		<del>2020 — 2026</del> 2027 - 2030
		Network & Traditional Indemnity <del>Q</del> NA
	Preventive	\$0 / 0% Ded Waived
	Sickness/Illness	\$0 / 10% After Ded
		Non-Network
		No Benefit
		\$0 / 50% After Ded
	Option 1 - Select:	
		2027 - 2030
		Network Non-Network
	Preventive	0% Ded waived N/A
	Sickness/Illness	10% After Ded N/A
	Option 2 - Broad:	
		<del>2020 — 2026</del> 2027 - 2030
		Network & Traditional Indemnity <del>Q</del> NA
	Preventive	\$0 / 0% Ded Waived
	Sickness/Illness	<del>\$0 / 10%</del> After Ded
		Non-Network
		No Benefit
		\$0 / 50% After Ded
	Option 2 - Select:	
		2027 - 2030
		Network Non-Network
	Preventive	0% Ded waived N/A
	Sickness/Illness	30% After Ded N/A



Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																																				
Hearing Benefit	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</p> <p><u>No changes to current Hearing Benefit, except as follows:</u></p> <p><b>Option 1 - Broad:</b></p> <table> <tr> <td><del>2027 - 2030</del> <u>2020 - 2026</u></td><td></td></tr> <tr> <td><del>Network &amp; Traditional Indemnity</del> <u>ON</u></td><td><del>Non-Network</del></td></tr> <tr> <td><del>A</del></td><td></td></tr> <tr> <td><del>\$0 - 10%</del> <u>30%</u></td><td><del>\$0 - 50%</del> <u>30%</u></td></tr> <tr> <td><del>After Ded</del></td><td><del>After Ded</del></td></tr> </table> <p><b>Option 1 - Select:</b></p> <table> <tr> <td><del>2027 - 2030</del></td><td><del>Non-Network</del></td></tr> <tr> <td><del>Network</del></td><td><del>Non-Network</del></td></tr> <tr> <td><del>10%</del> <u>30%</u></td><td><del>N/A</del></td></tr> <tr> <td><del>After Ded</del></td><td></td></tr> </table> <p><b>Option 2 - Broad:</b></p> <table> <tr> <td><del>2020 - 2026</del> <u>2027 - 2030</u></td><td></td></tr> <tr> <td><del>Network &amp; Traditional Indemnity</del> <u>ON</u></td><td><del>Non-Network</del></td></tr> <tr> <td><del>A</del></td><td></td></tr> <tr> <td><del>\$0 - 10%</del> <u>30%</u></td><td><del>\$0 - 50%</del> <u>30%</u></td></tr> <tr> <td><del>After Ded</del></td><td><del>After Ded</del></td></tr> </table> <p><b>Option 2 - Select:</b></p> <table> <tr> <td><del>2027 - 2030</del></td><td><del>Non-Network</del></td></tr> <tr> <td><del>Network</del></td><td><del>Non-Network</del></td></tr> <tr> <td><del>30%</del> <u>30%</u></td><td><del>N/A</del></td></tr> <tr> <td><del>After Ded</del></td><td></td></tr> </table> <p><u>The reimbursement of expenses incurred to purchase hearing aid appliance(s) will increase to \$2,000 in any rolling 36-month period.</u></p>	<del>2027 - 2030</del> <u>2020 - 2026</u>		<del>Network &amp; Traditional Indemnity</del> <u>ON</u>	<del>Non-Network</del>	<del>A</del>		<del>\$0 - 10%</del> <u>30%</u>	<del>\$0 - 50%</del> <u>30%</u>	<del>After Ded</del>	<del>After Ded</del>	<del>2027 - 2030</del>	<del>Non-Network</del>	<del>Network</del>	<del>Non-Network</del>	<del>10%</del> <u>30%</u>	<del>N/A</del>	<del>After Ded</del>		<del>2020 - 2026</del> <u>2027 - 2030</u>		<del>Network &amp; Traditional Indemnity</del> <u>ON</u>	<del>Non-Network</del>	<del>A</del>		<del>\$0 - 10%</del> <u>30%</u>	<del>\$0 - 50%</del> <u>30%</u>	<del>After Ded</del>	<del>After Ded</del>	<del>2027 - 2030</del>	<del>Non-Network</del>	<del>Network</del>	<del>Non-Network</del>	<del>30%</del> <u>30%</u>	<del>N/A</del>	<del>After Ded</del>	
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Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires																								
Mental Health/Substance Abuse (MH/SA) Copay / Coinsurance	<u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u>  <u>Option 1:</u>  <table><tr><td></td><td><u>2020-2026</u></td><td></td></tr><tr><td></td><td><u>Network &amp; Traditional Indemnity</u></td><td><u>Non-Network</u></td></tr><tr><td>Out-Patient</td><td>\$0 / 10%</td><td>\$0 / 50%</td></tr><tr><td>&amp; In-Patient</td><td>After Ded</td><td>After Ded</td></tr></table> <u>Option 2:</u>  <table><tr><td></td><td><u>2020-2026</u></td><td></td></tr><tr><td></td><td><u>Network &amp; Traditional Indemnity</u></td><td><u>Non-Network</u></td></tr><tr><td>Out-Patient</td><td>\$0 / 10%</td><td>\$0 / 50%</td></tr><tr><td>&amp; In-Patient</td><td>After Ded</td><td>After Ded</td></tr></table>		<u>2020-2026</u>			<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	Out-Patient	\$0 / 10%	\$0 / 50%	& In-Patient	After Ded	After Ded		<u>2020-2026</u>			<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	Out-Patient	\$0 / 10%	\$0 / 50%	& In-Patient	After Ded	After Ded
	<u>2020-2026</u>																								
	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>																							
Out-Patient	\$0 / 10%	\$0 / 50%																							
& In-Patient	After Ded	After Ded																							
	<u>2020-2026</u>																								
	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>																							
Out-Patient	\$0 / 10%	\$0 / 50%																							
& In-Patient	After Ded	After Ded																							

Annual  
Out-of-Pocket Maximums  
(OOP)

Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires

Out-of-Pocket Maximum Amounts  
(including Annual Deductible)Option 1 - Broad:

	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 - Select:

	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:

	2020		2021		2022	
	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network
Ind	\$3,500	\$10,500	\$3,500	\$10,500	\$3,500	\$10,500
Family	\$7,000	\$21,000	\$7,000	\$21,000	\$7,000	\$21,000

  

	2023		2024		2025		2026	
	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network
Ind	\$3,750	\$11,250	\$4,000	\$12,000	\$4,200	\$12,600	\$4,400	\$13,200
Family	\$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	Network & ONA	Non- Network	Network & ONA	Non- Network	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								
	Ind+Ch	\$15,000	N/A	\$16,000	N/A	\$16,000	N/A	\$16,000	N/A
	Family	\$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 &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</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 &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</u>	<u>Network &amp; Traditional Indemnity</u>	<u>Non-Network</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	
The following Out-of-Pocket Maximum provisions will apply to Option 2:									
(Integrated with Med/Surg, Rx, MH/SA, CarePlus)									
Out-of-Pocket Maximum provisions - Option 1 - Broad, Option 1 - Select, Option 2 - Broad and Option 2 - Select:									
<ul style="list-style-type: none"><li>If the coverage tier is <u>Individual + Child(ren)</u>, <u>Individual + Spouse/Partner</u> or <u>Family</u>, the <u>applicable Individual + Child(ren)</u>, <u>Individual + Spouse/Partner</u> or <u>Family Out-Of-Pocket Maximum</u> 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</u> or <u>Family Out-Of-Pocket Maximum</u> has not been met.</li></ul>									
The following additional costs paid by the participant <u>for medical and/or prescription drug services</u> apply toward the <u>applicable Network/ONA and Traditional Indemnity</u> or <u>Non-Network Out-of-Pocket Maximum amounts (if applicable)</u> :									
<ul style="list-style-type: none"><li>- Deductibles</li><li>- <u>Prescription drug</u> Copays/Coinsurance</li><li>- <u>All prescription drug allowable charges for eligible expenses</u></li></ul>									

Prescription Drug Program (Rx)	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires				
	Option 1 <u>Broad and Select:</u>				
	<u>Deductible: Integrated with Med/Surg and MH/SA</u>				
	<ul style="list-style-type: none"><li><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></li></ul>				
	<u>Out-of-Pocket Maximum: Integrated with Med/Surg and MH/SA</u>				
	<u>Deductible:</u>				
		<u>2020-2026</u>			
	Individual	\$0			
	Family	\$0			
	<u>Out-of-Pocket Maximum:</u>				
		<u>2020-2022</u>			
	Individual	\$1,700			
	Family	\$3,400			
		<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>
Individual	\$1,700	\$1,700	\$1,800	\$1,800	
Family	\$3,400	\$3,400	\$3,600	\$3,600	
Retail - Network Coinsurance pays:					
(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>					
	<u>2030</u>				
Generic	10%\$40				
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>20232027</u>	<u>20242028</u>	<u>20252029</u>	<u>20262030</u>
Generic	\$1050	\$1050	\$1050	\$1050
Preferred	\$40100	\$20045	\$45200	\$45200
Non-Preferred	\$80No	\$90No	\$90No	\$90 No
	Maximum	Maximum	Maximum	Maximum
Retail – Non-Network <u>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.				
Mail Order <u>Copays Coinsurance:</u> (Up to 90-day supply <del>subject to Advanced Control Specialty Formulary provisions</del> )				
	<u>20202027</u>			
	-2030			
Generic	\$2010%			
Preferred	\$8010%			
Non-Preferred	\$16050%			
<u>Mail Order Coinsurance Maximum:</u>				
	<u>20232027</u>	<u>20242028</u>	<u>20252029</u>	<u>20262030</u>
Generic	\$20\$100	\$20\$100	\$20\$100	\$20\$100
Preferred	\$80200	\$90400	\$90400	\$90400
Non-Preferred	\$160No	\$180No	\$180No	\$180No
	Maximum	Maximum	Maximum	Maximum
Option 2 – Broad and Select:				
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.				
Retail – Network <u>Copays Coinsurance:</u> (Up to 30-day supply, limited to 2 fills for maintenance <del>subject to Advanced Control Specialty Formulary provisions</del> )				
	<u>2020-2022 2027-</u>			
	2030			
Generic	\$1030%			
Preferred	\$4030%			
Non-Preferred	\$8050%			
<u>Retail – Network Coinsurance Maximum:</u>				
	<u>20232027</u>	<u>20242028</u>	<u>20252029</u>	<u>20262030</u>
Generic	\$1050	\$1050	\$1050	\$1050
Preferred	\$40100	\$45200	\$45200	\$20045
Non-Preferred	\$80No	\$90No	\$90No	\$90No
	Maximum	Maximum	Maximum	Maximum
Retail – Non-Network Copays: Participant pays the greater of the applicable Network <u>Copay Coinsurance</u> or balance remaining after the program pays 75% of network retail cost.				
Mail Order <u>Copays Coinsurance:</u> (Up to 90-day supply <del>subject to Advanced Control Specialty Formulary provisions</del> )				
	<u>20202027</u>	<u>2024</u>	<u>2026</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 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
	Maximum	Maximum\$	Maximum	Maximum
		180		

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	<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"> <li>• Mandatory mail order for maintenance Rx – Applies after second fill at retail.</li> <li>• Specialty pharmacy program</li> <li>• Personal Choice – 100% participant-paid</li> <li>• Mandatory Generic</li> <li>• Advanced Control Specialty Formulary</li> <li>• New Standard Prescription Drug Formulary</li> <li>• Generic Step Therapy</li> </ul>
<b>Employee Assistance Program (EAP)</b>	
<b>Program</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u> AT&amp;T Employee Assistance Program</p> <p>No change from current program.</p>
<b>Visit Limit</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p><u>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.</u></p> <p><u>Continues to provide up to 5 EAP visits per person per issue.</u></p>
<b>Disability</b>	
<b>Program</b>	<p><u>Current Employees, 2009 New Hires &amp; 2012 New Hires</u></p> <p>Legacy AT&amp;T Disability Benefit Program</p> <p>No change from current program.</p> <p><u>2015 New Hires &amp; 2022 New Hires</u></p> <p>AT&amp;T Disability Income Program as described in the Summary Plan Description, except as provided below.</p>
<b>Short Term Disability (STD)</b>	<p><u>Current Employees, 2009 New Hires &amp; 2012 New Hires</u></p> <p>Legacy AT&amp;T Disability Benefit Program</p> <p>No change from current program.</p> <p><u>2015 New Hires &amp; 2022 New Hires</u></p> <p>AT&amp;T Disability Income Program as described in the Summary Plan Description.</p> <p>No change from current program.</p>
<b>Long-Term Disability (LTD)</b>	<p><u>Current Employees, 2009 New Hires &amp; 2012 New Hires</u></p> <p>Legacy AT&amp;T Disability Benefit Program</p> <p>No change from current program.</p> <p><u>2015 New Hires &amp; 2022 New Hires</u></p> <p>The AT&amp;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>
<b>Dental</b>	
<b>Program</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u> AT&amp;T Dental Program (Bargained Employees) except as provided below:</p> <ul style="list-style-type: none"> <li>• Dental PPO</li> <li>• DHMO (available at the discretion of the Company)</li> </ul>



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 &amp; 2022 New Hires</p> <p>Active Regular, Term and Temporary Full-Time and Part-Time Employees are eligible for coverage. Eligibility for coverage <del>continues to begin</del> 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&amp;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 &amp; 2022 New Hires</p> <p>Company subsidy <del>continues to begin</del> 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 &amp; 2022 New Hires</p> <p>Dental PPO or DHMO (if available):</p> <table><tr><td></td><td colspan="7">Contribution Amounts</td></tr><tr><td></td><td>20202027</td><td>20212028</td><td>20222029</td><td>20232030</td><td>2024</td><td>2025</td><td>2026</td></tr><tr><td>Individual</td><td>\$7.0010</td><td>\$8.0010</td><td>\$8.0010</td><td>\$8.0011</td><td>\$8.00</td><td>\$9.00</td><td>\$9.00</td></tr><tr><td>Ind+1</td><td>\$14.0021</td><td>\$17.0021</td><td>\$17.0021</td><td>\$17.0023</td><td>\$17.00</td><td>\$19.00</td><td>\$19.00</td></tr><tr><td>Family</td><td>\$23.0033</td><td>\$27.0033</td><td>\$27.0033</td><td>\$27.0035</td><td>\$27.00</td><td>\$30.00</td><td>\$30.00</td></tr></table>		Contribution Amounts								20202027	20212028	20222029	20232030	2024	2025	2026	Individual	\$7.0010	\$8.0010	\$8.0010	\$8.0011	\$8.00	\$9.00	\$9.00	Ind+1	\$14.0021	\$17.0021	\$17.0021	\$17.0023	\$17.00	\$19.00	\$19.00	Family	\$23.0033	\$27.0033	\$27.0033	\$27.0035	\$27.00	\$30.00	\$30.00
	Contribution Amounts																																								
	20202027	20212028	20222029	20232030	2024	2025	2026																																		
Individual	\$7.0010	\$8.0010	\$8.0010	\$8.0011	\$8.00	\$9.00	\$9.00																																		
Ind+1	\$14.0021	\$17.0021	\$17.0021	\$17.0023	\$17.00	\$19.00	\$19.00																																		
Family	\$23.0033	\$27.0033	\$27.0033	\$27.0035	\$27.00	\$30.00	\$30.00																																		
Active (Part-Time) Monthly Contributions	<p>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 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 &amp; 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 &amp; 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 &amp; 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 &amp; 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 &amp; 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 &amp; 2022 New Hires</p> <p>AT&amp;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 &amp; 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&amp;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 &amp; 2022 New Hires</p> <p>Eligibility for company subsidy <del>continues to begin</del> begins 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 &amp; 2022 New Hires</p> <p>Contributions as they change from time to time.</p> <table><tr><td></td><td><u>Contribution Amounts 2018-2027</u></td><td><u>2028</u></td><td><u>2029</u></td><td><u>2030</u></td></tr><tr><td>Individual</td><td><del>\$2,503.50</del></td><td><u>\$3.50</u></td><td><u>\$3.50</u></td><td><u>\$4.00</u></td></tr><tr><td>Ind+1</td><td><del>\$4,509.50</del></td><td><u>\$9.50</u></td><td><u>\$9.50</u></td><td><u>\$11.00</u></td></tr><tr><td>Family</td><td><del>\$8,0016.00</del></td><td><u>\$16.00</u></td><td><u>\$16.00</u></td><td><u>\$19.00</u></td></tr></table> <p>*The 2018 contributions shown above are for illustrative purposes only.</p>		<u>Contribution Amounts 2018-2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>	Individual	<del>\$2,503.50</del>	<u>\$3.50</u>	<u>\$3.50</u>	<u>\$4.00</u>	Ind+1	<del>\$4,509.50</del>	<u>\$9.50</u>	<u>\$9.50</u>	<u>\$11.00</u>	Family	<del>\$8,0016.00</del>	<u>\$16.00</u>	<u>\$16.00</u>	<u>\$19.00</u>
	<u>Contribution Amounts 2018-2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>																	
Individual	<del>\$2,503.50</del>	<u>\$3.50</u>	<u>\$3.50</u>	<u>\$4.00</u>																	
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Family	<del>\$8,0016.00</del>	<u>\$16.00</u>	<u>\$16.00</u>	<u>\$19.00</u>																	
Active (Part-Time) Monthly Contributions	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires Provisions will apply as indicated in the Summary Plan Description.																				
Coverage Levels	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires Provisions will apply as indicated in the Summary Plan Description.																				
Flexible Spending Account (FSA)																					
Plan	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T Flexible Spending Account Plan*  No change from current plan, <u>except for those that are mandated by healthcare reform legislation (PPACA).</u>																				
Contribution Minimum/Maximums	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires  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.																				
Supplemental Medical Benefits – CarePlus																					
Program	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T CarePlus – A Supplemental Benefit Program  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.</u>																				
Monthly Contributions	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 change from time to time at the sole discretion of the Company.																				
General Benefits	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires  No change from the current program, except those required to comply with healthcare reform legislation (PPACA).  The Company continues to retain the unilateral right to change, modify, amend, and discontinue the benefits offered under CarePlus.																				
Life Insurance																					



Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
<b>Program</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>AT&amp;T Group Life Insurance Program for Active Employees</p> <p>No change from current program.</p>
<b>Eligibility for Coverage</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></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. Dependent children will be eligible to participate in the AT&amp;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></p>
<b>Active Benefits</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>No change from current program. *</p> <p>*Note: Contribution amounts are subject to annual adjustments.</p>
<b>Definition of Pay</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>No change from current program.</p>
<b>Long-Term Care</b>	
<b>Plan</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>AT&amp;T Consolidated Long-Term Care Insurance Plan</p>
<b>Coverage</b>	<p><u>2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>Not available; closed to new entrants as of 5/1/2012.</p> <p><u>Current Employees and 2009 New Hires</u></p> <p>No change from current program, except the Company has the unilateral right to change, modify, amend and discontinue the AT&amp;T Consolidated Long-Term Care Insurance Plan.</p>
<b>Adoption, Surrogacy, and Cryopreservation</b>	
<b>Policy</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>AT&amp;T Adoption Reimbursement Policy</p> <p><u>AT&amp;T Surrogacy Reimbursement Policy</u></p> <p><u>AT&amp;T Cryopreservation Policy</u></p> <p><u>No change from current policy.</u></p>
<b>Coverage</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p><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&amp;T managers, as they change from time to time.</u></p> <p><u>Note: The maximum annual reimbursement for qualifying adoption expenses may not be less than \$5,000 per child.</u></p> <p><u>No change from current policy.</u></p>
<b>Commuter</b>	
<b>Policy</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>AT&amp;T Commuter Benefits Policy</p> <p>No change from current policy, except as mandated by IRS Code Section 132 Regulations.</p>
<b>Coverage</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>Pre-tax deductions for parking and mass transit.</p> <p>No change from current policy, except eligible expense and monthly limits updated annually as allowed by IRS Code Section 132 Regulations.</p>



Provision	Eligible Retired Employees
	<b>Effective 1/1/2027<del>0</del>:</b>
<b>Retiree Provisions</b>	Applicable for the term of the <del>2022 Extension</del> Agreement to Eligible Retired Employees who terminate <del>after April 9, 2022 but</del> during the term of <del>2026 Labor Agreement the 2022 Extension Agreement.</del>
<b>Medical</b>	
<b>Program</b>	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.
<b>Eligible Retired Employees (Full-Time) Monthly Contributions</b>	<p><u>2022 New Hires</u> 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><u>2015 New Hires &amp; 2012 New Hires</u> No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>• Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy.</li> <li>• Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <p><u>2009 New Hires</u> No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>• Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*.</li> <li>• Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <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> No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.</p>
<b>Eligible Retired Employees (Part-Time) Monthly Contributions</b>	<p><u>2022 New Hires</u> 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><u>2015 New Hires &amp; 2012 New Hires</u> No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>• Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy.</li> <li>• Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <p><u>2009 New Hires</u> No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>• Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*.</li> <li>• Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <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> No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.</p>
<b>Medicare Part-B Premium Reimbursement</b>	<p><u>2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u> Not Eligible.</p> <p><u>Current Employees</u> No change from current program.</p>
<b>Definition of Pay</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u> Refer to the Summary Plan Description for the plan in which they were active participants.</p>

Provision	Eligible Retired Employees
<b>Health Reimbursement Account (HRAs)</b>	
	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 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>
<b>Supplemental Medical Benefits - CarePlus</b>	
<b>Program</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>No change from current program.</p>
<b>Monthly Contributions</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 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>
<b>General Benefits</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 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>
<b>Dental</b>	
<b>Program</b>	<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>
<b>Eligible Retired Employees (Full-Time) Monthly Contributions</b>	<p><u>2022 New Hires</u></p> <ul style="list-style-type: none"> <li>Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy.</li> <li>Eligible Retired Employees who are Medicare eligible are ineligible for coverage.</li> </ul> <p><u>2015 New Hires &amp; 2012 New Hires</u></p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy.</li> <li>Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <p><u>2009 New Hires</u></p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*.</li> <li>Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <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>

Provision	Eligible Retired Employees
<b>Eligible Retired Employees (Part-Time) Monthly Contributions</b>	<p><u>2022 New Hires</u> 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><u>2015 New Hires &amp; 2012 New Hires</u> No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>• Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy.</li> <li>• Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <p><u>2009 New Hires</u> No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>• Eligible Retired Employees who are Non-Medicare eligible will continue to pay 50% of full cost of coverage*.</li> <li>• Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <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> No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.</p>
<b>Life Insurance</b>	
<b>Eligible Retired Employees</b>  <b>Basic Life (Company Paid)</b>	<p><u>2022 New Hires</u> \$15,000 Retiree Basic Life</p> <p>These provisions will continue to apply:</p> <p><u>2015 New Hires, 2012 New Hires &amp; 2009 New Hires</u> \$15,000 Retiree Basic Life</p> <p><u>Current Employees</u> 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>
<b>Eligible Retired Employees</b>  <b>Supplemental Life (Retiree Paid)</b>	<p><u>2022 New Hires, 2015 New Hires, 2012 New Hires &amp; 2009 New Hires</u></p> <p>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.</p> <p><u>Current Employees</u> No change from current program.</p>
<b>Definition of Pay</b>	<p><u>Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires &amp; 2022 New Hires</u></p> <p>No change from current program.</p>
<b>Vision</b>	
<b>Eligible Retired Employees</b>  <b>Vision Program</b>	<p><u>2022 New Hires</u> Eligible Retired Employees shall be eligible to participate in the AT&amp;T Eligible Former Employee Vision Program.</p> <p><u>Current Employees, 2009 New Hires, 2012 New Hires, &amp; 2015 New Hires</u></p> <p>Eligible Retired Employees shall continue to be eligible to participate in the AT&amp;T Eligible Former Employee Vision Program.</p>

Provision	Eligible Retired Employees
<b>Eligible Retired Employees Monthly Retiree Contributions</b>	<p><u>2022 New Hires</u></p> <ul style="list-style-type: none"> <li>Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy.</li> <li>Eligible Retired Employees who are Medicare eligible are ineligible for coverage.</li> </ul> <p><u>2015 New Hires &amp; 2012 New Hires</u></p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>Eligible Retired Employees who are Non-Medicare eligible will continue to pay 100% of full cost of coverage* with no Company subsidy.</li> <li>Eligible Retired Employees who are Medicare eligible will continue to be ineligible for coverage.</li> </ul> <p><u>Current Employees &amp; 2009 New Hires</u></p> <p>No change from current program, as follows:</p> <ul style="list-style-type: none"> <li>Eligible Retired Employees will continue to pay 100% of full cost of coverage* with no Company subsidy.</li> </ul> <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
<b>Voluntary Ancillary Benefits</b>	
<b>Discretionary Program</b>	AT&T Voluntary Ancillary Benefits Program Platform (products offered as they may change from time to time).