

Health Plan Comparison 2020 to 2024

Medical-2015, 2012, 2009 new hires and current employees	2020		2021		2022		2023		2024	
	Opt 1	Opt 2	Opt 1	Opt 2	Opt 1	Opt 2	Opt 1	Opt 2	Opt 1	Opt 2
Options	Opt 1	Opt 2	Opt 1	Opt 2	Opt 1	Opt 2	Opt 1	Opt 2	Opt 1	Opt 2
Premiums Inv.	\$128	\$78	\$132	\$84	\$137	\$90	\$145	\$97	\$153	\$104
Premiums Family	\$333	\$214	\$356	\$230	\$375	\$245	\$397	\$264	\$418	\$283
2019 New Hires and Future New Hires										
Premiums Inv.	\$152	\$101	\$156	\$108	\$163	\$115	\$172	\$123	\$181	\$131
Premiums Family	\$395	\$276	\$422	\$295	\$444	\$314	\$469	\$337	\$494	\$359
Deductible/out of pocket										
Deductibles-Inv—in network	\$725	1,450	\$750	\$1,500	\$800	\$1,550	\$850	\$1,600	\$900	\$1,650
Deductibles-Inv-out of network	\$2,175	\$4,350	\$2,250	\$4,500	\$2,400	\$4,650	\$2,550	\$4,800	\$2,700	\$4,950
Deductibles-Fam.—in network	\$1,450	\$2,900	\$1,500	\$3,000	\$1,600	\$3,100	\$1,700	\$3,200	\$1,800	\$3,300
Deductibles-Fam—out of network	\$4,350	\$8,700	\$4,500	\$9,000	\$4,800	\$9,300	\$5,100	\$9,600	\$5,400	\$9,900
Out of pocket Max-Inv.—in network	\$3,500	\$6,450	\$3,500	\$6,550	\$3,500	\$6,650	\$3,500	\$6,650	\$3,500	\$6,750
Out of pocket Max-Inv.—out of network	\$10,500	\$19,350	\$10,500	\$19,650	\$10,500	\$19,950	\$10,500	\$19,950	\$10,500	\$20,250
Out of pocket Max-Fam.—in network	\$7,000	\$12,900	\$7,000	\$13,100	\$7,000	\$13,300	\$7,000	\$13,300	\$7,000	\$13,500
Out of pocket Max-Fam.—out of network	\$21,000	\$38,700	\$21,000	\$39,300	\$21,000	\$39,900	\$21,000	\$39,900	\$21,000	\$40,500
Tobacco Use Contributions <i>*See definition on following page</i>	\$50		\$60		\$65		\$70		\$75	
Working Spouse Contributions <i>*See definition on following page</i>	\$0		\$100		\$100		\$110		\$115	
Prescriptions										
Retail—Generic/30 day	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Retail-Formulary/Preferred/30 day	\$35	\$35	\$35	\$35	\$40	\$40	\$40	\$40	\$45	\$45
Retail-Non-Formulary/Preferred/30 day	\$70	\$70	\$70	\$70	\$80	\$80	\$80	\$80	\$90	\$90
Mail Order-Generic/90 day	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Mail Order-Formulary/Preferred/90 day	\$70	\$70	\$70	\$70	\$80	\$80	\$80	\$80	\$90	\$90
Mail Order-Non-Formulary/Preferred/90 day	\$140	\$140	\$140	\$140	\$160	\$160	\$160	\$160	\$180	\$180
Out of pocket Max—Individual	\$1,400	With Med.	\$1,500	With Med.	\$1,600	With Med.	\$1,700	With Med.	\$1,700	With Med.
Out of pocket Max-Family	\$2,800		\$3,000		\$3,200		\$3,400		\$3,400	

Dental					
Individual	\$7	\$7	\$7	\$7	\$7
Individual + 1	\$15	\$15	\$15	\$15	\$15
Family	\$26	\$26	\$26	\$26	\$26
Vision					
Individual	\$2	\$2	\$2	\$2	\$2
Individual + 1	\$5	\$5	\$5	\$5	\$5
Family	\$9	\$9	\$9	\$9	\$9

* Tobacco Use Additional Medical Contribution: Will start on June 1st 2020.

Employees and/or spouses/LRPs who use tobacco, are enrolled in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) and who choose not to participate in a designated Tobacco Cessation program will pay an additional monthly contribution toward their cost of coverage. The employee and/or spouse/LRPs 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, participation and completion. A tobacco user is currently defined as someone who has used tobacco products more frequently than once a month. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco. The definitions of engagement, tobacco user, 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. The Yearly amounts are below:

2020	2021	2022	2023	2024
\$50	\$60	\$65	\$70	\$75

Working Spouse Contribution: Will begin on January 1, 2021

* Participants whose spouse/LRP enrolls in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) but otherwise has access to medical coverage through their employer, excluding AT&T, will pay an additional monthly contribution toward their cost of coverage. The monthly additional contribution is shown below. The participant must attest that his or her spouse/LRP does not have access to medical coverage otherwise the additional contribution will be applied. See Below:

2020	2021	2022	2023	2024
\$0	\$100	\$100	\$110	\$115

