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: 1/1/2020, unless noted otherwise
Eligibility For Medical, Dental, Vision, Disability, CarePlus, and Life Insurance (unless otherwise specified)	Current Employees, 2009 New Hires & 2012 New Hires Applicable programs: Medical - AT&T Corp. Employee Medical Program Dental - AT&T Dental Program (Bargained Employees) Vision - AT&T Vision Program (Bargained Employees) Disability - Legacy AT&T Disability Benefits Program CarePlus - AT&T CarePlus - A Supplemental Benefit Program Life Insurance - AT&T Group Life Insurance Program for Active Employees*
	2015 New Hires & 2022 New Hires Applicable programs: Medical - AT&T Corp. Employee 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* *includes Supplemental Life and Dependent Life provisions
	**Management provisions as described in the Summary Plan Description.
Health Reimburseme	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires None.
	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.
Medical Program	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	AT&T Corp. Employee Medical Program No change from current program except as provided below, and including: • Choice of Option 1 or Option 2 as defined below. Fully-insured coverage options such as HMOs continue to be available at the discretion of the Company.
Dependent Eligibility	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires No change from current program.
Eligibility for Coverage	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires No changes from current program.
Eligibility for Company Subsidy	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires No change from current program except as provided below.
	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.
	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 91 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.
	reduced by the company subsidy for the individual coverage tier.

	Garrent Employees	s, 2009 New Hire	5, 2012 NOW	111165, 2015	New Filles &	
Active	Current Employees, 2	2009 New Hires, 20	12 New Hires	& 2015 New	Hires have a c	hoice between the following two opt
(Full-Time) Monthly	Option 1:					
Contributions	Option 1.	Monthly C	ontribution Am	nounts		
		2020	2021	2022	1	
	Individual	\$153	\$155	\$157		
	Family	\$328	\$344	\$367]	
		T				
		2023	2024	2025	2026	
	Individual	\$157	\$159	\$161	\$163	
	Family	\$367	\$382	\$405	\$429	
	Option 2:					
		Monthly C	ontribution Ar	nounts		
		2020	2021	2022		
	Individual	\$73	\$79	\$86		
	Family	\$202	\$219	\$237		
		2022	2024	2025	2026	
	Individual	2023 \$87	\$93	2025 \$100	2026 \$108	
	Family	\$240	\$93 \$258	\$278	\$300	
	- commy	Ψ2-τ0	Ψ230	Ψ210	Ψ500	
	Individual Family Option 2:	2020	\$410 2024 \$189 \$455 ontribution An 2021	2022	2026 \$193 \$511	
	Individual	\$96	\$103	\$111		
	F .1	5766	\$286	\$308	1	
	Family	\$266	Ψ200		1	
	Family				2026	
	Family Individual	2023 \$112	2024 \$120	2025 \$129	2026 \$138	
		2023	2024	2025		
Active (Part-Time) Monthly Contributions	Individual	2023 \$112 \$311 2009 New Hires, 20	2024 \$120 \$332	2025 \$129 \$356	\$138 \$382	ew Hires
(Part-Time) Monthly Contributions	Individual Family Current Employees, 2 No change from curre	2023 \$112 \$311 2009 New Hires, 20 ent program.	2024 \$120 \$332 112 New Hires	2025 \$129 \$356 , 2015 New H	\$138 \$382 Hires & 2022 Ne	
(Part-Time) Monthly	Individual Family Current Employees, 2 No change from curre Current Employee, 2 Spouse/LRP Access Participants whose sporograms) but otherw monthly contribution to	2023 \$112 \$311 2009 New Hires, 20 ent program. 2009 New Hires, 20 to Medical Coveragouse/LRP enrolls ise has access to roward their cost of	2024 \$120 \$332 112 New Hires 2 New Hires 12 New Hires 13 New Hires 14 New Hires 15 New Hires 16 Additional New	2025 \$129 \$356 ., 2015 New H	\$138 \$382 dires & 2022 New ibution: I coverage (with heir employer, 6 Iditional contributional c	
(Part-Time) Monthly Contributions Working Spouse/LRP	Individual Family Current Employees, 2 No change from curre Current Employee, 20 Spouse/LRP Access Participants whose sporograms) but otherw monthly contribution to must attest that his or	2023 \$112 \$311 2009 New Hires, 20 ent program. 2009 New Hires, 20 to Medical Covera 2000 Douse/LRP enrolls ise has access to a 300 oward their cost of 500 her spouse/LRP of	2024 \$120 \$332 112 New Hires 12 New Hires 12 New Hires, 12 New Hires, 13 Per Hires 14 Per Hires 15 Per Hires 16 Per Hires 17 Per Hires 18 Per Hires 18 Per Hires 19 Per Hires 10 Per Hires 10 Per Hires	2025 \$129 \$356 ., 2015 New H	\$138 \$382 dires & 2022 New ibution: I coverage (with heir employer, 6 Iditional contributional c	v <u>Hires</u> nin either self-insured or fully insured excluding AT&T, will pay an addition ution is shown below. The participa
(Part-Time) Monthly Contributions Working Spouse/LRP	Individual Family Current Employees, 2 No change from curre Current Employee, 20 Spouse/LRP Access Participants whose sp programs) but other most attest that his or be applied.	2023 \$112 \$311 2009 New Hires, 20 ent program. 2009 New Hires, 20 to Medical Covera 2000 Douse/LRP enrolls ise has access to a 300 oward their cost of 500 her spouse/LRP of	2024 \$120 \$332 012 New Hires 2 New Hires 10 AT&T-spon 11 AT&T-spon 12 Additional North AT&T-spon 13 AT&T-spon 14 AT&T-spon 15 AT&T-spon 16 AT&T-spon 17 AT&T-spon 18 AT&T-spon	2025 \$129 \$356 ., 2015 New H	\$138 \$382 dires & 2022 New ibution: I coverage (with heir employer, 6 Iditional contributional c	v <u>Hires</u> nin either self-insured or fully insured excluding AT&T, will pay an addition ution is shown below. The participa

Provision	Current Employe	es, 2009 N	ew Hires, 2	012 New Hi	res, 2015 N	lew Hires &	2022 New Hires
Tobacco Use Contribution	insured or fully insu an additional month tobacco usage or e Enrollment otherwi and participation. month on average.	ional Medica spouse/LRP ured program nly contributi ngage in a C se the addition A tobacco ur Tobacco pr ngagement, may change	al Contribution who use tob as) and who con toward the Company-spo onal monthly ser is current roducts include tobacco use the from time to	n: acco, are enchoose not to eir cost of consored Toba contribution ly defined as de cigarettes, r and tobacco	rolled in AT& participate i verage. The acco Cessati will be applie someone w cigars, pipe products au	T-sponsored in a designate employee a light ed. Engager ho has used s, e-cigarette and the terms	I medical coverage (within either self- ed Tobacco Cessation program will pay ind/or spouse/LRP must attest to no in the time defined during Annual nent is currently defined as enrollment, tobacco products more than once a iss, vaporizers and smokeless tobacco. of the Company-sponsored Tobacco

Provision

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

Annual Deductibles

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

Option 1:

	202	20	202	<u>1</u>	202	22
	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
Family	\$1,400	\$4,900	\$1,600	\$5,600	\$1,700	\$5,950

	202	<u>23</u>	202	4	202	<u>25</u>	202	<u>6</u>
	Network & Traditional Indemnity	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:

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

- Applies to all covered health services, including mental health/substance abuse (MH/SA) under the program.
- The Annual Deductibles are included in the Out-Of-Pocket Maximums.
- For Family coverage, a covered person is eligible to receive benefits once their eligible/allowable expenses satisfy the Individual Deductible amount. The Family Deductible is met once any combination of covered persons' eligible/allowable expenses meet the 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.

Option 2:

	202	<u>20</u>	202	1	202	<u>22</u>
	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network	Network & Traditional Indemnity	Non- Network
Ind	\$1,550	\$4,650	\$1,600	\$4,800	\$1,650	\$4,950
Family	\$3,100	\$9,300	\$3,200	\$9,600	\$3,300	\$9,900

	202	<u>23</u>	202	4	202	<u>25</u>	202	<u>6</u>
	Network & Traditional Indemnity	Non- Network						
Ind	\$1,700	\$ 5,100	\$1,750	\$ 5,250	\$1,800	\$ 5,400	\$1,850	\$ 5,550
Family	\$3,400	\$10,200	\$3,500	\$10,500	\$3,600	\$10,800	\$3,700	\$11,100

The following Annual Deductible Provisions will apply to Option 2:

(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 Family coverage, no individual can receive benefits until the Family Annual Deductible is met. The Family Annual Deductible can be met by one or a combination of covered family members.
- The following costs paid by the participant also apply toward the applicable Network/Traditional Indemnity or Non-Network Deductible amounts:
 - All prescription drug allowable charges of eligible expenses.

Provision	Current Employe	es, 2009 New I	Hires, 2012 Ne	ew Hires, 2015 New Hires & 2022 New Hires
General	Current Employees	, 2009 New Hire	s, 2012 New Hi	res, 2015 New Hires & 2022 New Hires
CoPay/Coinsurance	Option1:			
	Option1.			
		2020 -	2026	
		Network &	Non-	
		Traditional Indemnity	<u>Network</u>	
	Preventive	\$0 / 0% Ded waived	No Benefit	
		Ded waived	benent	
	Sickness/Illness	\$0 / 10%	\$0 / 50%	
		After Ded	After Ded	
	Option2:			
		2020 -	2026	
		Network &	Non-	
		Traditional Indemnity	<u>Network</u>	
	Preventive	\$0 / 0%	No	
		Ded waived	Benefit	
	Sickness/Illness	\$0 / 10% After Ded	\$0 / 50% After Ded	
		Alter Dea	Aitel Ded	
	Note: Non-Network	: The methodol	ogy for calculat	ing the Allowable Charge for all categories of Non-Network expenses
	may be changed fro	om time to time a	it the Company	s discretion.
Office Visit	Current Employees	, 2009 New Hire	s, 2012 New Hi	res, 2015 New Hires & 2022 New Hires
Copay /				
Coinsurance	Option 1:			
				_
			- 2026	
		Network & Traditional	Non- Network	
		Indemnity	<u> </u>	
	Preventive	\$0 / 0%	No Benefit	
	Sickness/Illness	Ded waived \$0 / 10%	\$0 / 50%	-
	Gloki iess/illi iess	After Ded	After Ded	
	Option 2:			
			- 2026	
		Network & Traditional	Non- Network	
		Indemnity		
	Preventive	\$0 / 0% Ded waived	No Benefit	
	Sickness/Illness	\$0 / 10%	\$0 / 50%	1
		After Ded	After Ded	

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 & 2022 New Hires Option 1: 2020 – 2026 Network & Non-Traditional Indemnity Network & Nofer Ded Option 2: 2020 - 2026 Network & Non-Traditional Indemnity Network & Nofer Ded \$0 / 10% \$0 / 50% After Ded After Ded
Emergency Room Facility/Professional Services Copay / Coinsurance (Emergencies)	Current Employees, 2009 New Hires, 2012 New Hires & 2022 New Hires Option 1: 2020 - 2026 Network & Non-Traditional Indemnity 1 Network Non-After Ded
Hospital Inpatient/Outpatient Facility/Professional Services Copay / Coinsurance	2020 - 2026 Network & Non- Network Indemnity \$0 / 10% \$0 / 10% After Ded After Ded After Ded Current Employees, 2009 New Hires, 2012 New Hires & 2022 New Hires 2020 - 2026 Network & Non- Traditional Network Indemnity S0 / 10% \$0 / 50% \$0 /
	\$0 / 10%

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Tests (all tests including x-ray, radiology, lab test,	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
etc.) Copay/ Coinsurance	Option 1:
	2020 - 2026 Network & Non- Traditional Network
	Traditional Network Indemnity
	Ded Waived Sickness/Illness \$0 / 10% \$0 / 50%
	After Ded After Ded
	Option 2:
	<u>2020 - 2026</u>
	Network & Non- Traditional Network
	Preventive \$0 / 0% No Benefit
	Ded Waived \$0 / 10% \$0 / 50%
	Sickness/Illness After Ded After Ded
Hearing Benefit	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	Option 1:
	2020 - 2026
	Network & Non- Traditional Network
	Indemnity
	After Ded After Ded
	Option 2:
	<u>2020 - 2026</u> <u>Network & Non-</u>
	Traditional Network Indemnity
	\$0 / 10% \$0 / 50% After Ded After Ded

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Mental	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Health/Substance Abuse (MH/SA) Copay / Coinsurance	Option 1:
	<u>2020 - 2026</u>
	Network & Non- Traditional Indemnity
	Out Patient \$0 / 10% \$0 / 50% & In Patient After Ded After Ded
	Option 2:
	<u>2020 - 2026</u>
	Network & Non- Traditional Indemnity
	Out Patient \$0 / 10% \$0 / 50%
	& In Patient After Ded After Ded

Annual	Current En	nployees, 200	9 New Hires	, 2012 New Hi	res, 2015 Ne	w Hires & 2022	New Hires		
Out-of-Pocket				0	Dealest May	A A			
Maximums (OOP)		Out-of-Pocket Maximum Amounts (including Annual Deductible)							
(001)	Option 1:								
		-		T		T		1	
		202		202		202			
		Network & Traditional	Non- Network	Network & Traditional	Non- Network	Network & Traditional	Non- Network		
		Indemnity	HOLWOIK	Indemnity	HOUNDIN	Indemnity	HOLWOIK		
	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		
		202	72	202	24	202	95	202	26
		Network &	Non-	Network &	Non-	Network &	Non-	Network &	Non-
		Traditional	Network	Traditional	Network	Traditional	Network	Traditional	Network
		Indemnity	044.050	Indemnity	# 40.000	Indemnity	0 40.000	Indemnity	A40.000
	Ind Family	\$3,750 \$7.500	\$11,250 \$22,500	\$4,000 \$8,000	\$12,000 \$24,000	\$4,200 \$8,400	\$12,600 \$25,200	\$4,400 \$8,800	\$13,200 \$26,400
	Ганну	\$7,500	\$22,500	\$6,000	φ24,000	φ6,400	\$25,200	\$6,600	\$20,400
	The follow	ing Out-of-Poo	cket Maximu	m provisions w	ill apply to O	ption 1:			
	(Integrated	d with Med/Sur	rg, MH/SA, C	CarePlus)					
	If the cove	raga tiar ia Ea	mily the For	nily Out Of Do	akat Maximu	m must be met	hoforo the C	rogram nava 1	000/ of the
						m must be met Im will pay 100			
						individual fami			
						y Out-Of-Pocke			
	The follow		costs paid by	y the participar		rd the applicab			
	The follow	ing additional out-of-Pocket N	costs paid by	y the participar		•			
	The follow Network O - Dedu	ing additional out-of-Pocket M octibles	costs paid b Maximum am	y the participar nounts:	nt apply towa	rd the applicab	le Network a		
	The follow Network O - Dedu	ing additional i rut-of-Pocket N uctibles	costs paid by Maximum am	y the participar nounts:	nt apply towa	rd the applicab	le Network a		
	The follow Network O - Dedu	ing additional out-of-Pocket Nuctibles 202 Network & Traditional	costs paid b Maximum am	y the participar nounts:	nt apply towa	rd the applicab 202 Network & Traditional	le Network a		
	The following Network O - Dedu	ing additional out-of-Pocket Nuctibles 202 Network & Traditional Indemnity	costs paid by Maximum am 20 Non- Network	y the participar nounts: 202 Network & Traditional Indemnity	at apply towa	rd the applicab 202 Network & Traditional Indemnity	le Network a		
	The following Network O - Dedu Option 2:	ing additional out-of-Pocket Nuctibles 202 Network & Traditional Indemnity \$ 6,650	costs paid by Maximum am 20 Non- Network \$19,950	y the participar nounts: 202 Network & Traditional Indemnity \$ 6,650	21 Non-Network	202 Network & Traditional Indemnity \$ 6,650	le Network a 2 Non- Network \$19,950		
	The following Network O - Dedu	ing additional out-of-Pocket Nuctibles 202 Network & Traditional Indemnity	costs paid by Maximum am 20 Non- Network	y the participar nounts: 202 Network & Traditional Indemnity	at apply towa	rd the applicab 202 Network & Traditional Indemnity	le Network a		
	The following Network O - Dedu Option 2:	ing additional out-of-Pocket Nuctibles 202 Network & Traditional Indemnity \$ 6,650	costs paid by Maximum and Maxi	y the participar nounts: 202 Network & Traditional Indemnity \$ 6,650	21 Non- Network \$19,950 \$39,900	202 Network & Traditional Indemnity \$ 6,650	22 Non- Network \$19,950 \$39,900		Indemnity o
	The following Network O - Dedu Option 2:	ning additional fult-of-Pocket Muctibles 202 Network & Traditional Indemnity \$ 6,650 \$ 13,300 202 Network & Metwork	costs paid by Maximum am 20 Non- Network \$19,950 \$39,900 23 Non-	v the participar rounts: 202	21 Non- Network \$19,950 \$39,900	202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Metwork & Met	22 Non- Network \$19,950 \$39,900	nd Traditional	Indemnity o
	The following Network O - Dedu Option 2:	ning additional out-of-Pocket Muctibles 202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity Traditional Indemnity Traditional Indemnity Traditional Indemnity Traditional Indemnity Traditional Index Network & Traditional	20 Non-Network \$19,950 \$39,900	y the participar rounts: 202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional	21 Non-Network \$19,950 \$39,900	202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity Traditional Indemnity Traditional Index 8 Traditional	22 Non- Network \$19,950 \$39,900	nd Traditional 202 Network & Traditional	Indemnity o
	The following Network O - Dedu Option 2:	ning additional fult-of-Pocket Muctibles 202 Network & Traditional Indemnity \$ 6,650 \$ 13,300 202 Network & Metwork	costs paid by Maximum am 20 Non- Network \$19,950 \$39,900 23 Non-	v the participar rounts: 202	21 Non- Network \$19,950 \$39,900	202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Metwork & Met	22 Non- Network \$19,950 \$39,900	nd Traditional	Indemnity o
	The following Network O - Dedu Option 2:	ning additional out-of-Pocket Nuctibles 202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity Indemnity	costs paid by Maximum am 20 Non- Network \$19,950 \$39,900 23 Non- Network	y the participar rounts: 202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity	21 Non- Network \$19,950 \$39,900 \$24 Non- Network	202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity	Network a Non-Network \$19,950 \$39,900 Non-Network Non-Network Network Network	nd Traditional 202 Network & Traditional Indemnity	Indemnity of Mon-Network
	The follow Network O - Dedu Option 2: Ind Family Ind Family	ning additional out-of-Pocket Nuctibles 202 Network & Traditional Indemnity \$ 6,650 \$13,300 202 Network & Traditional Indemnity \$ 6,750 \$13,500	20 Non-Network \$19,950 \$39,900 23 Non-Network \$20,250 \$40,500	y the participar rounts: 202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity \$ 6,650 \$13,300	21 Non- Network \$19,950 \$39,900 24 Non- Network \$20,550 \$41,100	Network & Traditional Indemnity \$ 6,650 \$13,300 \$13,400 \$13,900	Network a Non- Network	nd Traditional 202 Network & Traditional Indemnity \$ 7,050	26 Non- Network
	The following Network O - Dedu Option 2: Ind Family Ind Family The following The following Network O - Dedu Option 2: Ind Family	ning additional out-of-Pocket Nuctibles 202 Network & Traditional Indemnity \$ 6,650 \$13,300 202 Network & Traditional Indemnity \$ 6,750 \$13,500	20 Non-Network \$19,950 \$39,900 23 Non-Network \$20,250 \$40,500 cket Maximu	v the participar rounts: 202	21 Non- Network \$19,950 \$39,900 24 Non- Network \$20,550 \$41,100	Network & Traditional Indemnity \$ 6,650 \$13,300 \$13,400 \$13,900	Network a Non- Network	nd Traditional 202 Network & Traditional Indemnity \$ 7,050	26 Non- Network
	The follow Network O - Dedu Option 2: Ind Family Ind Family The follow (Integrated)	ning additional out-of-Pocket Muctibles 202	20 Non- Network \$19,950 \$39,900 23 Non- Network \$20,250 \$40,500 cket Maximu	v the participar rounts: 202	21 Non- Network \$19,950 \$39,900 24 Non- Network \$20,550 \$41,100 ill apply to O	202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity \$ 6,950 \$13,900 ption 2:	Network a Non- Network	Network & Traditional Indemnity \$ 7,050 \$14,100	26 Non- Network \$21,150 \$42,300
	The follow Network O - Dedu Option 2: Ind Family Ind Family The follow (Integrated If the cove	ing additional out-of-Pocket Nuctibles	20 Non- Network \$19,950 \$39,900 23 Non- Network \$20,250 \$40,500 cket Maximu rg, Rx, MH/S mily, the Far	v the participar rounts: 202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity \$ 6,850 \$13,700 m provisions was A, CarePlus) nily Out-Of-Poor	21. Non- Network \$19,950 \$39,900 24 Non- Network \$20,550 \$41,100 cket Maximul	202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity \$ 6,950 \$13,900 ption 2:	22	Network & Traditional Indemnity \$ 7,050 \$14,100	26 Non- Network \$21,150 \$42,300
	The following Network On - Deduction 2: Ind Family Ind Family The following (Integrated Allowable Expenses)	Network & Traditional Indemnity \$ 6,650 \$13,300 \$13,500 \$13,500 \$13,500 \$10 \$13,500 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$	20 Non- Network \$19,950 \$39,900 23 Non- Network \$20,250 \$40,500 cket Maximu rg, Rx, MH/S mily, the Far ligible Exper	y the participar rounts: 202	Non- Network \$19,950 \$39,900 24 Non- Network \$20,550 \$41,100 cket Maximulat the Prograervices for an	202 Network & Traditional Indemnity \$ 6,650 \$13,300 Network & Traditional Indemnity \$ 6,950 \$13,900 ption 2:	Non- Network \$19,950 \$39,900 \$39,900 \$5 Non- Network \$20,850 \$41,700 \$41,700	Network & Traditional Indemnity \$ 7,050 \$14,100	Non-Network \$21,150 \$42,300
	Ind Family Ind Family The following the coverage of the coverage applicable in the coverage of the coverage	Network & Traditional Indemnity \$ 6,750 \$13,500 ing Out-of-Pool with Med/Surrage tier is Fal Charges for E for Network an Individual Out	20 Non- Network \$19,950 \$39,900 23 Non- Network \$20,250 \$40,500 cket Maximu rg, Rx, MH/S mily, the Far ligible Exper nd Traditiona	Network & Traditional Indemnity \$ 6,850 \$13,700 m provisions was A, CarePlus) mily Out-Of-Pouses, except that Indemnity Se Maximum, ever	Non-Network \$19,950 \$39,900 24 Non-Network \$20,550 \$41,100 cket Maximulat the Programics for an if the Familian	Network & Traditional Indemnity \$ 6,650 \$13,300 \$13,300 \$13,900 \$13,900 \$100 \$13,900 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$	Non-Network \$19,950 \$39,900 S Non-Network \$20,850 \$41,700 before the F of the Allo ly member of the Maximum	Network & Traditional Indemnity \$ 7,050 \$14,100	Non-Network \$21,150 \$42,300 00% of the s for Eligible ual meets the net.
	Ind Family Ind Family The following the following the cover Allowable of Expenses applicable The following the	ning additional out-of-Pocket Muctibles	20 Non- Network \$19,950 \$39,900 23 Non- Network \$20,250 \$40,500 cket Maximu rg, Rx, MH/S mily, the Far ligible Exper nd Traditionat-Of-Pocket I costs paid by	y the participar pounts: 202	Non-Network \$19,950 \$39,900 24 Non-Network \$20,550 \$41,100 cket Maximulat the Programics for an if the Familian	Network & Traditional Indemnity \$ 6,650 \$13,300 \$13,900 \$t13,900 \$	Non-Network \$19,950 \$39,900 S Non-Network \$20,850 \$41,700 before the F of the Allo ly member of the Maximum	Network & Traditional Indemnity \$ 7,050 \$14,100	Non-Network \$21,150 \$42,300 00% of the s for Eligible ual meets the net.
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<u>2020 – 2026</u>

\$0 \$0

Deductible:

Individual Family

Provision Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires

Out-of-Pocket Maximum:

	2020 - 2022
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 Copays:

(Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions).

	2020-2022
Generic	\$10
Preferred	\$40
Non-Preferred	\$80

	2023	2024	2025	<u>2026</u>
Generic	\$10	\$10	\$10	\$10
Preferred	\$40	\$45	\$45	\$45
Non-Preferred	\$80	\$90	\$90	\$90

Retail - Non-Network Copays:

Participant pays the greater of the applicable Network Copays or balance remaining after the program pays 75% of network retail cost.

Mail Order Copays:

(Up to 90-day supply subject to Advanced Control Specialty Formulary provisions)

	2020	<u>2021</u>	2022
Generic	\$20	\$20	\$20
Preferred	\$80	\$80	\$80
Non-Preferred	\$160	\$160	\$160

	2023	2024	2025	2026
Generic	\$20	\$20	\$20	\$20
Preferred	\$80	\$90	\$90	\$90
Non-Preferred	\$160	\$180	\$180	\$180

Option 2:

Deductible: Integrated with Med/Surg, MH/SA, CarePlus.

Out-of-Pocket Maximum: Integrated with Med/Surg, MH/SA, CarePlus.

Retail - Network Copays:

(Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions)

	2020-2022
Generic	\$10
Preferred	\$40
Non-Preferred	\$80

	2023	2024	2025	2026
Generic	\$10	\$10	\$10	\$10
Preferred	\$40	\$45	\$45	\$45
Non-Preferred	\$80	\$90	\$90	\$90

Retail - Non-Network Copays:

Participant pays the greater of the applicable Network Copay or balance remaining after the program pays 75% of network retail cost.

Mail Order Copays:

(Up to 90-day supply subject to Advanced Control Specialty Formulary provisions)

	<u>2020</u>	<u>2021</u>	<u>2022</u>
Generic	\$20	\$20	\$20
Preferred	\$80	\$80	\$80
Non-Preferred	\$160	\$160	\$160

Provision	Current Employe	es, 2009 No	ew Hires, 2012	2 New Hires	2015 New	Hires & 2022 New Hires
		2023	2024	2025	2026	
	Generic	\$20	\$20	\$20	\$20	
	Preferred	\$80	\$90	\$90	\$90	1
	Non-Preferred	\$160	\$180	\$180	\$180]
	The following provi Mandatory mail o Specialty pharma Personal Choice	rder for main cy program - 100% parti	tenance Rx – A			etail.
	Mandatory Gener Advanced Contro New Standard Pr Generic Step The	Specialty For Special	•			
Employee Assistance	e Program (EAP)					
Program	Current Employees AT&T Employee As	ssistance Pro	gram	w Hires, 2015	New Hires &	2022 New Hires
	No change from cu	rrent prograr	n.			
Visit Limit	Current Employees	, 2009 New I	Hires, 2012 Nev	w Hires, 2015	New Hires &	2022 New Hires
	Continues to provid	le up to 5 EA	P visits per per	son per issue		
Disability						
Program	Current Employees Legacy AT&T Disa	, 2009 New oility Benefit	Hires & 2012 No Program	ew Hires		
	No change from cu	rrent prograr	n.			
	2015 New Hires & 2	2022 New Hi	<u>res</u>			
	•				ry Plan Desc	ription, except as provided below.
Short Term Disability (STD)	Current Employees Legacy AT&T Disa			<u>ew Hires</u>		
	No change from cu	rrent prograr	n.			
	2015 New Hires & AT&T Disability Inc			in the Summa	ıry Plan Desc	ription.
	No change from cu	rrent prograr	n.			
Long-Term Disability (LTD)	Current Employees Legacy AT&T Disa			ew Hires,		
	No change from cu	rrent prograr	n.			
	2015 New Hires & The AT&T Disability employees are not	/ Income Pro	gram as descri	bed in the Su	mmary Plan I	Description except that Temporary and Term
	No change from cu	rrent progran	n.			
Dental	Current Employees	2000 Nove	Hiron 2012 No.	u Hiroc 2045	Now Hiros	2022 Now Hiron
Program	AT&T Dental Prog					
	Dental PPO DHMO (available)	e at the disc	retion of the Co	mpany)		
Eligibility for	Current Employees	, 2009 New	Hires, 2012 Nev	w Hires, 2015	New Hires &	2022 New Hires
Coverage	Eligibility for covera				nonth in whic	h 6 months net credited service (NCS) is attained

Provision	Current Emple	oyees, 2009	New Hires,	2012 New Hir	es, 2015 New	Hires & 202	2 New Hires		
Eligibility for Company Subsidy	Current Employ Company subsi (also referred to	dy continues	to begin on fir	st day of the m				(NCS) is attained	
Active (Full-Time) Monthly	Current Employ	ees, 2009 Ne	ew Hires, 2012	2 New Hires, 20	15 New Hires	& 2022 New H	ires		
Contributions	Dental PPO or I	DHMO (if ava	ailable):	Co	entribution Amo	ounts			
		2020	2021	2022	2023	2024	2025	2026	
	Individual	\$7.00	\$8.00	\$8.00	\$8.00	\$8.00	\$9.00	\$9.00	
	Ind+1	\$14.00	\$17.00	\$17.00	\$17.00	\$17.00	\$19.00	\$19.00	
	Family	\$23.00	\$27.00	\$27.00	\$27.00	\$27.00	\$30.00	\$30.00	
Active (Part-Time) Monthly Contributions	Current Employ Provisions will a Note: Calculation	apply as indic	ated in the Su	mmary Plan De	escription.	& 2022 New H	<u>ires</u>		
Deductible	Current Employ Provisions will a					<u>& 2022 New H</u>	<u>ires</u>		
Annual Maximum Benefit	Current Employ Provisions will a	ees, 2009 Ne apply as indic	ew Hires, 2012 ated in the Su	New Hires, 20 mmary Plan De	115 New Hires escription.	& 2022 New H	<u>ires</u>		
Orthodontic Lifetime Maximum	Current Employ Provisions will a					<u>& 2022 New H</u>	<u>ires</u>		
Coverage Levels	Current Employ Provisions will a	apply as indic	ated in the Su	mmary Plan De	escription.		<u></u>		
Outside Network Area (ONA)	Current Employ Provisions will a	ees, 2009 Ne apply as indic	ew Hires, 2012 ated in the Su	New Hires, 20 mmary Plan De	15 New Hires escription.	& 2022 New H	ires_		
Vision									
Program	Current Employ AT&T Vision Po						<u>ires</u>		
Eligibility for	Current Employ	ees, 2009 Ne	ew Hires, 2012	New Hires, 20	15 New Hires	& 2022 New H	<u>ires</u>		
Coverage	Eligibility for cov	0		,	e month in whi	ch 6 months n	et credited serv	ice (NCS) is attain	ned
Eligibility for	Current Employ	ees, 2009 Ne	ew Hires, 2012	New Hires, 20	15 New Hires	& 2022 New H	<u>ires</u>		
Company Subsidy		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)).) is	
Active	Current Employ	ees, 2009 Ne	ew Hires, 2012	New Hires, 20	15 New Hires	& 2022 New H	<u>ires</u>		
(Full-Time) Monthly Contributions	Contributions as they change from time to time.								
			ntribution unts 2018*						
	Individual		\$2.50						
	Ind+1		\$4.50						
	Family		\$8.00						
	*The 2018 conti			•	. ,				
Active (Part-Time) Monthly Contributions	Current Employ Provisions will a					<u>& 2022 New H</u>	ires		

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
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 Ac	count (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.
Contribution	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Minimum/Maximums	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 Medica	al 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.
Monthly	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Contributions	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	
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.
Active Benefits	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	No change from current program. *
5.6	*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

Provision	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Coverage	2012 New Hires, 2015 New Hires & 2022 New Hires
	Not available; closed to new entrants as of 5/1/2012.
	Current Employees and 2009 New Hires 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.
Adoption	
Policy	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires AT&T Adoption Reimbursement Policy
	No change from current policy.
Coverage	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	No change from current policy.
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.

Provision	Eligible Retired Employees
Retiree Provisions	Effective 1/1/2020: Applicable for the term of the 2022 Extension Agreement to Eligible Retired Employees who terminate after April 9, 2022 but during the term of the 2022 Extension Agreement.
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	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. 2015 New Hires & 2012 New Hires No change from current program, as follows: 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. 2009 New Hires No change from current program, as follows: 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. *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion. Current Employees No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.

Provision	Eligible Retired Employees
Eligible Retired	
Employees (Part-Time) Monthly	2022 New Hires Eligible Retired Employees who are Non-Medicare eligible will pay 100% of full cost of coverage* with no Company subsidy.
Contributions	Eligible Retired Employees who are Medicare eligible are ineligible for coverage.
	2015 New Hires & 2012 New Hires No change from current program, as follows: 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.
	 2009 New Hires No change from current program, as follows: 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.
	*Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.
	<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.
Medicare Part-B	2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Premium Reimbursement	Not Eligible.
	Current Employees No change from current program.
Definition of Pay	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	Refer to the Summary Plan Description for the plan in which they were active participants.
Health Reimbursemen	nt Account (HRAs)
Tiourin Rollingar conton	` `
	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	None.
	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.
Supplemental Medical	
Program	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	No change from current program.
Monthly Contributions	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
Contributions	No change from current program.
	Note: Contributions continue to be 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 current program, except those required to comply with healthcare reform legislation (PPACA).
	The Company continues to retain the unilateral right to about a result, and discontinue that he was a
	The Company continues to retain the unilateral right to change, modify, amend, and discontinue the benefits offered under CarePlus.

Provision	Eligible Retired Employees
Program	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.
Eligible Retired Employees (Full-Time) Monthly Contributions	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. 2015 New Hires & 2012 New Hires No change from current program, as follows: 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. 2009 New Hires No change from current program, as follows: 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. *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion. Current Employees No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.
Eligible Retired Employees (Part-Time) Monthly Contributions	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. 2015 New Hires & 2012 New Hires No change from current program, as follows: 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. 2009 New Hires No change from current program, as follows: 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. * Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion. Current Employees No change from current program, as follows: The contribution shall continue to be the same as for similarly situated active Current Employees.
Life Insurance	
Eligible Retired Employees	2022 New Hires \$15,000 Retiree Basic Life
Basic Life (Company Paid)	These provisions will continue to apply:
(2015 New Hires, 2012 New Hires & 2009 New Hires \$15,000 Retiree Basic Life Current Employees 1X Annual Pay 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.

Provision	Eligible Retired Employees
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	Current Employees, 2009 New Hires, 2012 New Hires, 2015 New Hires & 2022 New Hires
	No change from current program.
Vision	
Eligible Retired Employees Vision Program	2022 New Hires Eligible Retired Employees shall be eligible to participate in the AT&T Eligible Former Employee Vision Program.
Vision Frogram	Current Employees, 2009 New Hires, 2012 New Hires, & 2015 New Hires
	Eligible Retired Employees shall continue to be eligible to participate in the AT&T Eligible Former Employee Vision Program.
Eligible Retired Employees Monthly Retiree Contributions	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.
	2015 New Hires & 2012 New Hires No change from current program, as follows: 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.
	Current Employees & 2009 New Hires No change from current program, as follows: Eligible Retired Employees will continue to pay 100% of full cost of coverage* with no Company subsidy.
	*Note: Calculation of the full cost of coverage is subject to change from time to time at the sole discretion of the Company.

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