

AT&T Inc.
2023 AT&T Pre-Medicare Bargained Programs

Contributions

Monthly Contributions (Ind / Ind+Sp / Ind+Ch / Family)

Medical Components

Deductibles (Individual/Family)

Coinsurance

OOP Max (Individual/Family)

OOP Max Type

Copays

Office Visits

Specialist Visits

Hospital Admission

Rx Components

Deductibles

Coinsurance (Preferred/Non-Preferred)

OOP Max

OOP Max Type

Coinsurance Maximums

Retail Generic

Retail Preferred

Retail Non-Preferred

Mail Generic

Mail Preferred

Mail Non-Preferred

	AT&T Low Deductible Select	AT&T High Deductible Select	AT&T High Deductible Broad
Monthly Contributions (Ind / Ind+Sp / Ind+Ch / Family)	\$175/\$435/\$435/\$520	\$70/\$180/\$180/\$215	\$80/\$195/\$195/\$235
Deductibles (Individual/Family)	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	10%	30%	30%
OOP Max (Individual/Family)	\$5,000/\$10,000	\$7,500/\$15,000	\$7,500/\$15,000
OOP Max Type	Individual Basis	Individual Basis	Individual Basis
Copays			
Office Visits	\$25	N/A	N/A
Specialist Visits	\$50	N/A	N/A
Hospital Admission	N/A	N/A	N/A
Deductibles	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
Coinsurance (Preferred/Non-Preferred)	10%/80%	30%/80%	30%/80%
OOP Max	Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
OOP Max Type	Individual Basis	Individual Basis	Individual Basis
Coinsurance Maximums			
Retail Generic	\$50	\$50	\$50
Retail Preferred	\$400	\$400	\$400
Retail Non-Preferred	N/A	N/A	N/A
Mail Generic	\$100	\$100	\$100
Mail Preferred	\$800	\$800	\$800
Mail Non-Preferred	N/A	N/A	N/A

Notes:

Medical Provisions outlined are a summary.

For the 'Broad' plan option, non-network deductible and OOP maximum are 2 times the network amounts; non-network coinsurance is 80%

For the 'Select' plan options, non-network is not covered, except for emergency services

Rx Provisions outlined are a summary.

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

Enhanced coverage for preventive medication: waive deductible for HDHP preventive list (According to IRS 2019-45; Ex. Hypertension, diabetes).

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

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