

AT&T Legacy T

2026 Health Care Tentative Agreement Overview

CWA

Agenda

1. Review of Proposed Health Changes
2. “New Money” Calculation: Comparison of New Compensation & Health Care Costs

AT&T Health Care Context

- For many years, AT&T's #1 health care goal in bargaining was to make us pay more
- This proposal includes plan increases as well as new provisions and cost reductions designed to lower financial obstacles to high-value care
- High-value care can reduce future health care cost increases, which will give us more leverage to bargain for wages and other improvements

Health Care Provisions

Continued Cost Shifting	Targeted Affordability Improvements to Slow the Growth of Plan Costs	Other Affordability Improvements
<ul style="list-style-type: none">- Monthly Contribution Increases- Deductible / Coinsurance / OOPM Increases- New Capped Coinsurance for Prescription Drugs- Integrated Medical / Rx Deductible and Out-of-Pocket Max for Option 1- Tobacco and Working Spouse Surcharge Increases	<ul style="list-style-type: none">- Preventive Care Drug Coverage Before Deductible- \$0 copays for Primary Care & MH/SA Office Visits; \$50 for Specialist- “Select” Plan Networks- Wellbeing Incentives	<ul style="list-style-type: none">- Employer Matching Funds into a Health Savings Account for Option 2- Elimination of “New Hire” contribution tier- Reduced waiting period for new hires- New EE + Child(ren) and EE + Spouse coverage tiers

Monthly Employee Contributions

Option 1 Plan - All Members and Future New Hires

	EE Only	EE + Spouse	EE + Child(ren)	EE + Sp & Ch(s)
2026 - Current Employees	163		429	
2026 - New Hires	193		511	
2027	178	463	303	498
2028	184	478	312	515
2029	197	512	335	552
2030	211	549	359	591

Monthly Employee Contributions

Option 2 Plan - All Members and Future New Hires

	EE Only	EE + Spouse	EE + Child(ren)	EE + Sp & Ch(s)
2026 - Current Employees	108		300	
2026 - New Hires	138		382	
2027	83	231	140	248
2028	81	228	138	244
2029	93	261	158	280
2030	106	296	180	318

New “Select Plans”

In addition to our traditional Option 1 and Option 2 plans (now called “Broad”) there will be “Select” versions offered of each plan

1. In-Network plan designs will be the same as Option 1 and 2 respectively
2. “Select” plans will not have Out-of-Network coverage, with exception for emergency services
3. “Select” plans will have more limited, “high performance” networks

High-Performance Plan Networks



Quality care
from top-
notch
providers

We've selected the best-of-the-best for our performance network of providers to bring you a higher quality of care, a simpler way to access it, plus savings for you and your family. Discover our family of Aetna Premier Care Network plans.



Quality



Simplicity



Savings

A screenshot of a website for "Blue Cross Blue Shield of Illinois". The top navigation bar includes a logo, a "Home" icon, "Welcome", and "Resources". The main content area features a large blue banner with the text "BLUE HIGH PERFORMANCE NETWORK®" in white. Below the banner is a photograph of a medical professional in a white coat. A descriptive paragraph at the bottom of the page reads: "Welcome to the Blue High Performance Network (BlueHPN). With BlueHPN you have access to high quality doctors and hospitals at a lower cost when you stay in network. Your member benefits don't apply when seeing a doctor or hospital that is not in the BlueHPN network." The URL "bluecrossillinois.com/bluehpn" is visible at the bottom of the page.

Welcome to the Blue High Performance Network (BlueHPN). With BlueHPN you have access to high quality doctors and hospitals at a lower cost when you stay in network. Your member benefits don't apply when seeing a doctor or hospital that is not in the BlueHPN network.

Reduced Contributions for “Select” Plans

Option 1 Plans

		EE Only	EE + Spouse	EE + Child(ren)	EE + Sp & Ch(s)
Option 1 “Broad”	2027	178	463	303	498
	2028	184	478	312	515
	2029	197	512	335	552
	2030	211	549	359	591
Option 1 “Select”	2027	157	409	267	440
	2028	162	421	275	453
	2029	174	453	296	487
	2030	187	487	318	524

Reduced Contributions for “Select” Plans

Option 2 Plans

		EE Only	EE + Spouse	EE + Child(ren)	EE + Sp & Ch(s)
Option 2 “Broad”	2027	83	231	140	248
	2028	81	228	138	244
	2029	93	261	158	280
	2030	106	296	180	318
Option 2 “Select”	2027	63	176	107	188
	2028	61	170	103	182
	2029	71	200	121	214
	2030	83	232	141	249

Monthly Surcharges

Option 1 & 2 Plans

	2026	2027	2028	2029	2030
Working Spouse / Partner	125	130	135	140	145
Tobacco Use	75	75	75	75	75

Charged unless:

Working Spouse: Member with enrolled spouse or partner must attest that spouse does not have access to coverage through their employer

Tobacco Use: Members and enrolled Spouse/Partner must attest to no Tobacco usage or complete a Tobacco Cessation program.

Annual Deductibles

Option 1 Plans (Single / Family)

	Broad		Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
2026	1,050 / 2,100	3,150 / 6,300	--	--
2027	1,000 / 2,000	3,000 / 6,000	1,000 / 2,000	--
2028	1,100 / 2,200	3,300 / 6,600	1,100 / 2,200	--
2029	1,100 / 2,200	3,300 / 6,600	1,100 / 2,200	--
2030	1,100 / 2,200	3,300 / 6,600	1,100 / 2,200	--

Annual Deductibles

Option 2 Plans (Single / Family)

	Broad		Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
2026	1,850 / 3,700	5,500 / 11,100	--	--
2027	3,000 / 6,000	9,000 / 18,000	3,000 / 6,000	--
2028	3,300 / 6,600	9,900 / 19,800	3,300 / 6,600	--
2029	3,300 / 6,600	9,900 / 19,800	3,300 / 6,600	--
2030	3,300 / 6,600	9,900 / 19,800	3,300 / 6,600	--

AT&T Contributions to HSA

Members enrolled in the Option 2 plan and who elect to make payroll deduction contributions equal to or greater than the annual amounts below to the Health Savings Account (HSA) will receive matching employer contributions equal to the following amounts:

Single / Family	2027 - 2030
Annual AT&T Matching Contribution	1,000 / 2,000

Health Savings Accounts (HSA)

Members must be enrolled in a qualified high-deductible plan (Option 2) to make contributions.

- Tax Benefit: deposits are tax-deductible and spending on medical expenses is tax-free
- Account Funds Belong to Member: They roll over every year and you can take them with you when you leave AT&T

Medical Coinsurance

In-Network / Out-of-Network

	Option 1	Option 2
Current	10% / 50%	10% / 50%
2027 - 2030	10% / 50%	30% / 50%

Office Visits

	Option 1	Option 2
Current	10% After Deductible	10% After Deductible
2027 - 2030	Primary Care: \$0, no deductible Specialist Care: \$50, no deductible Mental Health / Substance Abuse: \$0, no deductible	Primary Care: \$0, after deductible Specialist Care: \$50, after deductible Mental Health / Substance Abuse: \$0, after deductible

Annual Out-of-Pocket Maximums

Option 1 Plans (Single / Family)

	Broad		Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
2026	4,400 / 8,800	13,200 / 26,400	--	--
2027	4,700 / 9,400	15,000 / 30,000	4,700 / 9,400	--
2028	5,000 / 10,000	16,500 / 33,000	5,000 / 10,000	--
2029	5,000 / 10,000	16,500 / 33,000	5,000 / 10,000	--
2030	5,000 / 10,000	16,500 / 33,000	5,000 / 10,000	--

Annual Out-of-Pocket Maximums

Option 2 Plans (Single / Family)

	Broad		Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
2025	7,050 / 14,100	21,150 / 42,300	--	--
2026	7,500 / 15,000	22,500 / 45,000	7,500 / 15,000	--
2027	8,000 / 16,000	24,000 / 48,000	8,000 / 16,000	--
2028	8,000 / 16,000	24,000 / 48,000	8,000 / 16,000	--
2029	8,000 / 16,000	24,000 / 48,000	8,000 / 16,000	--

Wellbeing Incentives and Accounts

Members and spouses can each earn up to \$750 (\$1,500 combined) in Wellbeing incentives, for example:

- Annual preventive care visit (\$250)
- Dental cleaning (\$50)
- Fidelity financial consultation (\$150)
- Eye Exam (\$50)
- EAP registration (\$25)
- Online financial assessment (\$10)
- Recommended cancer screenings (\$50 - \$150)

Wellbeing Incentives and Accounts

Incentives can be used to reimburse certain financial, physical and emotional wellness-related expenses, including:

- AT&T internet or wireless service
- 529 college savings plan contributions
- IRA retirement account contribution (Roth or Traditional, post tax)
- Financial planning fees
- Gym memberships
- Exercise equipment
- Healthy meal delivery

Prescription Drugs

Deductibles

	Option 1	Option 2
Current	None	Shared w/ Medical
2027 - 2030	Shared w/ Medical	Shared w/ Medical

Out-of-Pocket Maximums

	Option 1	Option 2
Current	\$1,800 / \$3,600	Shared w/ Medical
2027 - 2030	Shared w/ Medical	Shared w/ Medical

Prescription Drugs Copays

Option 1 & 2 Plans

	Generic	Preferred Brand	Nonpreferred Brand
Current	\$10	\$45	\$90
2027 - 2030 (After Deductible)	10% up to \$50	10% up \$100	50%

Preventive Care Drugs Exempt from Deductible

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

“New Money” Calculation

New Medical Costs vs. New Compensation

Example: Comm Tech, Option 1 Broad, Family Coverage

	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4
General Wage Increase	5.00%	3.25%	3.00%	3.25%
Ratification Bonus	\$1,000			
New "Up-Front" HC Costs (Monthly Contributions + In-Network Deductibles - Company HSA Contributions)	(\$728)	(\$1,132)	(\$1,576)	(\$2,044)

New Medical Costs vs. New Compensation

Example: Comm Tech, Option 1 Broad, Family Coverage

	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4
General Wage Increase	\$5,200	\$8,762	\$12,142	\$15,912
Ratification Bonus	\$1,000			
New "Up-Front" HC Costs (Monthly Contributions + In-Network Deductibles - Company HSA Contributions)	(\$728)	(\$1,132)	(\$1,576)	(\$2,044)
Net "New Money"	\$5,472	\$7,630	\$10,566	\$13,868

4-year total: \$37,536

Total Net “New Money” over 4 years

	Opt 1 Broad Single	Opt 1 Broad Family	Opt 2 Broad Single	Opt 2 Broad Family
Office Support Clerk (Lisle IL, Wage Table 8, Area J1)	\$22,312	\$18,348	\$23,156	\$22,148
Billing Clerk (Charlotte NC, 10, P1)	\$26,550	\$22,586	\$27,394	\$26,386
Account Representative (Southfield, MI, 11, G1)	\$29,280	\$25,316	\$30,124	\$29,116
Communication Technician & Network Technical Specialist (Atlanta, GA, 20, P1)	\$41,500	\$37,536	\$42,344	\$41,336
Business Customer Service Provisioning Engineer (CA & CO, 70, N1&L1)	\$46,544	\$42,580	\$47,388	\$46,380