AT&T Inc. 2020 AT&T Pre-Medicare Bargained Programs

<u>Statistics</u>			
Monthly Contributions (Ind.	/ Ind+1	/ Ind+Fam) - Low Cost Carrier

Monthly Contributions (Ind / Ind+1 / Ind+Fam) - High Cost Carrier

Medical Components

Deductibles (Individual/Family)

Coinsurance

OOP Max (Individual/Family)

OOP Max Type

Copays

Office Visits

Hospital ER

Hospital Admission

Rx Components

Deductibles

Coinsurance (Preferred/Non-Preferred)

OOP Max

OOP Max Type

Coinsurance Maximums

Retail Generic

Retail Preferred

Retail Non-Preferred

Mail Generic

Mail Preferred

Mail Non-Preferred

AT&T SelectMed	AT&T SelectMed	AT&T SelectMed
Option 1	Option 2	Option 3
\$115/\$205/\$280	\$55/\$95/\$130	\$0/\$35/\$50
\$155/\$270/\$370	\$85/\$150/\$205	\$30/\$80/\$110
\$1,400/\$2,800	\$2,000/\$4,000	\$3,000/\$6,000
10%	20%	30%
\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800
Individual Basis	Individual Basis	Individual Basis
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
10%/80%	20%/80%	30%/80%
Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
Individual Basis	Individual Basis	Individual Basis
\$50	\$50	\$50
\$400	\$400	\$400
N/A	N/A	N/A
\$100	\$100	\$100
\$800	\$800	\$800
N/A	N/A	N/A

Notes:

Medical Provisions outlined are a summary.

Non-network deductible, coinsurance, and OOP maximum are \$6,000/\$12,000, 80%, and \$13,800/\$27,600, respectively

Rx Provisions outlined are a summary.

Coinsurance maximum for non-preferred, if exception, equals formulary coinsurance maximum

This chart includes a summary of benefit plan design descriptions for discussion purposes.

In all cases, the official documents for the Plan govern and are the final authority of the terms of the Plan. If there are any discrepancies between the information in this document and the Plan, the Plan documents will control.