

**1. HEALTH AND WELFARE BENEFIT PLANS**

- (A) Effective ~~January 1, 2017~~2020. 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, 2019~~6~~, as described in the applicable SPDs and SMMs, except as noted in this Agreement and Exhibit I.

Type	Plan/Program/Policy
Medical	AT&T Midwest Medical Program
Dental	AT&T Dental Program (Bargained <u>Employees</u> )
Vision	AT&T Vision Program (Bargained <u>Employees</u> )
Supplemental Medical	AT&T CarePlus – A Supplemental Benefit Program <sup>1</sup>
Life Insurance	AT&T Group Life Insurance Program for Active Employees
FSA	AT&T Flexible Spending Account Plan
Disability	AT&T Disability Income Program <sup>2</sup>
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 <sup>3</sup>

<sup>1</sup> The AT&T CarePlus – A Supplemental Benefit Program and AT&T Voluntary Benefits Platform are 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.

<sup>2</sup> Management provisions as they change from time to time, except as provided below.

- (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 31~~August 24, 2019~~6~~ 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 I 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 1.(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 1.(C) be

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 2019~~6~~ 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 2019~~6~~ 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, 2016~~ August 24, 2019, as described in the applicable SPDs and SMMs, except as noted herein.

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

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.

i. 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:~~

<del>Age</del>	<del>Age Credit Factor</del>
<del>Less than 30</del>	<del>1.77%</del>
<del>30-36</del>	<del>2.27%</del>
<del>37-43</del>	<del>2.78%</del>
<del>44-49</del>	<del>3.28%</del>
<del>50 and older</del>	<del>4.04%</del>

~~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
<b>Active Employees</b> Effective Date(s)	Health & Welfare Plans, Programs and Policies <u>1/1 2017/2020</u>
<b>Eligibility</b> 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 <u>Employees</u> ), with current provisions except as provided below Vision – AT&T Vision Program (Bargained <u>Employees</u> ), with current provisions except as provided below Disability – AT&T Disability Income Program – <u>management provisions as they change from time to time except as provided below</u> Life Insurance - AT&T Group Life Insurance Program for Active Employees  <u>Management provisions as they change from time to time except as provided below.</u>
<b>Medical</b> Program	<u>Current Employees &amp; New Hires:</u>  AT&T Midwest Medical Program  Available network options <ul style="list-style-type: none"> <li>• Health Care Network (HCN)</li> <li>• Health Care Network Outside Network Area (ONA)</li> <li>• Preferred Provider Organization (PPO) and</li> <li>• Fully-insured coverage options such as HMOs <u>continue to be</u> available at the discretion of the Company</li> </ul>
<b>Eligibility for Coverage</b>	<u>Current Employees &amp; New Hires:</u>  Active regular full-time and part-time Employees and <del>Term Employees</del> 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.  <u>Term Employees not applicable per this Agreement.</u>
<b>Eligibility for Company Subsidy</b>	<u>Current Employees &amp; New Hires:</u>  <b>Individual Coverage:</b> 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.  <b>All Other Coverage Levels:</b> Company subsidy for Employees enrolled in Company-sponsored medical coverage other than Individual coverage will begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)). Employees with less than 91 days of NCS may enroll in Company-sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage. Employees with more than 90 days of NCS and less than 6 months of NCS may enroll in Company-sponsored medical coverage (including fully-insured coverage options, if available) but are required to pay 100% of the cost of coverage reduced by the company subsidy for the Individual coverage tier.

Provision	Active Employees				
<b>Active (Full-Time) Monthly Contributions</b>	<b>Current Employees &amp; New Hires:</b>				
	<b>Option 1</b>				
		<u>2017</u> <u>2020</u>	<u>2018</u> <u>2021</u>	<u>2019</u> <u>2022</u>	<u>2023</u>
	Individual	<u>\$178</u> <u>155</u>	<u>\$181</u> <u>169</u>	<u>\$182</u> <u>177</u>	<u>\$183</u>
	<u>Ind + Spouse</u>	<u>\$383</u>	<u>\$406</u>	<u>\$436</u>	<u>\$466</u>
	<u>Ind + Child(ren)</u>	<u>\$303</u>	<u>\$307</u>	<u>\$313</u>	<u>\$322</u>
	Family	<u>\$401</u> <u>335</u>	<u>\$424</u> <u>365</u>	<u>\$449</u> <u>382</u>	<u>\$475</u>
	<b>Option 2</b>				
		<u>2020</u> <u>2017</u>	<u>2021</u> <u>2018</u>	<u>2022</u> <u>2019</u>	<u>2023</u>
	Individual	<u>\$84</u> <u>58</u>	<u>\$88</u> <u>79</u>	<u>\$91</u> <u>84</u>	<u>\$92</u>
<u>Ind + Spouse</u>	<u>\$205</u>	<u>\$225</u>	<u>\$249</u>	<u>\$280</u>	
<u>Ind + Child(ren)</u>	<u>\$144</u>	<u>\$156</u>	<u>\$165</u>	<u>\$175</u>	
Family	<u>\$230</u> <u>138</u>	<u>\$252</u> <u>186</u>	<u>\$277</u> <u>196</u>	<u>\$301</u>	
<b>Active (Part-Time) Monthly Contributions</b>	<b>Current Employees &amp; New Hires:</b>				
	Based on scheduled hours per week				
	<b>Monthly Contributions:</b>				
	If greater than or equal to 25 hours, same as Full-Time				
	If at least 17 but less than 25 hours, 50% of the Premium Equivalent Rate*				
	If less than 17 hours, 100% of the Premium Equivalent Rate*				
	* Premium Equivalent Rates are subject to annual adjustment				
	<b>Option 1</b>				
		<u>2017</u>	<u>2018</u>	<u>2019</u>	
	Individual	\$ 172	\$ 174	\$ 177	
Family	\$ 372	\$ 375	\$ 382		
<b>Option 2</b>					
	<u>2017</u>	<u>2018</u>	<u>2019</u>		
Individual	\$ 75	\$ 83	\$ 84		
Family	\$ 176	\$ 196	\$ 196		

Provision	Active Employees								
<p><u>Tobacco Use Contribution</u></p>	<p><u>Current Employees &amp; New Hires:</u></p> <p><u>Tobacco Use Additional Medical Contribution</u></p> <p><u>Employees and/or spouses/IRPs who use tobacco, are enrolled in AT&amp;T-sponsored medical coverage (within either self-insured or fully insured programs) and who choose not to participate in a designated Tobacco Cessation program will pay an additional monthly contribution toward their cost of coverage. The employee and/or spouse/IRP must attest to no tobacco usage or engage in a Company-sponsored Tobacco Cessation program in the time defined during Annual Enrollment otherwise the additional monthly contribution will be applied. Engagement is currently defined as enrollment, participation and completion. A tobacco user is currently defined as someone who has used tobacco products more frequently than once every month. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers and 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.</u></p> <p><u>Additional Monthly Medical Contribution for each employee and/or spouse/IRP</u></p> <table border="0"> <tr> <td><u>2020</u></td> <td><u>2021</u></td> <td><u>2022</u></td> <td><u>2023</u></td> </tr> <tr> <td><u>\$50</u></td> <td><u>\$60</u></td> <td><u>\$65</u></td> <td><u>\$70</u></td> </tr> </table>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>\$50</u>	<u>\$60</u>	<u>\$65</u>	<u>\$70</u>
<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>						
<u>\$50</u>	<u>\$60</u>	<u>\$65</u>	<u>\$70</u>						

Provision	Active Employees								
<b>Annual Deductibles</b>	<b><u>Current Employees &amp; New Hires:</u></b>								
	The Annual Deductibles are included in the Out-Of-Pocket Maximums								
	Option 1:								
	<ul style="list-style-type: none"> <li>Separate Annual Deductible amounts apply to the Network/ONA PPO and Non-Network/Non-PPO options. Amounts incurred under each option do not apply to the other option.</li> <li>With <u>Individual + Spouse</u>, <u>Individual + Children</u> or Family coverage, a covered person is eligible to receive benefits once their eligible allowable expenses satisfy the Individual Deductible amount. The Family Deductible, as applicable, is met once any combination of covered persons' eligible allowable expenses meet the Family Deductible amount. It is not necessary that any one individual reach the Individual Deductible but no one individual may contribute more than the Individual Deductible amount.</li> </ul>								
		<u>2020</u> <del>2017</del>		<u>2021</u> <del>2018</del>		<u>2022</u> <del>2019</del>		<u>2023</u>	
		Network/ ONA & PPO	Non- Network & Non- PPO	Network/ ONA & PPO	Non- Network & Non- PPO	Network/ ONA & PPO	Non- Network & Non- PPO	<u>Network/ ONA &amp; PPO</u>	<u>Non- Network &amp; Non- PPO</u>
	Individual	<u>\$</u> <del>500</del> <u>750</u>	<u>\$4,300</u> <del>2,625</del>	<u>\$800</u> <del>\$ -600</del>	<u>\$2,800</u> <del>\$2,100</del>	<u>\$850</u> <del>700</del>	<u>\$2,975</u> <del>\$2,450</del>	<u>\$900</u>	<u>\$5,150</u>
	<u>Ind + Spouse</u>	<u>\$1,500</u>	<u>\$5,250</u>	<u>\$1,600</u>	<u>\$5,600</u>	<u>\$1,700</u>	<u>\$5,950</u>	<u>\$1,800</u>	<u>\$6,300</u>
	<u>Ind + Children</u>	<u>\$1,500</u>	<u>\$5,250</u>	<u>\$1,600</u>	<u>\$5,600</u>	<u>\$1,700</u>	<u>\$5,950</u>	<u>\$1,800</u>	<u>\$6,300</u>
	Family	<u>\$1,500</u> <del>\$4,400</del>	<u>\$5,250</u> <del>\$2,600</del>	<u>\$1,600</u> <del>\$4,200</del>	<u>\$5,600</u> <del>\$4,200</del>	<u>\$1,700</u> <del>\$4,400</del>	<u>\$5,950</u> <del>\$4,900</del>	<u>\$1,800</u>	<u>\$6,300</u>
Option 2:									
<ul style="list-style-type: none"> <li>Separate Annual Deductible amounts apply to the Network/ONA PPO and Non-Network/Non-PPO options. Amounts incurred under each option do not apply to the other option.</li> <li>If the coverage tier is <u>Individual + Spouse</u>, <u>Individual + Children</u> or Family, no individual can receive benefits until the Family Annual Deductible is met. The Family Annual Deductible can be met by one or a combination of covered family members.</li> </ul>									
	<u>2020</u> <del>2017</del>		<u>2021</u> <del>2018</del>		<u>2022</u> <del>2019</del>		<u>2023</u>		
	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	<u>\$1,550</u> <del>\$1,300</del>	<u>\$6,200</u> <del>\$3,400</del>	<u>\$1,600</u> <del>\$1,300</del>	<u>\$6,400</u> <del>\$3,900</del>	<u>\$1,650</u> <del>\$1,500</del>	<u>\$6,600</u> <del>\$6,400</del>	<u>\$1,700</u>	<u>\$6,800</u>	
<u>Ind + Spouse</u>	<u>\$3,100</u>	<u>\$12,400</u>	<u>\$3,200</u>	<u>\$12,800</u>	<u>\$3,300</u>	<u>\$13,200</u>	<u>\$3,400</u>	<u>\$13,600</u>	
<u>Ind + Children</u>	<u>\$3,100</u>	<u>\$12,400</u>	<u>\$3,200</u>	<u>\$12,800</u>	<u>\$3,300</u>	<u>\$13,200</u>	<u>\$3,400</u>	<u>\$13,600</u>	
Family	<u>\$3,100</u> <del>\$2,600</del>	<u>\$12,400</u> <del>\$7,800</del>	<u>\$3,200</u> <del>\$2,600</del>	<u>\$12,800</u> <del>\$7,800</del>	<u>\$3,300</u> <del>\$3,400</del>	<u>\$13,200</u> <del>\$12,000</del>	<u>\$3,400</u>	<u>\$13,600</u>	



Provision	Active Employees								
<b>Copay/Coinsurance</b>	<b>Current Employees &amp; New Hires:</b>								
	Option 1								
		2017		2018		2019		2023	
		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
	Preventive	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit
	Sickness/Illness	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 50% After Ded	\$0 / 50% After Ded
	Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded
	Option 2								
		2017		2020		2023		2019	
		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
Preventive	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit	
Sickness/Illness	\$0 / 20% After Ded	\$0 / 60% After Ded	\$0 / 20% After Ded	\$0 / 60% After Ded	\$0 / 20% After Ded	\$0 / 60% After Ded	\$0 / 20% After Ded	\$0 / 60% After Ded	
Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 20% After Ded	\$0 / 20% After Ded	\$0 / 20% After Ded	\$0 / 20% After Ded	\$0 / 20% After Ded	\$0 / 20% After Ded	\$0 / 20% After Ded	\$0 / 20% After Ded	
<b>Annual Out-of-Pocket Maximums (OOP)</b>	<b>Current Employees &amp; New Hires:</b>								
	The Annual Deductibles are included in the Out-Of-Pocket Maximums								
	Option 1								
		2017		2020		2021		2022	
		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	\$3,750 \$400	\$2,250 \$7,300	\$4,000 \$400	\$3,000 \$9,400	\$4,250 \$500	\$3,500 \$4,500	\$12,750 \$4,500	\$4,500 \$13,500
	Ind + Spouse	\$7,500	\$22,500	\$8,000	\$24,000	\$8,500	\$25,500	\$9,000	\$27,000
	Ind + Children	\$7,500	\$22,500	\$8,000	\$24,000	\$8,500	\$25,500	\$9,000	\$27,000
	Family	\$7,500 \$5,400	\$22,500 \$4,600	\$8,000 \$4,400	\$24,000 \$8,300	\$8,500 \$7,400	\$25,500 \$4,400	\$9,000	\$27,000
	(Integrated Med Surg MHS A)								
Out-of-Pocket Maximum provisions									
<p>Once an individual reaches the individual Network Annual Out-of-Pocket Maximum, the Program will begin paying 100% of any Allowable Charges for Network Eligible Expenses that person incurs. Once payments for all family members reach the family Network Annual Out-of-Pocket Maximum, the individual Network Annual Out-of-Pocket Maximum for all family members will be considered met for the rest of the year, and the Program will begin paying 100% of Allowable Charges for Network Eligible Expenses that any family member incurs, unless you change your Program option. The Non-Network Annual Out-of-Pocket Maximum operates in the same manner when you use Non-Network Providers.</p>									
Option 2									
	2020		2017		2021		2019		
	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	

Provision	Active Employees																																																								
	Individual	\$6,550\$6,450	\$19,650\$19,350	\$6,550\$6,450	\$19,650\$19,350	\$6,550\$6,550	\$19,650\$19,650	\$6,550	\$19,650																																																
	Ind + Spouse	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300																																																
	Ind + Child(ren)	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300	\$13,100	\$39,300																																																
	Family	\$13,100\$12,900	\$39,300\$38,700	\$13,100\$12,900	\$39,300\$38,700	\$13,100\$13,100	\$39,300\$39,300	\$13,100	\$39,300																																																
	<p><u>(Integrated Med, Surg, RX, MH, SA, CarePlus)</u></p> <p>Out-of-Pocket Maximum provisions</p> <p>Once an individual reaches the individual Network Annual Out-of-Pocket Maximums, the Program will begin paying 100% of any Allowable Charges for Network Eligible Expenses that person incurs. Once payments for all family members reach the Family Network Annual Out-of-Pocket Maximum, the individual Network Annual Out-of-Pocket Maximum for all family members will be considered met for the rest of the year, and the Program will begin paying 100% of Allowable Charges for Network Eligible Expenses that any family member incurs, unless you change your Program option. The Non-Network Annual Out-of-Pocket Maximum operates in the same manner when you use Non-Network Providers.</p>																																																								
Prescription Drug Program (RX)	<p><b><u>Current Employees &amp; New Hires:</u></b></p> <p>The following provisions will apply:</p> <ul style="list-style-type: none"> <li>• Mandatory mail order for maintenance Rx – Applies after second fill at retail</li> <li>• Specialty pharmacy program</li> <li>• Personal Choice – 100% participant-paid</li> <li>• Mandatory Generic</li> <li>• Compound Medication Limitation</li> <li>• Advanced Control Specialty Formulary</li> <li>• New Standard Prescription Drug Formulary</li> <li>• Generic Step Therapy</li> </ul> <p>Option 1</p> <p>Deductible: None</p> <p>Out-of-Pocket Maximum</p> <table border="1"> <thead> <tr> <th></th> <th><u>202017 - 2023</u></th> <th><u>2018</u></th> <th><u>2019</u></th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td>\$1,200</td> <td>\$1,200</td> <td>\$1,200</td> </tr> <tr> <td>Family</td> <td>\$2,400</td> <td>\$2,400</td> <td>\$2,400</td> </tr> </tbody> </table> <p>Retail – Network Copays (Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions)</p> <table border="1"> <thead> <tr> <th></th> <th><u>2017</u></th> <th><u>2018</u></th> <th><u>202019 - 2023</u></th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$40</td> <td>\$40</td> <td>\$10</td> </tr> <tr> <td>Preferred</td> <td>\$35</td> <td>\$35</td> <td>\$35</td> </tr> <tr> <td>Non-Preferred</td> <td>\$60</td> <td>\$60</td> <td>\$780</td> </tr> </tbody> </table> <p>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</p> <p>Mail Order Copays (Up to 90-day supply subject to Advanced Control Specialty Formulary provisions)</p> <table border="1"> <thead> <tr> <th></th> <th><u>2017</u></th> <th><u>2018</u></th> <th><u>2020 - 2023</u></th> <th><u>2019</u></th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td>\$20</td> <td>\$20</td> <td>\$20</td> <td>\$20</td> </tr> <tr> <td>Preferred</td> <td>\$70</td> <td>\$70</td> <td>\$70</td> <td>\$70</td> </tr> <tr> <td>Non-Preferred</td> <td>\$120</td> <td>\$120</td> <td>\$140</td> <td>\$140</td> </tr> </tbody> </table> <p>Option 2</p>										<u>202017 - 2023</u>	<u>2018</u>	<u>2019</u>	Individual	\$1,200	\$1,200	\$1,200	Family	\$2,400	\$2,400	\$2,400		<u>2017</u>	<u>2018</u>	<u>202019 - 2023</u>	Generic	\$40	\$40	\$10	Preferred	\$35	\$35	\$35	Non-Preferred	\$60	\$60	\$780		<u>2017</u>	<u>2018</u>	<u>2020 - 2023</u>	<u>2019</u>	Generic	\$20	\$20	\$20	\$20	Preferred	\$70	\$70	\$70	\$70	Non-Preferred	\$120	\$120	\$140	\$140
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<b>Program</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>AT&amp;T Dental Program (Bargained <u>Employees</u>) with provisions as described in the Summary Plan Description except as provided below</p> <p>Available network options</p> <ul style="list-style-type: none"> <li>• Dental PPO</li> <li>• Fully-insured coverage options such as Dental HMOs <u>continue to be</u> available at the discretion of the Company</li> </ul>																																
<b>Eligibility for Coverage</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>Active regular full-time and part-time <u>Employees</u> and <u>Term Employees</u> are eligible for coverage. Temporary <u>Employees</u> are not eligible. Eligibility for coverage <u>continues to</u> begin on <u>the</u> first day of the month in which 6 months net credited service (NCS) is attained (also referred to as term of employment (TOE))</p> <p><u>Term Employees not applicable per this Agreement.</u></p>																																

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<b>Program</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>AT&amp;I Disability Income Program</p> <p>The AT&amp;I Disability Income Program as described in the Summary Plan Description, <u>following management provisions as they change from time to time</u>, except as provided below.</p>																																				
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<b>Short Term Disability (STD)</b>	<p><u>Current Employees:</u></p> <p>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.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">Percent of Pay</th> </tr> <tr> <th style="text-align: left;">Term of Employment</th> <th style="text-align: center;">100%</th> <th style="text-align: center;">60%</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">&lt; 6 months, &lt; 2 years</td> <td style="text-align: center;">0 weeks</td> <td style="text-align: center;">26 weeks</td> </tr> <tr> <td style="text-align: left;">2 years &lt; 5 years</td> <td style="text-align: center;">4 weeks</td> <td style="text-align: center;">22 weeks</td> </tr> <tr> <td style="text-align: left;">5 years &lt; 15 years</td> <td style="text-align: center;">13 weeks</td> <td style="text-align: center;">13 weeks</td> </tr> <tr> <td style="text-align: left;">15 or more years</td> <td style="text-align: center;">26 weeks</td> <td style="text-align: center;">0 weeks</td> </tr> </tbody> </table> <p><u>New Hires:</u></p> <p>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.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">Percent of Pay</th> </tr> <tr> <th style="text-align: left;">Term of Employment</th> <th style="text-align: center;">100%</th> <th style="text-align: center;">60%</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">&gt; 18 months, &lt; 2 years</td> <td style="text-align: center;">0 weeks</td> <td style="text-align: center;">26 weeks</td> </tr> <tr> <td style="text-align: left;">2 years &lt; 5 years</td> <td style="text-align: center;">4 weeks</td> <td style="text-align: center;">22 weeks</td> </tr> <tr> <td style="text-align: left;">5 years &lt; 15 years</td> <td style="text-align: center;">13 weeks</td> <td style="text-align: center;">13 weeks</td> </tr> <tr> <td style="text-align: left;">15 or more years</td> <td style="text-align: center;">26 weeks</td> <td style="text-align: center;">0 weeks</td> </tr> </tbody> </table>		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		Percent of Pay		Term of Employment	100%	60%	> 18 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
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<b>Long-Term Disability (LTD)</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>The AT&amp;I Disability Income Program as described in the Summary Plan Description, <u>following management provisions as they change from time to time</u>, except as provided below.</p> <p><del>Temporary, Term</del> Employees are not eligible for LTD benefits.</p>																																				
<b>Life Insurance</b>																																					
<b>Program</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>AT&amp;I Group Life Insurance Program for Active Employees</p> <p><u>No change from current program.</u></p>																																				
<b>Eligibility for Coverage</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>Active regular full-time and part-time Employees and <del>Term Employees</del> are eligible for coverage. Temporary Employees are not eligible.</p> <p><u>Term Employees not applicable per this Agreement.</u></p>																																				
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Provision	Active Employees
<b>General Benefits</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>Coverage Levels are the same as for management employees</p> <p>Basic Life and Basic Accidental Death and Dismemberment (AD&amp;D) is 100% Company-paid</p> <p>Supplemental Life and Dependent Life is 100% Employee-paid</p>
<b>Flexible Spending Account (FSA)</b>	
<b>Plan</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>AT&amp;T Flexible Spending Account Plan</p>
<b>Contribution Minimum/Maximums</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>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 Flexible Spending Accounts for each calendar year for which the IRS issues timely guidance such that the Company can implement the change</p>
<b>Employee Assistance Program (EAP)</b>	
<b>Program</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>AT&amp;T Employee Assistance Program</p>
<b>Visit Limit</b>	<p><u>Current Employees &amp; New Hires:</u></p> <p>Up to 5 EAP visits per person per issue</p>

Provision	Eligible Retired Employees
<b>Retiree Provisions</b>	<p><b>Effective 1/1/2017:</b></p> <p>Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement.</p>
<b>Medical</b>	
<b>Program</b>	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
<b>Eligible Retired Employees (Full-Time &amp; Part-time) Monthly Contributions</b>	<p>Eligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage<sup>9</sup> with no Company subsidy</p> <p>Eligible Retired Employees who are Medicare-eligible are ineligible for coverage</p> <p><sup>9</sup> Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion</p>
<b>Eligible Retired Employees (Part-Time) Monthly Contributions</b>	<p>Eligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage<sup>9</sup> with no Company subsidy</p> <p>Eligible Retired Employees who are Medicare-eligible are ineligible for coverage</p> <p><sup>9</sup> Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion</p>
<b>Medicare Part-B Premium Reimbursement</b>	Not Eligible
<b>CarePlus</b>	
<b>Program</b>	Eligible Retired Employees shall be eligible to participate in the same choice of program, options and provisions as similarly situated active Employees
<b>Monthly Contributions</b>	Contribution amounts are subject to change from time to time at the sole discretion of the Company.
<b>General Benefits</b>	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)
<b>Dental</b>	
<b>Program</b>	Eligible Retired Employees shall be eligible to participate in the same choice of program, options and provisions as similarly situated active Employees
<b>Eligible Retired Employee (Full-Time) Monthly Contributions</b>	<p>Eligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage<sup>9</sup> with no Company subsidy</p> <p>Eligible Retired Employees who are Medicare-eligible are ineligible for coverage</p> <p><sup>9</sup> Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion</p>
<b>Eligible Retired Employees (Part-Time) Monthly Contributions</b>	<p>Eligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage<sup>9</sup> with no Company subsidy</p> <p>Eligible Retired Employees who are Medicare-eligible are ineligible for coverage</p> <p><sup>9</sup> Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion</p>
<b>Life Insurance</b>	
<b>Eligible Retired Employees Basic Life (Company Paid)</b>	\$15,000 Retiree Basic Life
<b>Eligible Retired Employees Supplemental Life (Retiree Paid)</b>	Eligible Retired Employees eligible for Supplemental Life coverage may add 1x 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 available upon termination of employment

Provision	Eligible Retired Employees
<b>Retiree Provisions</b>	<p><del>Effective 1/1/202017:</del>                      Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement</p>
<b>Vision</b>	
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 <del>(Full-Time)</del> Monthly Retiree Contributions	<p>Eligible Retired Employees who are Non-Medicare-eligible will pay 100% of full cost of coverage<sup>2</sup> with no Company subsidy</p> <p>Eligible Retired Employees who are Medicare-eligible are ineligible for coverage</p> <p><sup>2</sup> Calculation of the full cost of coverage is subject to adjustment from time to time at the Company's discretion</p>
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