

IBEW System Council T-3 Benefits Outline Summary

4/21 AM

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires
Active Employees	AT&T Midwest and SBC Global Services, Inc.
Effective Date(s)	Health & Welfare: 1/1/2018
Eligibility	
For Medical, Dental, Vision, CarePlus, and Life Insurance (unless otherwise specified)	<p>2013 New Hires, 2009 New Hires and Current Employees Follow provisions of the applicable program: Medical – AT&T Midwest Medical Program Dental – AT&T Dental Program (Bargained Employees) Vision – AT&T Vision Program (Bargained Employees) Disability – AT&T Midwest Disability Benefits Program CarePlus – AT&T CarePlus - A Supplemental Benefit Program Life Insurance – AT&T Group Life Insurance Program for Active Employees*</p> <p>2017 New Hires Follow provisions of the applicable program: Medical – AT&T Midwest 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*</p> <p>*includes Supplemental Life and Dependent Life provisions.</p>
Health Reimbursement Account (HRAs)	
	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees None.</p> <p>Note: No additional Company crediting. Current Employees and 2009 New Hires who have remaining account balances will continue to have access to those account balances subject to provisions of the Program.</p>
Medical	
Program	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Midwest Medical Program</p> <p>The Company will continue to provide fully insured coverage options such as HMOs at the discretion of the Company.</p> <p>No change from current program except as provided below:</p>
Dependent Eligibility	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.</p>
Eligibility for Company Subsidy	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program except as noted below:</p> <p>Individual Coverage: Company subsidy for Employees enrolled in Company-sponsored Individual medical coverage (including fully insured coverage options, if available) will 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>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 NCS is attained (also referred to as 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.</p>

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Active (Full-Time) Monthly Contributions	<p>2013 New Hires (hired before 1/1/2016), 2009 New Hires and Current Employees</p> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="594 296 1425 373"> <thead> <tr> <th>Option 1</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$105</td> <td>\$113</td> <td>\$126</td> <td>\$149</td> <td>\$165</td> </tr> <tr> <td>Family</td> <td>\$264</td> <td>\$296</td> <td>\$330</td> <td>\$390</td> <td>\$433</td> </tr> </tbody> </table> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="594 415 1425 493"> <thead> <tr> <th>Option 2</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$46</td> <td>\$59</td> <td>\$72</td> <td>\$95</td> <td>\$112</td> </tr> <tr> <td>Family</td> <td>\$121</td> <td>\$154</td> <td>\$189</td> <td>\$250</td> <td>\$293</td> </tr> </tbody> </table> <p>2017 New Hires</p> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="594 579 1425 657"> <thead> <tr> <th>Option 1</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$138</td> <td>\$144</td> <td>\$150</td> <td>\$158</td> <td>\$165</td> </tr> <tr> <td>Family</td> <td>\$362</td> <td>\$377</td> <td>\$394</td> <td>\$414</td> <td>\$433</td> </tr> </tbody> </table> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="594 699 1425 777"> <thead> <tr> <th>Option 2</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$84</td> <td>\$90</td> <td>\$97</td> <td>\$104</td> <td>\$112</td> </tr> <tr> <td>Family</td> <td>\$220</td> <td>\$236</td> <td>\$254</td> <td>\$273</td> <td>\$293</td> </tr> </tbody> </table>	Option 1	2018	2019	2020	2021	2022	Individual	\$105	\$113	\$126	\$149	\$165	Family	\$264	\$296	\$330	\$390	\$433	Option 2	2018	2019	2020	2021	2022	Individual	\$46	\$59	\$72	\$95	\$112	Family	\$121	\$154	\$189	\$250	\$293	Option 1	2018	2019	2020	2021	2022	Individual	\$138	\$144	\$150	\$158	\$165	Family	\$362	\$377	\$394	\$414	\$433	Option 2	2018	2019	2020	2021	2022	Individual	\$84	\$90	\$97	\$104	\$112	Family	\$220	\$236	\$254	\$273	\$293														
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<p>Mental Health/Substance Abuse (MH/SA) Copay / Coinsurance</p>	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees</p> <p>Option 1:</p> <table border="1" data-bbox="472 304 927 493"> <thead> <tr> <th colspan="3">2018-2022</th> </tr> <tr> <th></th> <th>Network/ PPO/ONA</th> <th>Non- Network/ Non-PPO</th> </tr> </thead> <tbody> <tr> <td>Preventive</td> <td>\$0 / 0% Ded waived</td> <td>No Benefit</td> </tr> <tr> <td>Sickness/Illness</td> <td>\$0 / 10% After Ded</td> <td>\$0 / 50% After Ded</td> </tr> </tbody> </table> <p>Option 2:</p> <table border="1" data-bbox="472 541 927 730"> <thead> <tr> <th colspan="3">2018-2022</th> </tr> <tr> <th></th> <th>Network/ PPO/ONA</th> <th>Non- Network/ Non-PPO</th> </tr> </thead> <tbody> <tr> <td>Preventive</td> <td>\$0 / 0% Ded waived</td> <td>No Benefit</td> </tr> <tr> <td>Sickness/Illness</td> <td>\$0 / 10% After Ded</td> <td>\$0 / 50% After Ded</td> </tr> </tbody> </table>	2018-2022				Network/ PPO/ONA	Non- Network/ Non-PPO	Preventive	\$0 / 0% Ded waived	No Benefit	Sickness/Illness	\$0 / 10% After Ded	\$0 / 50% After Ded	2018-2022				Network/ PPO/ONA	Non- Network/ Non-PPO	Preventive	\$0 / 0% Ded waived	No Benefit	Sickness/Illness	\$0 / 10% After Ded	\$0 / 50% After Ded																																																														
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<p>Annual Out-of-Pocket Maximums (OOP)</p>	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees</p> <p>Option 1:</p> <p style="text-align: center;">Out-of-Pocket Maximum Amounts (Including Annual Deductible)</p> <table border="1" data-bbox="472 842 1511 1003"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">2018</th> <th colspan="2">2019</th> <th colspan="2">2020</th> <th colspan="2">2021</th> <th colspan="2">2022</th> </tr> <tr> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$3,250</td> <td>\$9,750</td> <td>\$3,500</td> <td>\$10,500</td> <td>\$3,750</td> <td>\$11,250</td> <td>\$4,000</td> <td>\$12,000</td> <td>\$4,250</td> <td>\$12,750</td> </tr> <tr> <td>Family</td> <td>\$6,500</td> <td>\$19,500</td> <td>\$7,000</td> <td>\$21,000</td> <td>\$7,500</td> <td>\$22,500</td> <td>\$8,000</td> <td>\$24,000</td> <td>\$8,500</td> <td>\$25,500</td> </tr> </tbody> </table> <p>(Integrated Med/Surg, MH/SA) Out-of-Pocket Maximum provisions: No change from current program, except as provided below:</p> <p>The following additional costs paid by the participant apply toward the applicable Network/PPO/ONA or Non-Network/Non-PPO Out-of-Pocket Maximum amounts:</p> <ul style="list-style-type: none"> • Deductibles • Coinsurance <p>Option 2:</p> <p style="text-align: center;">Out-of-Pocket Maximum Amounts (Including Annual Deductible)</p> <table border="1" data-bbox="472 1367 1511 1528"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">2018</th> <th colspan="2">2019</th> <th colspan="2">2020</th> <th colspan="2">2021</th> <th colspan="2">2022</th> </tr> <tr> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> <th>Network/ PPO/ ONA</th> <th>Non- Network/ Non- PPO</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$6,550</td> <td>\$19,650</td> <td>\$6,550</td> <td>\$19,650</td> <td>\$6,550</td> <td>\$19,650</td> <td>\$6,550</td> <td>\$19,650</td> <td>\$6,550</td> <td>\$19,650</td> </tr> <tr> <td>Family</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> </tr> </tbody> </table> <p>(Integrated with Med/Surg, Rx, MH/SA, CarePlus) Out-of-Pocket Maximum provisions:</p> <p>If the coverage tier is Family, the applicable 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/PPO/ONA Services for an individual family member once the individual meets the Network/PPO/ONA Individual Out-Of-Pocket Maximum, even if the Family Out-Of-Pocket Maximum has not been met.</p> <p>The following additional costs paid by the participant apply toward the applicable Network/PPO/ONA or Non-Network/Non-PPO Out-of-Pocket Maximum amounts:</p> <ul style="list-style-type: none"> • Deductibles • Coinsurance • Outpatient prescription drug allowable charges for eligible expenses 		2018		2019		2020		2021		2022		Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Ind	\$3,250	\$9,750	\$3,500	\$10,500	\$3,750	\$11,250	\$4,000	\$12,000	\$4,250	\$12,750	Family	\$6,500	\$19,500	\$7,000	\$21,000	\$7,500	\$22,500	\$8,000	\$24,000	\$8,500	\$25,500		2018		2019		2020		2021		2022		Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Network/ PPO/ ONA	Non- Network/ Non- PPO	Ind	\$6,550	\$19,650	\$6,550	\$19,650	\$6,550	\$19,650	\$6,550	\$19,650	\$6,550	\$19,650	Family	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300
	2018		2019		2020		2021		2022																																																																														
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IBEW System Council T-3 Benefits Outline Summary

Prescription Drug
Program (Rx)

2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees

Option 1:

Deductible:
None.Out-of-Pocket Maximum:
2018-2022
Ind \$1,200
Fam \$2,400Retail – Network Copays:
(Up to 30-day supply, limited to 2 fills for maintenance)

	2018	2019	2020	2021	2022
Generic	\$10	\$10	\$10	\$10	\$10
Preferred	\$35	\$35	\$35	\$35	\$35
Non-Preferred	\$80	\$70	\$80	\$80	\$80

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)

	2018	2019	2020	2021	2022
Generic	\$20	\$20	\$20	\$20	\$20
Preferred	\$70	\$70	\$70	\$70	\$70
Non-Preferred	\$120	\$140	\$160	\$160	\$160

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)

	2018	2019	2020	2021	2022
Generic	\$9	\$9	\$9	\$9	\$9
Preferred	\$35	\$35	\$35	\$35	\$35
Non-Preferred	\$70	\$70	\$70	\$70	\$70

Retail – Non-Network/Non-PPO 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)

	2018	2019	2020	2021	2022
Generic	\$18	\$18	\$18	\$18	\$18
Preferred	\$70	\$70	\$70	\$70	\$70
Non-Preferred	\$140	\$140	\$140	\$140	\$140

The following provisions will continue to apply to Option 1 and Option 2:

- Mandatory mail order for maintenance Rx – Applies after second fill at retail.
- Specialty pharmacy program
- Personal Choice – 100% participant-paid
- Mandatory Generic
- Compound medication limitation

The following provisions also apply to Option 1 and Option 2:

- Advanced Control Specialty Formulary

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires																		
	<ul style="list-style-type: none"> New Standard Prescription Drug Formulary Generic Step Therapy 																		
Employee Assistance Program (EAP)																			
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.																		
Visit Limit	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.																		
Disability																			
Program	2013 New Hires, 2009 New Hires and Current Employees No change from current program. 2017 New Hires Effective June 25, 2017, AT&T Disability Income Program as described in the Summary Plan Description except as provided below.																		
Short Term Disability (STD)	2013 New Hires, 2009 New Hires and Current Employees No change from current program. 2017 New Hires Benefit: Short-Term Disability Benefits and the other sources of income received are designed to replace 60 percent or 100 percent of Pay, based on your service as shown below: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th colspan="2">% of Pay</th> </tr> </thead> <tbody> <tr> <td>Term of Employment</td> <td>100%</td> <td>60%</td> </tr> <tr> <td>6 months < 2 years</td> <td>0 weeks</td> <td>26 weeks</td> </tr> <tr> <td>2 years < 5 years</td> <td>4 weeks</td> <td>22 weeks</td> </tr> <tr> <td>5 years < 15 years</td> <td>13 weeks</td> <td>13 weeks</td> </tr> <tr> <td>15 years or more</td> <td>26 weeks</td> <td>0 weeks</td> </tr> </tbody> </table>		% of Pay		Term of Employment	100%	60%	6 months < 2 years	0 weeks	26 weeks	2 years < 5 years	4 weeks	22 weeks	5 years < 15 years	13 weeks	13 weeks	15 years or more	26 weeks	0 weeks
	% of Pay																		
Term of Employment	100%	60%																	
6 months < 2 years	0 weeks	26 weeks																	
2 years < 5 years	4 weeks	22 weeks																	
5 years < 15 years	13 weeks	13 weeks																	
15 years or more	26 weeks	0 weeks																	
Long-Term Disability (LTD)	2013 New Hires, 2009 New Hires and Current Employees No change from current program. 2017 New Hires The AT&T Disability Income Program as described in the Summary Plan Description except that Temporary and Term employees are not eligible for LTD benefits.																		
Leaves of Absence (LOAs)																			
Policy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Midwest Leaves of Absence Policy.																		
Types of LOAs	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy.																		
Dental																			
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Dental Program (Bargained Employees) except as provided below. <ul style="list-style-type: none"> Dental PPO DHMO (available at the discretion of the Company) 																		
Eligibility for Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligibility for coverage continues to begin on first day of the month in which 6 months NCS is attained (also referred to as TOE).																		
Eligibility for Company Subsidy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Company subsidy continues to begin on the first day of the month in which 6 months NCS is attained (also referred to as TOE).																		

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees; 2009 New Hires, 2013 New Hires and 2017 New Hires
Active (Full-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Contributions for Dental PPO or DHMO (if available) 2018-2022 Ind \$8 Ind +1 \$17 Family \$27
Active (Part-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Based on Scheduled hours/week: • Greater than or equal to 20 hours = 50% of full cost of coverage* • Less than 20 hours = 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 Company's discretion.
Deductible	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Network and ONA: \$25 per individual per year Non-Network: \$50 per individual per year
Annual Maximum Benefit	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Network and ONA: \$1,750 per individual* Non-Network: \$1,300 per individual* *Not to exceed \$1,750 combined Network/Non-Network
Orthodontic Lifetime Maximum	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Network and ONA: \$2,000 per individual* Non-Network: \$1,400 per individual* *Not to exceed \$2,000 combined Network/Non-Network
Coverage Levels	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Dental PPO Coinsurance Class I (Diagnostic/Preventive): Network and ONA*: 100%, deductible waived Non-Network**: 100%, deductible waived Class II (Basic restorative – fillings, extractions, periodontal treatment/maintenance): Network and ONA*: 90%, after deductible Non-Network**: 70%, after deductible Class III (Major restorative – crowns, dentures, bridgework): Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible Class IV (Orthodontia): Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible Notes: *For ONA, paid at Network contracted rate. **For Non-Network paid based on reasonable and customary amounts.
Outside Network Area (ONA)	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees • ONA benefit provided to employees who reside in a zip code which does not meet the network standards • ONA benefits are equivalent to PPO Network benefits • Enrollees who are in Network will be offered the PPO option only • Enrollees who are located outside the Network zip code criteria will be offered the ONA option only
Vision	
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Vision Program (Bargained Employees) except as provided below.
Eligibility for Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligibility for coverage continues to begin on the first day of the month in which 6 months of NCS is attained (also referred to as TOE).

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires
Eligibility for Company Subsidy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligibility for Company subsidy continues to begin on the first day of the month in which 6 months of NCS is attained (also referred to as TOE).
Active (Full-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Contributions for 2018-2022: 2018-2022 Contribution Amounts Ind \$2.50 Ind +1 \$5.50 Fam \$9.00
Active (Part-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Based on Scheduled hours/week: • Greater than or equal to 20 hours = 50% of full cost of coverage* • Less than 20 hours = 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 Company's discretion
Coverage Levels	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Exam: 1 exam per 12 months • Network: \$0 copay • Non-Network: \$28 allowance Frame Allowance: 1 pair per 12 months • Network: \$130 allowance • Non-Network: \$30 allowance Lenses Allowance: 1 set per 12 months • Network: \$0 copay/coinsurance Covers std. plastic lenses: Single, BI-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100% • Non-Network: \$30-\$80 allowance Contact Lenses Allowance: Allowance per 12 months • Network: \$150 allowance • Non-Network: \$150 allowance 2nd Pair Benefit: Allows for a 2 nd pair of glasses or contact lenses allowance after the first pair benefit is utilized, per 24 months.
Flexible Spending Account (FSA)	
Plan	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Flexible Spending Account Plan No change from current plan, except those that are mandated by healthcare reform legislation (PPACA).
Contribution Minimum/Maximums	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current plan, except those that are mandated by healthcare reform legislation (PPACA) and 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 implement the change.
Supplemental Medical Benefits	
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T CarePlus – A Supplemental Benefit Program No change from current program.
Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees 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	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program, except those required to comply with healthcare reform legislation (PPACA). Company continues to retain the unilateral right to change, modify, amend and discontinue the benefits offered under CarePlus.

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires
Life Insurance	
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Group Life Insurance Program for Active Employees
Active Benefits	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. Note: Contributions amounts are subject to annual adjustment.
Definition of Pay	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.
Long-Term Care	
Plan	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Consolidated Long-Term Care Insurance Plan
Coverage	2017 New Hires and 2013 New Hires Not available; closed to new entrants as of 5/1/2012. 2009 New Hires and Current Employees No change from current plan, except that the Company has the unilateral right to change, modify, amend and discontinue the AT&T Consolidated Long-Term Care Insurance Plan.
Adoption Assistance	
Policy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy.
Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy.
Commuter	
Policy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy.
Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Pre-tax deductions for parking and mass transit. 2017 Internal Revenue Service (IRS) limits: \$255 parking; \$255 mass transit. Eligible expense and monthly limits follow IRS Code Section 132 Regulations. Note: Annual adjustments apply.

Provision	Eligible Retired Employees
Retiree Provisions	Effective 1/1/2018 for AT&T Midwest and SBC Global Services, Inc., except Appendix G: Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement. Note: Appendix G Employees continue to not be eligible for post-employment benefits.
Medical	
Program	AT&T Midwest Eligible Former Bargained Employee Medical Program Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly situated active Employees except as noted in the sections below.
Eligible Retired Employees (Full-Time) Monthly Contributions	Current Employee, 2009 New Hires and 2013 New Hires No change from current program 2017 New Hires <ul style="list-style-type: none"> 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>* Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>
Eligible Retired Employees (Part-Time) Monthly Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current program. 2017 New Hires <ul style="list-style-type: none"> 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>* Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>

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Provision	Eligible Retired Employees
Medicare Part-B Premium Reimbursement	2017 New Hires, 2013 New Hires and 2009 New Hires Not Eligible. Current Employees No change from current plan.
Health Reimbursement Account (HRA)	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees None. Note: No additional Company crediting. Current employees and 2009 New Hires who have remaining account balances will continue to have access to those account balances subject to provisions of the Program.
Supplemental Medical Benefits	
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Eligible Former Employee CarePlus – A Supplemental Benefit Program
Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees 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	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program, except those required to comply with healthcare reform legislation (PPACA). Company continues to retain the unilateral right to change, modify, amend and discontinue the benefits offered under CarePlus.
Dental	
Program	AT&T Eligible Former Employee Dental Program Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly situated active Employees except as noted in the sections below.
Eligible Retired Employee (Full-Time) Monthly Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current program. 2017 New Hires <ul style="list-style-type: none"> • 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>* Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>
Eligible Retired Employees (Part-Time) Monthly Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current plan. 2017 New Hires <ul style="list-style-type: none"> • 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>* Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>
Life Insurance	
Eligible Retired Employees Basic Life (Company Paid)	2017 New Hires, 2013 New Hires and 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.
Supplemental Life (Retiree Paid)	Current Employee, 2009 New Hires, and 2013 New Hires No change from current plan. 2017 New Hires 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. Contributions shall be the same as for a similarly situated active employee.
Definition of Pay	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.
Vision	

IBEW System Council T-3 Benefits Outline Summary

Provision	Eligible Retired Employees
Eligible Retired Employees Vision Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligible Retired Employees shall be eligible to participate in the AT&T Eligible Former Employee Vision Program (formerly named the AT&T Retiree Vision Care Program)
Eligible Retired Employees Monthly Retiree Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current program. 2017 New Hires <ul style="list-style-type: none"> • 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. *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.

Provision	Current Employees, 2009 New Hires, 2013 New Hires, 2017 New Hires and Eligible Retired Employees
Voluntary	
Discretionary Program	AT&T Voluntary Benefits Platform (products offered as they may change from time to time).

IBEW System Council T-3 Benefits Outline Summary

4/21/17

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires
Active Employees	AT&T National
Effective Date(s)	Health & Welfare: 1/1/2018
Eligibility	
For Medical, Dental, Vision, CarePlus, and Life Insurance (unless otherwise specified)	<p>2013 New Hires, 2009 New Hires and Current Employees Follow provisions of the applicable program: Medical – AT&T Corp. 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*</p> <p>2017 New Hires Follow provisions of the applicable program: Medical – AT&T Corp. 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*</p> <p>*Includes Supplemental Life and Dependent Life provisions.</p>
Health Reimbursement Account (HRAs)	
	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees None.</p> <p>Note: No additional Company crediting. Current Employees and 2009 New Hires who have remaining account balances will continue to have access to those account balances subject to provisions of the Program.</p>
Medical	
Program	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Corp. Medical Program</p> <p>The Company will continue to provide fully insured coverage options such as HMOs at the discretion of the Company.</p> <p>No change from current program except as provided below:</p>
Dependent Eligibility	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.</p>
Eligibility for Company Subsidy	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program except as noted below:</p> <p>Individual Coverage: Company subsidy for Employees enrolled in Company-sponsored Individual medical coverage (including fully insured coverage options, if available) will 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>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 NCS is attained (also referred to as 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.</p>

IBEW System Council T-3 Benefits Outline Summary

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<p>Active (Full-Time) Monthly Contributions</p>	<p>2013 New Hires 2009 New Hires and Current Employees</p> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="586 264 1414 338"> <thead> <tr> <th>Option 1</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$105</td> <td>\$113</td> <td>\$128</td> <td>\$149</td> <td>\$165</td> </tr> <tr> <td>Family</td> <td>\$264</td> <td>\$296</td> <td>\$330</td> <td>\$390</td> <td>\$433</td> </tr> </tbody> </table> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="586 384 1414 457"> <thead> <tr> <th>Option 2</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$46</td> <td>\$59</td> <td>\$72</td> <td>\$95</td> <td>\$112</td> </tr> <tr> <td>Family</td> <td>\$121</td> <td>\$154</td> <td>\$189</td> <td>\$250</td> <td>\$293</td> </tr> </tbody> </table> <p>2017 New Hires</p> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="586 552 1414 625"> <thead> <tr> <th>Option 1</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$138</td> <td>\$144</td> <td>\$150</td> <td>\$158</td> <td>\$165</td> </tr> <tr> <td>Family</td> <td>\$382</td> <td>\$377</td> <td>\$394</td> <td>\$414</td> <td>\$433</td> </tr> </tbody> </table> <p style="text-align: center;">Monthly Contribution Amounts</p> <table border="1" data-bbox="586 669 1414 743"> <thead> <tr> <th>Option 2</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$84</td> <td>\$90</td> <td>\$97</td> <td>\$104</td> <td>\$112</td> </tr> <tr> <td>Family</td> <td>\$220</td> <td>\$236</td> <td>\$254</td> <td>\$273</td> <td>\$293</td> </tr> </tbody> </table>	Option 1	2018	2019	2020	2021	2022	Individual	\$105	\$113	\$128	\$149	\$165	Family	\$264	\$296	\$330	\$390	\$433	Option 2	2018	2019	2020	2021	2022	Individual	\$46	\$59	\$72	\$95	\$112	Family	\$121	\$154	\$189	\$250	\$293	Option 1	2018	2019	2020	2021	2022	Individual	\$138	\$144	\$150	\$158	\$165	Family	\$382	\$377	\$394	\$414	\$433	Option 2	2018	2019	2020	2021	2022	Individual	\$84	\$90	\$97	\$104	\$112	Family	\$220	\$236	\$254	\$273	\$293														
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<p>Annual Out-of-Pocket Maximums (OOP)</p>	<p>2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees</p> <p>Option 1:</p> <p style="text-align: center;">Out-of-Pocket Maximum Amounts (Including Annual Deductible)</p> <table border="1" data-bbox="459 804 1544 951"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">2018</th> <th colspan="2">2019</th> <th colspan="2">2020</th> <th colspan="2">2021</th> <th colspan="2">2022</th> </tr> <tr> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$3,250</td> <td>\$9,750</td> <td>\$3,500</td> <td>\$10,500</td> <td>\$3,750</td> <td>\$11,250</td> <td>\$4,000</td> <td>\$12,000</td> <td>\$4,250</td> <td>\$12,750</td> </tr> <tr> <td>Family</td> <td>\$8,500</td> <td>\$19,500</td> <td>\$7,000</td> <td>\$21,000</td> <td>\$7,500</td> <td>\$22,500</td> <td>\$8,000</td> <td>\$24,000</td> <td>\$8,500</td> <td>\$25,500</td> </tr> </tbody> </table> <p>(Integrated Med/Surg, MH/SA) Out-of-Pocket Maximum provisions: No change from current program, except as provided below:</p> <p>The following additional costs paid by the participant apply toward the applicable Network/Traditional Indemnity or Non-Network Out-of-Pocket Maximum amounts:</p> <ul style="list-style-type: none"> • Deductibles • Coinsurance <p>Option 2:</p> <p style="text-align: center;">Out-of-Pocket Maximum Amounts (Including Annual Deductible)</p> <table border="1" data-bbox="459 1270 1544 1417"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">2018</th> <th colspan="2">2019</th> <th colspan="2">2020</th> <th colspan="2">2021</th> <th colspan="2">2022</th> </tr> <tr> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> <th>Network/ Traditional Indemnity</th> <th>Non-Network</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$8,550</td> <td>\$19,850</td> <td>\$8,550</td> <td>\$19,850</td> <td>\$8,550</td> <td>\$19,850</td> <td>\$8,550</td> <td>\$19,850</td> <td>\$8,550</td> <td>\$19,850</td> </tr> <tr> <td>Family</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> <td>\$13,100</td> <td>\$39,300</td> </tr> </tbody> </table> <p>(Integrated with Med/Surg, Rx, MH/SA, CarePlus) Out-of-Pocket Maximum provisions:</p> <p>If the coverage tier is Family, the applicable 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/Traditional Indemnity Services for an individual family member once the individual meets the Network/Traditional Indemnity Individual Out-Of-Pocket Maximum, even if the Family Out-Of-Pocket Maximum has not been met.</p> <p>The following additional costs paid by the participant apply toward the applicable Network/Traditional Indemnity or Non-Network Out-of-Pocket Maximum amounts:</p> <ul style="list-style-type: none"> • Deductibles • Coinsurance <p>Outpatient prescription drug allowable charges for eligible expenses</p>		2018		2019		2020		2021		2022		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	\$3,250	\$9,750	\$3,500	\$10,500	\$3,750	\$11,250	\$4,000	\$12,000	\$4,250	\$12,750	Family	\$8,500	\$19,500	\$7,000	\$21,000	\$7,500	\$22,500	\$8,000	\$24,000	\$8,500	\$25,500		2018		2019		2020		2021		2022		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	\$8,550	\$19,850	\$8,550	\$19,850	\$8,550	\$19,850	\$8,550	\$19,850	\$8,550	\$19,850	Family	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300
	2018		2019		2020		2021		2022																																																																														
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Family	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300																																																																													

IBEW System Council T-3 Benefits Outline Summary**Prescription Drug Program (Rx)**

2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees

Option 1:Deductible:
None.Out-of-Pocket Maximum:
2018-2022
Ind \$1,200
Fam \$2,400Retail – Network Copays:
(Up to 30-day supply, limited to 2 fills for maintenance)

	2018	2019	2020	2021	2022
Generic	\$10	\$10	\$10	\$10	\$10
Preferred	\$35	\$35	\$35	\$35	\$35
Non-Preferred	\$60	\$70	\$80	\$80	\$80

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)

	2018	2019	2020	2021	2022
Generic	\$20	\$20	\$20	\$20	\$20
Preferred	\$70	\$70	\$70	\$70	\$70
Non-Preferred	\$120	\$140	\$160	\$160	\$160

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)

	2018	2019	2020	2021	2022
Generic	\$9	\$9	\$9	\$9	\$9
Preferred	\$35	\$35	\$35	\$35	\$35
Non-Preferred	\$70	\$70	\$70	\$70	\$70

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)

	2018	2019	2020	2021	2022
Generic	\$18	\$18	\$18	\$18	\$18
Preferred	\$70	\$70	\$70	\$70	\$70
Non-Preferred	\$140	\$140	\$140	\$140	\$140

The following provisions will continue to apply to Option 1 and Option 2:

- Mandatory mail order for maintenance Rx – Applies after second fill at retail.
- Specialty pharmacy program
- Personal Choice – 100% participant-paid
- Mandatory Generic
- Compound medication limitation

The following provisions also apply to Option 1 and Option 2:

- Advanced Control Specialty Formulary
- New Standard Prescription Drug Formulary
- Generic Step Therapy

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires																		
Employee Assistance Program (EAP)																			
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.																		
Visit Limit	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.																		
Disability																			
Program	2013 New Hires, 2009 New Hires and Current Employees No change from current program. 2017 New Hires Effective June 25, 2017, AT&T Disability Income Program as described in the Summary Plan Description except as provided below.																		
Short Term Disability (STD)	2013 New Hires, 2009 New Hires and Current Employees No change from current program. 2017 New Hires Benefit: Short-Term Disability Benefits and the other sources of income received are designed to replace 60 percent or 100 percent of Pay, based on your service as shown below:																		
	<table border="0"> <thead> <tr> <th></th> <th colspan="2">% of Pay</th> </tr> </thead> <tbody> <tr> <td>Term of Employment</td> <td>100%</td> <td>60%</td> </tr> <tr> <td>6 months < 2 years</td> <td>0 weeks</td> <td>26 weeks</td> </tr> <tr> <td>2 years < 5 years</td> <td>4 weeks</td> <td>22 weeks</td> </tr> <tr> <td>5 years < 15 years</td> <td>13 weeks</td> <td>13 weeks</td> </tr> <tr> <td>15 years or more</td> <td>26 weeks</td> <td>0 weeks</td> </tr> </tbody> </table>		% of Pay		Term of Employment	100%	60%	6 months < 2 years	0 weeks	26 weeks	2 years < 5 years	4 weeks	22 weeks	5 years < 15 years	13 weeks	13 weeks	15 years or more	26 weeks	0 weeks
	% of Pay																		
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6 months < 2 years	0 weeks	26 weeks																	
2 years < 5 years	4 weeks	22 weeks																	
5 years < 15 years	13 weeks	13 weeks																	
15 years or more	26 weeks	0 weeks																	
Long-Term Disability (LTD)	2013 New Hires, 2009 New Hires and Current Employees No change from current program. 2017 New Hires The AT&T Disability Income Program as described in the Summary Plan Description except that Temporary and Term employees are not eligible for LTD benefits.																		
Dental																			
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Dental Program (Bargained Employees) except as provided below. <ul style="list-style-type: none"> • Dental PPO • DHMO (available at the discretion of the Company) 																		
Eligibility for Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligibility for coverage continues to begin on first day of the month in which 6 months NCS is attained (also referred to as TOE).																		
Eligibility for Company Subsidy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Company subsidy continues to begin on the first day of the month in which 6 months NCS is attained (also referred to as TOE).																		
Active (Full-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Contributions for Dental PPO or DHMO (if available): 2018-2022 Ind \$8 Ind +1 \$17 Family \$27																		
Active (Part-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Based on Scheduled hours/week: • Greater than or equal to 20 hours = 50% of full cost of coverage*. • Less than 20 hours = 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 Company's discretion.																			

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires
Deductible	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Network and ONA: \$25 per individual per year Non-Network: \$50 per individual per year
Annual Maximum Benefit	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Network and ONA: \$1,750 per individual* Non-Network: \$1,300 per individual* *Not to exceed \$1,750 combined Network/Non-Network
Orthodontic Lifetime Maximum	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Network and ONA: \$2,000 per individual* Non-Network: \$1,400 per individual* *Not to exceed \$2,000 combined Network/Non-Network
Coverage Levels	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Dental PPO Coinsurance Class I (Diagnostic/Preventive): Network and ONA*: 100%, deductible waived Non-Network***: 100%, deductible waived Class II (Basic restorative – fillings, extractions, periodontal treatment/maintenance): Network and ONA*: 90%, after deductible Non-Network***: 70%, after deductible Class III (Major restorative – crowns, dentures, bridgework): Network and ONA*: 80%, after deductible Non-Network***: 50%, after deductible Class IV (Orthodontia): Network and ONA*: 80%, after deductible Non-Network***: 50%, after deductible Notes: *For ONA, paid at Network contracted rate. **For Non-Network paid based on reasonable and customary amounts.
Outside Network Area (ONA)	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees <ul style="list-style-type: none"> • ONA benefit provided to employees who reside in a zip code which does not meet the network standards. • ONA benefits are equivalent to PPO Network benefits. • Enrollees who are in Network will be offered the PPO option only. • Enrollees who are located outside the Network zip code criteria will be offered the ONA option only.
Vision Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Vision Program (Bargained Employees) except as provided below.
Eligibility for Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligibility for coverage continues to begin on the first day of the month in which 6 months of NCS is attained (also referred to as TOE).
Eligibility for Company Subsidy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligibility for Company subsidy continues to begin on the first day of the month in which 6 months of NCS is attained (also referred to as TOE).
Active (Full-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Contributions for 2018-2022: 2018-2022 Contribution Amounts Ind \$2.50 Ind +1 \$5.50 Fam \$9.00
Active (Part-Time) Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Based on Scheduled hours/week: <ul style="list-style-type: none"> • Greater than or equal to 20 hours = 50% of full cost of coverage*. • Less than 20 hours = 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 Company's discretion.

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires
Coverage Levels	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Exam: 1 exam per 12 months <ul style="list-style-type: none"> • Network: \$0 copay • Non-Network: \$28 allowance Frame Allowance: 1 pair per 12 months <ul style="list-style-type: none"> • Network: \$130 allowance • Non-Network: \$ 30 allowance Lenses Allowance: 1 set per 12 months <ul style="list-style-type: none"> • Network: \$0 copay/coinsurance Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100% • Non-Network: \$30-\$80 allowance Contact Lenses Allowance: Allowance per 12 months <ul style="list-style-type: none"> • Network: \$150 allowance • Non-Network: \$150 allowance 2nd Pair Benefit: Allows for a 2 nd pair of glasses or contact lenses allowance after the first pair benefit is utilized, per 24 months.
Flexible Spending Account (FSA)	
Plan	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Flexible Spending Account Plan No change from current plan, except those that are mandated by healthcare reform legislation (PPACA).
Contribution Minimum/Maximums	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current plan, except those that are mandated by healthcare reform legislation (PPACA) and 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 implement the change.
Supplemental Medical Benefits	
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T CarePlus – A Supplemental Benefit Program No change from current program.
Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees 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	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program, except those required to comply with healthcare reform legislation (PPACA). Company continues to retain the unilateral right to change, modify, amend and discontinue the benefits offered under CarePlus.
Life Insurance	
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Group Life Insurance Program for Active Employees
Active Benefits	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. Note: Contributions amounts are subject to annual adjustment.
Definition of Pay	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.
Long-Term Care	
Plan	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Consolidated Long-Term Care Insurance Plan
Coverage	2017 New Hires and 2013 New Hires Not available; closed to new entrants as of 5/1/2012. 2009 New Hires and Current Employees No change from current plan, except that the Company has the unilateral right to change, modify, amend and discontinue the AT&T Consolidated Long-Term Care Insurance Plan.
Adoption Assistance	

IBEW System Council T-3 Benefits Outline Summary

Provision	Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires
Policy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy.
Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy.
Commuter	
Policy	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy.
Coverage	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Pre-tax deductions for parking and mass transit. 2017 Internal Revenue Service (IRS) limits: \$255 parking; \$255 mass transit. Eligible expense and monthly limits follow IRS Code Section 132 Regulations. Note: Annual adjustments apply.

Provision	Eligible Retired Employees
Retiree Provisions	Effective 1/1/2018 for AT&T National: Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement.
Medical	
Program	AT&T Corp. Eligible Former Bargained Employee Medical Program Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly situated active Employees except as noted in the sections below.
Eligible Retired Employees (Full-Time) Monthly Contributions	Current Employee, 2009 New Hires and 2013 New Hires No change from current program 2017 New Hires <ul style="list-style-type: none"> 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>* Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>
Eligible Retired Employees (Part-Time) Monthly Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current program. 2017 New Hires <ul style="list-style-type: none"> 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>* Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>
Medicare Part-B Premium Reimbursement	2017 New Hires, 2013 New Hires and 2009 New Hires Not Eligible. Current Employees No change from current plan.
Health Reimbursement Account (HRA)	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees None. Note: No additional Company crediting. Current employees and 2009 New Hires who have remaining account balances will continue to have access to those account balances subject to provisions of the Program.
Supplemental Medical Benefits	
Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Eligible Former Employee CarePlus -- A Supplemental Benefit Program
Monthly Contributions	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees 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	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program, except those required to comply with healthcare reform legislation (PPACA). Company continues to retain the unilateral right to change, modify, amend and discontinue the benefits offered under CarePlus.
Dental	

IBEW System Council T-3 Benefits Outline Summary

Provision	Eligible Retired Employees
Program	AT&T Eligible Former Employee Dental Program Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly situated active Employees except as noted in the sections below.
Eligible Retired Employee (Full-Time) Monthly Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current program. 2017 New Hires <ul style="list-style-type: none"> 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. * Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.
Eligible Retired Employees (Part-Time) Monthly Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current plan. 2017 New Hires <ul style="list-style-type: none"> 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. * Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.
Life Insurance	
Eligible Retired Employees Basic Life (Company Paid)	2017 New Hires, 2013 New Hires and 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.
Supplemental Life (Retiree Paid)	Current Employee, 2009 New Hires, and 2013 New Hires No change from current plan. 2017 New Hires 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. Contributions shall be the same as for a similarly situated active employee.
Definition of Pay	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program.
Vision	
Eligible Retired Employees Vision Program	2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligible Retired Employees shall be eligible to participate in the AT&T Eligible Former Employee Vision Program (formerly named the AT&T Retiree Vision Care Program)
Eligible Retired Employees Monthly Retiree Contributions	Current Employee, 2009 New Hires, and 2013 New Hires No change from current program. 2017 New Hires <ul style="list-style-type: none"> 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. *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.

Provision	Current Employees, 2009 New Hires, 2013 New Hires, 2017 New Hires and Eligible Retired Employees
Voluntary	
Discretionary Program	AT&T Voluntary Benefits Platform (products offered as they may change from time to time).