1. HEALTH AND WELFARE BENEFIT PLANS

(A) Effective January 1, 20172020. Employees shall be eligible to participate in the benefit plans, programs and policies identified in the chart below, with the plan terms, conditions and provisions which were in effect on December 31 August 24, 20196, as described in the applicable SPDs and SMMs, except as noted in this Agreement and Exhibit 1.

Type	Plan/Program/Policy
Medical	AT&T Midwest Medical Program
Dental	AT&T Dental Program (Bargained Employees)
Vision	AT&T Vision Program (Bargained Employees)
Supplemental Medical	AT&T CarePlus – A Supplemental Benefit Program ¹
Life Insurance	AT&T Group Life Insurance Program for Active Employees
FSA	AT&T Flexible Spending Account Plan
Disability	AT&T Disability Income Program ²
Leave of Absence	Midwest Leaves of Absence Policy
Commuter	AT&T Commuter Benefit Policy
Adoption	AT&T Adoption Reimbursement Policy
EAP	AT&T Employee Assistance Program
Voluntary	AT&T Voluntary Benefits Platform 1 €

The AT&T CarePlus — A Supplemental Benefit Program and AT&T Voluntary Benefits Platform are is available to all Active and Eligible Retired Employees. The Company may unilaterally modify the AT&T CarePlus — A Supplemental Benefit Program and AT&T Voluntary Benefits Platform from time-to-time or discontinue without further discussions with the Union.

- (B) Employees, including newly eligible Employees, and Eligible Retired Employees shall continue to participate in the same benefit plans, programs and policies on the same terms and conditions which were in effect on December 31August 24, 20196 until the benefits identified in the table above become effective, subject to changes to benefits resulting from the operation of existing plan provisions and amendments necessary to comply with changes in the law.
- (C) Employees who terminate employment with the Company during the term of this Agreement and are eligible for post-retirement medical coverage under the terms of the medical program the Employee was eligible for as an active Employee as of the date of termination, will be eligible, during the term of this Agreement, for medical, dental, vision, supplemental medical, and life insurance coverage subject to any exceptions identified in Exhibit 1 and any changes to benefits resulting from the operation of existing plan provisions and amendments necessary to comply with changes in the law.

Nothing in this Section 1.01 L(C) shall be construed to provide benefits for any period subsequent to the term of this Agreement. Nor shall anything in this Section 1.01 L(C) be

⁻ Management provisions as they change from time to time, except as provided below.

- construed to provide benefits for any former employee other than an Eligible Retired Employee.
- (D) Exhibit 1 provides a summary of certain plan, program and/or policy terms, conditions and provisions, including any that are exceptions to terms, conditions and provisions described in the applicable SPDs and SMMs as well as any which differ among groups of employees eligible to participate in a particular plan, program or policy, such as the applicable deductible or copayment amount. If there are discrepancies between the specific information provided in Exhibit 1 and the plan documents, SPDs or SMMs, the information provided in Exhibit 1 will govern. However, the Parties agree that the Company may unilaterally modify the provisions of any plan providing medical benefits (i.e., annual deductibles, co-pays, out-of-pocket maximums and co-insurance) from time-to-time as reasonably determined by the Company, at its sole discretion, to be minimally necessary to forestall incurring the Excise Tax on High-cost Coverage (Cadillac Tax) pursuant to the Patient Protection and Affordable Care Act (PPACA) for full or partial plan years during the term of this 20196 Collective Bargaining Agreement. If the Company modifies any of the benefits listed in Exhibit 1, it shall list them in a modified Exhibit 1 which shall be provided to the Union and the modified Exhibit 1 will govern.
- (E) It is understood that certain benefits described in Exhibit 1 are subject to change to comply with implementation of the PPACA and associated regulations and agency guidance. The Company will notify the Union of the changes the Company makes to conform the benefits under this Agreement with final regulations and guidance under PPACA and any amendment determined to be necessary due to changes in the law including changes and any plan amendments determined by the Company to be minimally necessary as described in the Paragraph above to forestall incurring the Cadillac Tax as it is defined in the final regulations and guidance. Should any of these changes require bargaining, all other terms and provisions of the 20196 Collective Bargaining Agreement will remain in effect through expiration.

2. PENSION AND SAVINGS BENEFIT PLANS

A. —Employees shall be eligible to participate in the benefit plans, programs and policies identified in the chart below by an "x", with the plan terms, conditions and provisions which were in effect on December 31 August 24, 20196, as described in the applicable SPDs and SMMs, except as noted herein.

Plan/Program/Policy	Current Employees & New Hires
AT&T Retirement Savings Plan	<u>X</u>
Bargained Cash Balance Program #2 of the AT&T Pension Benefit Plan	X

B. Current Employees and New Hires

AT&T Retirement Savings Plan

Effective January 1, 2017, Employees will no longer be eligible to participate in the DIRECTV 401(k) Savings Plan, and Employees shall be eligible for the AT&T Retirement Savings Plan (ARSP) under the terms and conditions in effect as of December 31, 2016.

- Employees shall receive a Company Match equal to 80 percent of their Basic Contributions. Basic Contributions can equal up to 6 percent of Compensation as defined in the plan.
- The Company Match under ARSP will be made in AT&T Shares.
- Employee balances in the DIRECTV 401(k) Savings Plan will be transferred to an account for the Employee in the ARSP as soon as administratively feasible after the plan merger.
 - Bargained Cash Balance Program #2 ("BCB#2 Program") of the AT&T Pension Benefit Plan
 - Effective January 1, 2017, Employees will not be credited with additional compensation or service under the DIRECTV Pension Plan and its applicable benefit formulas. Interest credits, where applicable, will continue to accrue.
 - Effective January 1, 2017. Employees shall be eligible to participate in the BCB#2
 Program. Employees will receive Basic Benefit Credits as determined by the following:

— Age	— Age - Credit Factor
	1.77%
30- 36	2.27%
37- 43	2.78%
	3.28%
——50 and older	4.01%

Employees shall also receive Interest Credits at an annual rate of 4.5%, and Supplemental Pay Credits. 2% of Pension Compensation. in excess of the Social Security Wage Base, if applicable.

Effective January 1, 2017, Employees' Term of Employment (also known as Net Credited Service) shall be established as the Workday Continuous Service Date, and future adjustments shall be determined under the terms of the AT&T Pension Benefit Plan.

Provision	Active Employees
Active Employees	
Effective Date(s)	Health & Welfare Plans, Programs and Policies 1/1/20172026
Eligibility	
Programs	Applicable programs
	Medical – AT&T Midwest Medical Program, with current provisions except as provided below CarePlus – AT&T CarePlus – A Supplemental Benefit Program Dental – AT&T Dental Program (Bargained Finployees), with current provisions except as provided below. Vision – AT&T Vision Program (Bargained Finployees), with current provisions except as provided below. Disability – AT&T Disability Income Program - management provisions as they change from time to time except as provided below. Title Insurance - AT&T Group Life Insurance Program for Active Employees.
Medical	
Program	Current Employees & New Hires:
	AVailable network options • Health Care Network (HCN) • Health Care Network Outside Network Area (ONA) • Preferred Provider Organization (PPO), and • Fully-insured coverage options such as HMOs continue to be available at the discretion of the Company
Lligibility for Coverage	Current Employees & New Hires:
	Active regular full-time and part-time Employees and Term Employees are eligible for coverage. Temporary Employees are not eligible. Eligibility for coverage begins on the Employee's date of hire, provided the Employee enrolls within the 31-day enrollment period. Employees pay the full cost of coverage until eligible for Company Subsidy. Term Employees not applicable per this Agreement.
Eligibility	Current Employees & New Hires:
for Company Subsidy	

Provision			Active	Employees		
Active	Current Employees & New	Hires:				
(Full-Time) Monthly Contributions	Option I					
William Committee of		20172020	20182021	20192022	2023	
	Individual	\$178\$ 155	<u>\$181</u> \$ -169	<u>\$182</u> \$	<u>\$183</u>	
	Ind + Spouse	\$383	\$406	\$436	\$466	
	Ind ÷ Child(ren)	\$303	\$307	\$313	\$322	
	Family	5401\$ 335	\$424\$ 365	\$419\$ 382	<u>5475</u>	
	Option 2	<u>20202417</u>	<u>20212018</u>	20222019	2023	
	Individual	<u>\$84\$</u>	<u>\$88</u> \$	<u>\$94</u> \$ 81	599	
	Ind + Spouse	58 \$205	\$225	\$1 \$249	\$280	
	Ind + Child(ren)	\$144	\$156	\$165	\$175	
	Family	\$230\$	\$2525	\$277\$		
		138	186	196	<u>\$301</u>	
	New Hires:					
	Option I					
			7			
		2	2017	2018	2019	
	Individual	\$-1		<u>2018</u>	<u>2019</u> \$-177	
			172 !			
	Individual Family	\$-1	172 !	5 171	\$-177	
	Individual	\$-1	172 !	5 174 5 375	\$ 177 \$ 382	٦
	Individual Family Opnone	\$ 4	172 9 172 9 2017	5 174 5 375 2018	\$ 177 \$ 382	7
	Individual Family Option2 Individual	\$ 4 \$ -3	2017 75	\$ 174 \$ 375 2018 \$ 83	\$ 177 \$ 382 2019 \$ 81	
	Individual Family Opnone	\$ 4 \$ -3	172 9 172 9 2017	5 174 5 375 2018	\$ 177 \$ 382	
Active (Part-Time) Monthly Contributions	Individual Family Current Employees & Net Based on scheduled hours p	\$ -1 \$ -3 \$ -3 \$ -	2017 75	\$ 174 \$ 375 2018 \$ 83	\$ 177 \$ 382 2019 \$ 81	
(Part-Time)	Individual Family Option2 Individual Family Current Employees & Net Based on scheduled hours p	s - 1 s - 3 w Hires: per week	2017 -75 -176 	2018 \$ 375 \$ 2018 \$ 83 \$ 196	\$ 177 \$ 382 2010 \$ 81 \$ 196	

Provision	Active Employees
Tobacco Use Contribution	Current Employees & New Hires:
	Tobacco Lise Additional Medical Contribution
	Imployees and or spouses/LRPs who use tobacco are entolled in AT&T-sponsored medical coverage (within either se insured or fully insured programs) and who choose not to narticipate in a designated Tobacco Cessation program will pan additional monthly contribution toward their cost of coverage. The employee and or spouse LRP 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 meltide cigarettes ergars pages, e-cigarettes, varorizers are smokeless tobacco. The definitions of engagement, tobacco user and 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-sponsored Tobacco Cessation program may change from time to time, at the sole discretion of the Company-sponsored Tobacco Cessation program may change from time to time, at the sole discretion of the Company-
	Additional Monthly Medical Contribution for each employee and/or spoine LRP
	<u>2020 2021 2022 2023</u>
	<u>\$50</u> <u>\$60</u> <u>\$65</u> <u>\$70</u>

Provision				Activ	e Employe	ees				
Annual Deductibles	Current Employees & New Hires:									
Deductiones	The Annual Deductibles are included in the Out-Of-Pocket Maximums									
	Option I.									
	Separate Ann Amounts ince With <u>Individe</u> benefits once as applicable Deductible an individual marks.	urred under e ual +Spouse their eligible is met once mount. It is r	ach option de Individual –(Fallowable en any combina not necessary	not apply to Children) or xpenses satisfation of cover- that any one	the other opt Family cover fy the Individed ed persons el Individual re	non rage, a covere ual Deductib ligible allowa ach the Indiv	ed person is e le amount T ible expenses	ligible to rec he Family D meet the Fa	eive eductible, mily	
		2020	2017	2021	2018	2022	2(114	20	23	
		Network/ ONA & PPO	Non- Network & Non- PPO	Network/ ONA & PPO	Non- Network & Non- PPO	Network/ ONA & PPO	Non- Network & Non- PPO	Network ONA &: PPO	Non- Network & Non- PPO	
	Individual	\$ 500 <u>750</u>	\$4.3002 625	\$800 \$-600	\$2.800\$2 .400	\$850\$ 700	\$2 975\$2 -450	<u>\$900</u>	\$5,150	
	Ind ≠ Spouse	\$1,500	<u>\$5,250</u>	\$1.6(n)	\$5,600	<u>\$1.700</u>	<u>\$5.950</u>	<u>\$1,800</u>	<u>\$6,300</u>	
	Ind ± Child(ren)	\$1,500	<u>85.250</u>	<u>\$1,600</u>	<u>\$5,600</u>	\$1,700	<u>\$5,950</u>	\$1.800	56.3(if)	
	Child(ren) Family	\$1,500 \$1,500\$4 .400)	\$5,250 \$5,250\$2 400	\$1,600 \$1,600 \$1,600 \$1,600	\$5,600 \$5,600\$4 -200	\$1.700 \$1.700 \$1.700 -400	\$5,950 \$5,950\$4 _900	\$1.800 \$1.800	\$6,300 \$6,300	
	Child(ren)	\$1.500\$4 .000) mual Deductib arred under e getter is India dy Annual D ly members	\$5,250\$2 _600 le amounts ajach option de	\$1,600\$4 200 pply to the No not apply to se, Individual net. The Fan	\$5,600\$4 200 etwork ONA the other opt	S1.700\$1 .400 PPO and Notion or Family, in Deductible car	\$5,950\$4 .900)	\$1.800 on-PPO opti can receive b	S6.301	
	Children) Family Option 2 Separate Ann Amounts ince If the coverage until the Family	\$1.500\$4 .ttm) and Deductib arred under e ge tier is Indie ily Annual D ly members 2020 Network	SS_25082 -600 le aurounts aj ach option de cidual + Spon eductible is r	\$1,600 \$4 .200 pply to the No not apply to se, fadividua net. The Fan 2021 Network	s5.600\$4 200 erwork ONA the other opt 1 - Children) tily Annual I 2018 Non-	PPO and Notion or Family, in Deductible can 2022 Network/	s5.950\$4 2000 n-Network No o individual of the met by o	\$1.800	s6 3(r)	
	Children) Family Option 2 Separate Ann Amounts mee If the coverage until the Family Covered family	S1.500\$4 .dtu) anal Deductib arred under e- ge tier is India dy Annual D ly members 2020 Network ONA & PPO	le amounts a ach option de cidual + Spon eductible is r Non- Network & Non- PPO	\$1,600 \$4 .200 pply to the No not apply to see Individual net. The Lan Personal Network ONA & PP()	etwork ONA the other opt 1 + Child(ren) thy Annual I 2018 Non- Network & Non- PPO	PPO and Notion or Lanuly, meductible car Network/ONA & PPO	S5 950\$4 -900 n-Network N o individual of the met by of Non- Network & Non- PPO	\$1,800	\$6.300) ons enefits omation of	
	Children) Family Option 2 Separate Ann Amounts ince If the coverage until the Family	S1.500\$4 .tmi) and Deductib arred under e- ge tier is India dy Annual D ly members 2020 Network ONA &	le amounts a ach option de ridual + Spon eductible is r Non- Network & Non-	\$1,600 \$4 .200 pply to the No not apply to see Individua net. The Fan Network ONA &	etwork ONA the other opt 1 + Children) nly Annual I 2018 Non- Network & Non-	PPO and Notion or Family, the eductible can Network ONA &	s5 950\$4 -9000 n-Network N o individual of the met by of 2019 Non- Network & Non-	\$1.80g	S6 3(r) ons enefits omation of Non- Network & Non-	
	Children Family Option 2 Separate Ann Amounts ince If the coverat until the Lam covered fami Individual Ind = Snowse	S1.500\$4 .d(u) mul Deductib irred under eige tier is India dly Annual D ly members 2020 Network ONA & PPO \$1.550\$4	le amounts a ach option de cidual + Spon eductible is r Non- Network & Non- PPO \$6,20083	s1.600\$4 200 pply to the No not apply to se fadividua net. The Fan 2021 Network ONA & PPO \$1.600\$4	etwork ONA the other opt 1 **Child(ren) nly Annual I 2018 Non- Network & Non- PPO \$6,400\$3	PPO and Notion or Landly, noteductible car Network/ ONA & PPO \$1,650\$4	s5 950\$4 2900 n-Network Non-Network & Non-Network & Non-PPO 56,600\$6	s1.80g	s6 30) ons enefits omation of Non- Network & Non- PPO	
	Children) Family Option 2 Separate Ann Amounts ince If the coverage until the Lam covered famil Individual Individual	S1.500\$4 .dm) and Deductib arred under e ge tier is India dy Annual D ly members 2020 Network ONA & PPO \$1.550\$4 .300	le amounts a ach option do idual + Spon eductible is r Non- Network & Non- PPO \$6,200\$3 \$900	\$1,600\$4 .200 pply to the No not apply to se, Individual the Fan 2021 Network ONA & PPO \$1,600\$4 .300	etwork ONA the other opt 1 - Children) uly Annual I 2018 Non-Network & Non-PPO S6 400\$3 - 400\$3 - 400\$3	PPO and Notion or Family, meducible can Network/ONA & PPO	s5.950\$4 2000 n-Network Non-Network & Non-Network & Non-PPO \$6.600\$6 2000	s1.80g on-PPO optican receive bone or a comb Network/ ONA & PPO \$1.700	S6 3(r) ons conefits omation of Non- Network & Non- PPO S0.8001	

Provision				Acti	ve Employe	ees	Active Employees						
Copay/Coinsurance	Current Empl	ovees & New	Hires:										
	Option 1												
				201			202018-20						
			& PPO	l/ONA	Non-Network Non-PPO	& Netwo		Non-Networ Non-PPO	K &C				
	Preventive			\$0 / 0% No Be		\$0 / 09		No Benefit					
	Sickness/Illness			Ded vaived \$0 / 40% \$0 / 40%		Ded w \$0 / 10		\$0 / 50%					
	STCKHESS/IIIII	C55	After D		\$0 / 40% After Ded	After I		After Ded					
		Room Facility/	\$0.740		\$0740%	\$0 / 10		\$0 / 10%					
	Professional (Emergencies		After-I	Jed	After-Ded	After I	Jed	After Ded					
	Option 2			20172020	-202319								
			Netwo	k/ONA	Non-Network	&:							
	Den satu		& PPO \$0 / 02		Non-PPO No Benefit								
	Preventive		\$0 / 03 Ded wa	1	ivo isenent								
	Sickness/IIIn	ess	\$0 / 20		\$0 / 60%								
	Emergency I	Room Facility/	80 / 20		After Ded \$0 / 20%								
	Professional Services (I mergencies)		After I	Ded	After Ded								
Annual t-of-Pocket Maximums (OOP)	Current Emp The Annual D Option 1	eductibles are	included in th			198 pro-							
t-of-Pocket Maximums	The Annual D		included in th		82021 Non- Network & Non-	198 pro-	2022 Non- Network & Non-	Network ONA & PPO	023 Nem- Nemori & Non-				
t-of-Pocket Maximums	The Annual D Option 1	2017 Network ONA & PPO	2020 Non- Network & Non- PPO	201 Network ONA & PPO	82021 Non- Network & Non- PPO	2015 Network ONA & PPO	Non- Network & Non- PPO	Natwork ONA & PPO	Non- Network & Non- PPO				
t-of-Pocket Maximums	The Annual D Option 1 Individual	2017 Network ONA & PPO \$3.75082 540	2020 Non- Network & Non- PPO \$11,2508 7-300	201 Network ONA & PPO \$4,000\$3:	82021 Non- Network & Non- PPO \$12,000\$ 9,000	2015 Network ONA & PPO \$4,25083.	Non- Network & Non- PP() \$12.75084- 0.500	Network ONA & PPO \$4 500	Non- Network & Non- PPO \$13.500				
t-of-Pocket Maximums	The Annual D Option 1	2017 Network ONA & PPO \$3.750\$2: \$40 \$7,500	2020 Non- Network & Non- PPO \$11,2508 7,300 \$22,500	201 Network ONA & PPO \$4,00083, non \$8,000	82021 Non- Network & Non- PPO \$12,000\$ 9,4000	2019 Network ONA & PPO \$4,250\$3. 500	Non- Network & Non- PPO \$12.750\$4 0,500 \$25.500	Network ONA & PPO \$4 500 \$9,000	Nen- Network & Non- PPO \$13.500 \$27.600				
t-of-Pocket Maximums	The Annual D Option 1 Individual Ind + Spouse	2017 Network ONA & PPO \$3.75082 5440 \$7,500 \$7,500 \$7,50085	2020 Non- Network & Non- PPO \$11,2508 7-3444 \$22,500 \$22,500	201 Network ONA & PPO \$4,00083- 000 \$8,000 \$8,000 \$8,000	82021 Non- Network & Non- PPO \$12,0008 9,000 \$24,000 \$24,000 \$24,000	2015 Network ONAX & PPO \$4,250\$3. 500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500	Non- Network & Non- PPO S12 75084 0,500 S25,500 S25,500 S25,500 S25,500 S25	Network ONA & PPO \$4 500	Non- Network & Non- PPO				
t-of-Pocket Maximums	Indexidual	2017 Network ONA & PPO \$3.75082 \$444 \$7.500	2020 Pion- Network & Non- PPO \$11.2508 7,300 \$22.500 \$22.500 \$22.500	201 Network ONA & PPO \$4,000 \$3,000 \$8,000	82021 Non- Network & Non- PPO \$12,0008 9,000 \$24,000	2015 Network ONA & PPO \$4,250\$3. 500 \$8,500	Non- Network & Non- PPO S12 75084- 0,500 S25,500 S25,500	Natwork ONA & PPO \$4,500 \$9,000 \$9,000	Non- Network & Non- PPO \$13.500 \$27.600				
t-of-Pocket Maximums	Indexidual Ind ± Spouse Ind ± Child(rep) Family (Integrated M	2017 Network ONA & PPO \$3.75082: \$444 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500 \$7.500	2020 Pion- Network & Non- PPO \$11,2508 7,300 \$22,500 \$22,500 \$22,500 \$4,640 A)	201 Network ONA & PPO \$4,00083- 000 \$8,000 \$8,000 \$8,000	82021 Non- Network & Non- PPO \$12,0008 9,000 \$24,000 \$24,000 \$24,000	2015 Network ONAX & PPO \$4,250\$3. 500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500	Non- Network & Non- PPO S12 75084 0,500 S25,500 S25,500 S25,500 S25,500 S25	Natwork ONA & PPO \$4,500 \$9,000 \$9,000	Non- Networ & Non- PPO \$13.500 \$27,000				
t-of-Pocket Maximums	Indexidual Ind + Spouse Ind + Child(ren) Family (Integrated M Out-of-Pocke	2017 Network ONA & PPO \$3,75082 \$440 \$7,500 \$7,500 \$7,500 \$7,500 \$5 aug MH S t Maximum pro	2020 Non- Network & Non- PPO \$11,2508 7,300 \$22,500 \$22,500 \$22,500 \$00 \$20,000 \$4,000 \$4,000 \$4,000 \$500 \$500 \$500 \$500 \$500 \$500 \$500	201 Network ONA & PPC) \$4,000 \$8,000 \$8,000 \$8,000 \$8,000	82021 Non- Network & Non- PPO \$12,000\$ 9,000 \$24,000 \$24,000 \$24,000	2019 Network ONA & PPO S4.25083 500 S8.500 S8.500 S8.500 S8.500	Non- Network & Non- PPO <u>\$12.750</u> \$4 a.500 \$25.500 \$25.500 \$25.500\$2 4,000	N2twork ONA & PPO \$4,500 \$9,000 \$9,000 \$9,000	Non- Network Non- PPO 513.500 527.000 527.000				
t-of-Pocket Maximums	Individual Individual Ind ± Spouse Ind ± Child(ren) Family (Integrated M Out-of-Pocke Once an indiv	2017 Network ONA & PPC \$3.75082 \$400 \$7.500 \$7.500 \$7.50085 and ed Surg MH S t Maximum product reaches t Allowable Cha	2020 Non- Network & Non- PPO \$11,2508 7,300 \$22,500 \$22,500 \$22,500 \$4,600 A) ovisions the individual irges for Netv	201 Network ONA & PPO S4,00083-600 S8,000 S8,000 S8,000 Network Ai ork I highle	82021 Non- Metwork & Non- PPO \$12,000\$ 9,000 \$24,000	2015 Network ONA & PPO \$4,250\$3. \$4,250\$3. \$500 \$8,500 \$8,500 \$8,500\$7. 000 cocket Maximi person incur	Non-Network & Non-PPO	Natwork ONA & PPO S4 500 S9,000 S9,00	Non- Network Non- PPO 513.500 527.600 \$27.600 \$27.600 \$27.600				
t-of-Pocket Maximums	Indexidual Indridual Ind ± Spouse Ind ± Children Lannly (Integrated M Out-of-Pocke Once an indiv	S7,500 S7,500SS, and that reaches t Allowable Charles the family N	2020 Pion- Network & Non- PPO \$11,2508 7,300 \$22,500 \$22,500 \$22,500 \$4,600 A) ovisions the individual riges for Network Annu	201 Network ONA & PPO S4 000 83: 600 S8 000 S8 000 S8 000 80: 600 Network Airork Highlight al Out-of-Pe	82021 Non- Network & Non- PPO	2015 Network ONA & PPO \$4,250\$3. 500 \$8,500 \$8,500 \$8,500 \$8,500 \$8,500 \$7,000 \$1,000	Non-Network & Non-PPO	Natwork ONA & PPO \$4,500 \$9,000 \$9,000 \$9,000 \$9,000 \$9,000 \$1,000 \$2,000 \$2,000 \$2,000 \$2,000 \$2,000 \$3,000 \$3,000 \$3,000 \$3,000 \$4,500	Non-Network Non-PPO S13.500 S27.000 S27.000 S27.000				
t-of-Pocket Maximums	Individual Individual Ind + Spouse Ind + Child(rep) Family (Integrated M Out-of-Pocke Once an indiv I00% of any members reac Maximum for I00% of Allo	S7.500 S7.500SS. unto product from the family me wable Charges are	2020 Non-Network & Non-PPO S11,2508 7,300 S22,500 S22,500 S22,500 S22,500 S22,500 A) ovisions the individual irges for Network Annumbers will be for Network	Network Arcork Higible at Out-of-Pe considered Eligible Ex	82021 Non- Network & Non- PPO \$12,0008 9,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000	Network ONA & PPO S4.25083. 500 S8.500 S8.500 S8.50087. 000 Cocket Maxim person incurum, the individe of the year. family mem	Non-Network & Non-PPO S12.750/\$4 0.500 S25.500	Selvork ONA & PPO Selvoro Selv	Non-Network Non-PPO S13.508 S27.608 S2				
t-of-Pocket Maximums	Individual Individual Ind + Spouse Ind + Child(rep) Family (Integrated M Out-of-Pocke Once an indiv I00% of any members reac Maximum for I00% of Allo	S7.500 S7.500SS. (High Park Indianal Franchis Fr	2020 Non-Network & Non-PPO S11,2508 7,300 S22,500 S22,500 S22,500 S22,500 S22,500 A) ovisions the individual irges for Network Annumbers will be for Network	Network Arcork Higible at Out-of-Pe considered Eligible Ex	82021 Non- Network & Non- PPO \$12,0008 9,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000	Network ONA & PPO S4.25083. 500 S8.500 S8.500 S8.50087. 000 Cocket Maxim person incurum, the individe of the year. family mem	Non-Network & Non-PPO S12.750/\$4 0.500 S25.500	Selvork ONA & PPO Selvoro Selv	Non-Network Non-PPO S13.508 S27.608 S2				
t-of-Pocket Maximums	Indexidual Ind + Spouse Ind + Spouse Ind + Child(ren) Family (Integrated M Out-of-Pocke Once an indiv 100% of any members reac Maximum for 100% of Alio Program optic	2017 Network ONA & PPO \$3.75082 \$400 \$7.500 \$7.50085 000 \$7.50085 000 \$1 Maximum product reaches to Allowable Charges on The Non-Notelers	2020 Non-Network & Non-PPO S11,2508 7-300 S22,500 S22,500 S22,500 S22,500 S44,600 A) ovisions the individual trges for Network Annumbers will be for Network	Network ONA & PPO St. 000 St.	82021 Non- Network & Non- PPO \$12,0008 9,000 \$24,000 \$	Network ONA & PPO S4.250\$3. 500 S8.500 S8.500 S8.500 S8.00\$7. 4000 ooket Maxim person incurus, the individe of the year, family mem in operates in	Non-Network & Non-PPO S12.75084 a.500 S25.500	Second Se	Non- Network Non- PPO S13.500 S27.600 S27.600 S27.600 S27.600 S27.600 S27.600 S27.600 sum paying aunity of-Pocket a paying ange your urse Non-				
t-of-Pocket Maximums	Individual Individual Ind + Spouse Ind + Child(ren) Family (Integrated M Out-of-Pocke Once an indiv I0(10 of any members reac Maximum for I000 of Allo Program optu Network Prov	2017 Network ONA & PPO \$3.75082 \$400 \$7.500 \$7.50085 000 \$7.50085 000 \$1 Maximum product reaches to Allowable Charges on The Non-Notelers	2020 Non-Network & Non-PPO S11,2508 7,300 S22,500 S22,500 S22,500 S22,500 S22,500 A) ovisions the individual irges for Network Annumbers will be for Network	Network ONA & PPO St. 000 St.	82021 Non- Network & Non- PPO \$12,0008 9,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000 \$24,000	Network ONA & PPO S4.250\$3. 500 S8.500 S8.500 S8.500 S8.00\$7. 4000 ooket Maxim person incurus, the individe of the year, family mem in operates in	Non-Network & Non-PPO S12.750/\$4 0.500 S25.500	Second Se	Non-Network Non-PPO S13.508 S27.608 S2				

Provision	Active Employees								
	Individual	<u>\$6,550</u> \$6,	\$19,650\$1 9,350	<u>\$6,550</u> \$6.	\$19,650\$1 9,350	<u>\$6.550</u> \$6.	\$19,650\$1 9,650	<u>\$6,550</u>	<u>\$19.650</u>
	Ind ÷ Spouse	<u>\$13.100</u>	\$39,300	<u>\$13.100</u>	<u>\$39.300</u>	S13,100	\$39,300	<u>\$13 100</u>	\$39,300
	Ind ÷ Child(ren)	513 100	<u>\$39.300</u>	513.100	539,300	<u>\$13,100</u>	\$39,300	<u>\$13.100</u>	\$39,300
	Family	\$13.100\$1 2.900	\$39,300\$3 8,700	\$13,100\$1 2,999	\$39,300\$3 \$,700	\$13.100\$4 3.100	<u>\$39,300</u> \$3 9,300	<u>\$13.100</u>	\$39.300
	(Iracgrated Me	d Surg RX	MH SA Care	Phis)					
	Out-of-Pocket	Maximum pi	rovisions						
	Once an indix i 100% of any A members reach Maximum for 100% of Allov Program option Network Proxi	dlowable Charthe family A all family movable Charge in The Non-N	arges for Netw Network Annu embers will be s for Network	ork Eligible I al Out-of-Poc considered n Eligible Expe	Expenses that ket Maximum tet for the resenses that any	person incur the individ t of the year. family meni	 Once paymual Network and the Progra ber incurs, un 	ents for all f Annual Out-o am will begin less you chai	amily af-Pocket a paying age your
Prescription Drug Program (Rx)	Current Emp	lovees & Ne	w Hires:			-			
Hogiam (KV)	The following								
	 Mandatory Specialty p 			Ry Applie	s after second	I fill at retail			
		hoice 100°	participant-p	and					
	The second secon	Generic Medication	Limitation						
	 Advanced 	Control Spec	ialty Formulai						
	New Stand Generic St	the state of the s	TOU THUE LOID	Tutary					
	Option 1								
	Deductible N	None							
	Out-of-Pocket	t Maximum							
	Individual	2	02017 - 2023 \$1,200	2018 \$1.200	201 \$1.2				
	Family		\$2,400	\$2,400	\$24				
	Retail – Netw (Up to 30-da		ited to 2 fells t	or maintenan	ce subject to	Advanced Co	ntrol Specialt	y Formulary	provisions)
					202019 - 2	023			
	Cieneric Preferred		\$10 \$35	\$14) \$35	\$10 \$35				
	Non-Preferi	red	7444	नेला	\$780				
		November 1							
	Retail – Non- Participant pa network retai	iys the greate	pays or of the applic	able Network	copay or bal	ance remainii	ig after the pr	ogram pays	75% of
	Participant panetwork retai	ivs the greate Leost opays						ogram pays	75% of
	Participant panetwork retai	ivs the greate Leost opays	er of the applic geet to Advance 2017	red Control Sp	pecialty Form	ulaty proviso 0232019		ogram pays	75° o of
	Participant panetwork retain Mail Order C (Up to 90-da	ivs the greate Leost opays	er of the application of the app	2018 \$24	pecialty Form 2020 - 2 \$	ulaty proviso <u>0232019</u> 20		ogram pays	75° , af
	Participant panetwork retain Mail Order C (Up to 90-da	iys the greate Leost opays iy supply sub	er of the applic geet to Advance 2017	red Control Sp	pecialty Form 2020 - 2 \$ \$	ulaty proviso 0232019		ogtam pays	75° of

Provision			Act	ive Employees				
	Deductible Integrated with medical surgical, mental health/substance abuse and CarePlus							
	Out-of-Pocket Maximum Integrated with medical surgical, mental health/substance abuse and CarePlus							
	Retail – Network Con	avs"						
	(Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions)							
	44.00.000	2017	2018	<u>2020 - 20232019</u>				
	Generic Preferred	\$35	435	\$9 \$35				
	Non-Preferred	\$70	\$70	\$70				
	Retail - Non-Network Participant pays the g network retail cost		olicable Networl	copay or balance remaining after the progra	im pays 75% of			
	Mail Order Copays (Up to 90-day supply	subject to Adv	anced Control S	pecialty Formulary provisions1				
		2017	2018	2020 - 20232019				
	Generic Preferred	\$18 \$70	\$18 \$70	\$18 \$70				
	Non-Preferred	\$140	\$140	\$140				
CarePlus								
Program	A1&1 CarePlus - A		Senelit Program					
Monthly Contributions	Current Employees	& New Hires:						
	Individual Lamily	2019 6 1 <u>a</u> \$04 \$02						
	Contribution amount	s are subject to	change from tin	e to time at the sole discretion of the Compa	any			
	= The 20196 contrib	ution amounts s	hown above are	for illustrative purposes only				
General Benefits	Current Employees	& New Hires:			-			
	The Company retain Program including for	s the umlateral r or the purpose co	ight to change, omplying with l	modify, amend and discontinue the benefits wealthcare reform legislation (PPACA)	offered under the			
Dental								
Program	Current Employee	& New Hires:						
	AT&T Dental Prog provided below	ram (Bargamed	Employees) wit	h provisions as described in the Summary Pf	an Description except as			
	Available network of Dental PPO Fully-insured co		uch as Dental H	MOs continue to be available at the discretic	on of the Company			
Eligibility for Coverage	Current Employee	& New Hires:			****			
	are not eligible. I li	gibility for cove	rage continues t	nd Term Employees are eligible for coverage o begins on the first day of the month in whi f employment (TOF))	: Temporary Employees ch 6 months net credited			
	Term Employees no	n applicable per	this Agreement					

Provision	Active Employees						
Lligibility for Company Subsidy	Current Employees & New Hires: 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))						
Active (Full-Time) Monthly Contributions	Current Employees & New Hires: Dental PPO or DHMO (rf available) Monthly Contribution Amounts						
	202017-20192023 Individual \$87 Individual 1 \$174 Lanuty \$273						
Active (Part-Time) Monthly Contributions	Current Employees & New Hires: Based on Scheduled hours week • Greater than or equal to 20 hours = 50% of the full cost of coverage * • Less than 20 hours = 100% of the full cost of coverage* with no Company subsidy • Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion						
ision							
Program	Current Employees & New Hires: AT&T Vision Program (Bargained Imployees) with provisions as described in the Summary Plan Description except as provided below						
Eligibility for Coverage	Current Employees & New Hires: Active regular full-time and part-time Employees and Term Employees are eligible for coverage. Temporary Employees are not eligible. Eligibility for coverage continues to begins on the first day of the month in which 6 months net credited service (NCS) is attained (also referred to as term of employment (TOE)).						
Eligibility for Company Subsidy	Current Employees & New Hires: Company subsidy begins on first day of the month in which 6 months net credited service (NCS) is attained (also referred to as term of employment (TOL))						
Active (Full-Time) Monthly Contributions	Current Employees & New Hires:						
Active (Part-Time) Monthly Contributions	Current Employees & New Hires: Based on Scheduled hours week • Greater than or equal to 20 hours = 50% of the full cost of coverage ** • Less than 20 hours = 100% of the full cost of coverage with no Company subsidy * Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion.						

Provision	Active Employees						
Program	Current Employees & New Hires:						
	AT&T Disability Income Program						
	The AT&T Disability Income Program as described in the Summary Plan Description, following management provisions						
	as they change from time to time, except as provided below						
Eligibility for Coverage	Current Employees & New Hires:						
	Active regular full-time and part-time Employees and-Term Employees are eligible for coverage. Temporary Employees						
	are not eligible						
	Term Employees not applicable per this Agreement						
Short Term Disability (STD)	Current Lumloyees:						
	Short-term disability benefits and the other sources of income received are designed to replace 60 percent or 100 percent						
	of Pay, based on the Employee's service as shown below						
	Percent 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 or more years 26 weeks 0 weeks						
	New Hires:						
	Short-term disability benefits and the other sources of income received are designed to replace 60 percent or 100 percent						
	of Pay, based on the Employee's service as shown below						
	Percent of Pay						
	Term of Employment 100% 60%						
	≥18 months ≤ 2 years 0 weeks 26 weeks 22 weeks 22 weeks						
	$\frac{5 \text{ years} \leq 15 \text{ years}}{5 \text{ years}} = \frac{13 \text{ weeks}}{13 \text{ weeks}} = \frac{13 \text{ weeks}}{13 \text{ weeks}}$						
	15 or more years 26 weeks 6 weeks						
Long-Term Disability (LTD)	Current Employees & New Hires:						
	The AT&T Disability Income Program as described in the Summary Plan Description, following management provision						
	as they change from time to time, except as provided below						
	Jennorary Term e[imployees are not eligible for L1D benefits						
Life Insurance	Constituent of Vivi III						
Program							
	AT&1 Group Life Insurance Program for Active Employees						
	No change from current program						
Eligibility for Coverage	Current Employees & New Hires:						
angionicy in Coverage							
	Active regular full-time and part-time Employees and Term Employees are eligible for coverage. Temporary Employee are not eligible.						
Monthly Contributions	Term Employees not applicable per this Agreement Current Employees & New Hires:						
10-20-00-0							
	Contribution amounts are subject to annual adjustment						

Provision	Active Employees
General Benefits	Current Employees & New Hires:
	Coverage I evels are the same as for management employees
	Basic Life and Basic Accidental Death and Dismemberment (AD&D) is 100% Company-paid
	Supplemental Life and Dependent Life is 100% Employee-paid
Texible Spending Account	(FSA)
Plan	Current Employees & New Hires:
	AT&T Flexible Spending Account Plan
Contribution	Current Employees & New Hires:
Minimum/Maximums	Subject to change as mandated by healthcare reform legislation (PPACA) and to annually adjust the maximum contribution amount to that permitted by law for Health Care Hexible Spending Accounts for each calendar year for which the IRS issues timely guidance such that the Company can implement the change
Employee Assistance Progr	ram (EAP)
Program	Current Employees & New Hires:
	AT&I Employee Assistance Program
Visit Limit	Current Employees & New Hires:
	Up to 5 EAP visits per person per issue

Provision	Eligible Retired Employees
	Effective 1/1/202047:
Retiree Provisions	Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement.
Medical	
Program	Eligible Retired Employees shall be eligible to participate in the same choice of program, options and provisions as similarly situated active Employees except as noted in the sections below
Eligible Retired Employees (Full-Time & Part time) Monthly Contributions	Fligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverages with no Company subsidy
	Lingible Retired Employees who are Medicare-eligible are ineligible for coverage
	* Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion
Eligible Retired Employees (Part-Time) Monthly Contributions	Higible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage with no Company subsidy
	Higible Retired Employees who are Medicare-eligible are meligible for coverage
	* Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion
Medicare Part-B Premium Reimbursement	Not Ligible
CarePlus	
Program	Fligible Retired Employees shall be eligible to participate in the same choice of program, options and provisions as similarly situated active Employees
Monthly Contributions	Contribution amounts are subject to change from time to time at the sole discretion of the Company
General Benefits	The Company retains the unilateral right to change, modify, amend and discontinue the benefits offered under the Program including for the purpose complying with healthcare reform legislation (PPACA)
Dental	
Program	Eligible Retired Employees shall be eligible to participate in the same choice of program, options and provisions as similarly situated active Employees
Eligible Retired Employee (Full-Time) Monthly Contributions	Eligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverages with no Company subsidy
	Eligible Retired Employees who are Medicare-eligible are ineligible for coverage
	* Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion.
Eligible Retired Employees (Part-Time) Monthly Contributions	Fligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage? with no Company subsidy
	Eligible Reured Employees who are Medicare-eligible are ineligible for coverage
	* Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion
Life Insurance	
Eligible Retired Employees Basic Life (Company Paid)	\$15,000 Retiree Basic Life
Eligible Retired Employees Supplemental Life (Retiree Paid)	Eligible Retired Employees eligible for Supplemental Life coverage may add Lx Annual Pay in effect at termination of employment to Supplemental Life coverage in effect at termination of employment, to replace the Basic Life no longer
Eligible Retired Employees Supplemental Life	Eligible Retired Employees eligible for Supplemental Life coverage may add 1x Annual Pay in effi- employment to Supplemental Life coverage in effect at termination of employment, to replace the l

Provision	Eligible Retired Employees
Retiree Provisions	Effective 1/1/202017: Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement
Vision	
Eligible Retired Employees Vision Program	Eligible Retired Employees shall be eligible to participate in the AT&T Eligible Former Employee Vision Program
Eligible Retired Employees (Full-Time) Monthly Retiree Contributions	Fligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage® with no Company subsidy
	Eligible Retried Employees who are Medicare-eligible are ineligible for coverage
	Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion
Lligible Retired Employees (Part-Time) Monthly Contributions	Higible Retired Employees who are Non-Medicare-chaible will pay 100% of full cost of coverage* with no Company subsidy
	Lingible Reuted Employees who are Medicare-cligible are incligible for coverage.
	Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion.