

**National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Benefit Outline Summary**

Effective Date(s) and General Provisions of the National Bargained Benefit Plan													
Effective Date(s)	Health & Welfare: 4/1/2013												
General Provisions	<p>The benefit provisions of the successor National Bargained Benefit Plan that will be effective for the calendar years of 2013-2016 are set forth in this Benefit Outline Summary and Exhibit 1. The actual terms of the successor National Bargained Benefit Plan will be set forth and governed by the plan document, including amendments thereto, and Summary Plan Description, including Summaries of Material Modifications. Any references in the Summary Plan Descriptions or Plan Documents to "Cingular Wireless's" unilateral right to terminate, amend, change or modify the plan or plans shall not apply to the benefit provisions of the plans or programs of bargaining unit employees as covered in this Agreement.</p> <p>It is understood that certain benefits provided under the successor National Bargained Benefit Plan are subject to change to comply with implementation of the Patient Protection and Affordable Care Act (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. Should any of these changes require bargaining, all other terms and provisions of the successor National Bargained Benefit Plan and this Agreement will remain in effect through expiration.</p> <p>The Company retains the right to make administrative changes, corrections and adjustments to the National Bargained Benefit Plan according to its fiduciary responsibilities. No administrative changes, corrections or adjustments shall have the effect of diminishing the plan benefits negotiated by the Parties.</p> <p>Benefit Claims will be governed by the ERISA Plan(s) appeal process terms and will not be subject to grievance or arbitration.</p>												
MEDICAL BENEFITS													
Plan	<p>Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees* ("National Bargained Benefit Plan").</p> <p>*This document highlights key elements of plan design.</p> <p>All employees except Puerto Rico employees have the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan") provisions and fully insured coverage options, such as HMOs (available at the discretion of the Company).</p> <p>For Puerto Rico employees only: Fully insured coverage option only (available at the discretion of the Company). Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan") provisions do not apply to Puerto Rico employees.</p>												
Eligibility and Company Subsidy	<p><u>New Hires and Current Employees</u></p> <p>Eligibility for coverage and eligibility for Company subsidy begins 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)).</p>												
EE Class	Regular Full Time & Part Time												
Health Reimbursement Account (HRAs)	<p><u>New Hires</u> (Hired or Rehired on or after 1/1/13) None.</p> <p><u>Current Employees</u> (Hired or Rehired on or before 12/31/12) who are enrolled in the National Bargained Benefit Plan on the HRA crediting date. For 2013 the crediting date will be on or around 4/1/13 and for 2014 the crediting date will be on or around 1/1/14.</p> <p>These provisions do not apply to Puerto Rico employees.</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2014</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$500</td> </tr> <tr> <td>Ind +1</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$500</td> </tr> <tr> <td>Fam</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$500</td> </tr> </tbody> </table>		<u>2013</u>	<u>2014</u>	Ind	\$500	\$500	Ind +1	\$500	\$500	Fam	\$500	\$500
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Full Time EE Contribution Per Month	<p><u>New Hires</u> (Hired or Rehired on or after 1/1/13)</p> <p align="center"><u>Contribution Amounts For Those Hired In 2013</u></p> <table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$110</td> <td>\$117</td> <td>\$122</td> <td>\$ 82</td> </tr> <tr> <td>Ind +1</td> <td>\$234</td> <td>\$244</td> <td>\$252</td> <td>\$169</td> </tr> <tr> <td>Fam</td> <td>\$234</td> <td>\$244</td> <td>\$252</td> <td>\$169</td> </tr> </tbody> </table> <p align="center"><u>Contribution Amounts For Those Hired In 2014</u></p> <table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>N/A</td> <td>\$117</td> <td>\$122</td> <td>\$131</td> </tr> <tr> <td>Ind +1</td> <td>N/A</td> <td>\$244</td> <td>\$252</td> <td>\$270</td> </tr> <tr> <td>Fam</td> <td>N/A</td> <td>\$244</td> <td>\$252</td> <td>\$270</td> </tr> </tbody> </table> <p align="center"><u>Contribution Amounts For Those Hired In 2015</u></p> <table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>N/A</td> <td>N/A</td> <td>\$122</td> <td>\$131</td> </tr> <tr> <td>Ind +1</td> <td>N/A</td> <td>N/A</td> <td>\$252</td> <td>\$270</td> </tr> <tr> <td>Fam</td> <td>N/A</td> <td>N/A</td> <td>\$252</td> <td>\$270</td> </tr> </tbody> </table> <p align="center"><u>Contribution Amounts For Those Hired In 2016</u></p> <table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>\$131</td> </tr> <tr> <td>Ind +1</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>\$270</td> </tr> <tr> <td>Fam</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>\$270</td> </tr> </tbody> </table> <p><u>Current Employees</u> (Hired or Rehired on or before 12/31/12)</p> <p align="center"><u>Contribution Amounts</u></p> <table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$38</td> <td>\$ 61</td> <td>\$ 69</td> <td>\$ 82</td> </tr> <tr> <td>Ind +1</td> <td>\$81</td> <td>\$127</td> <td>\$142</td> <td>\$169</td> </tr> <tr> <td>Fam</td> <td>\$81</td> <td>\$127</td> <td>\$142</td> <td>\$169</td> </tr> </tbody> </table> <p>For Puerto Rico employees: Contributions will be determined according to the contribution provisions for the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan") and are after-tax only.</p>		2013	2014	2015	2016	Ind	\$110	\$117	\$122	\$ 82	Ind +1	\$234	\$244	\$252	\$169	Fam	\$234	\$244	\$252	\$169		2013	2014	2015	2016	Ind	N/A	\$117	\$122	\$131	Ind +1	N/A	\$244	\$252	\$270	Fam	N/A	\$244	\$252	\$270		2013	2014	2015	2016	Ind	N/A	N/A	\$122	\$131	Ind +1	N/A	N/A	\$252	\$270	Fam	N/A	N/A	\$252	\$270		2013	2014	2015	2016	Ind	N/A	N/A	N/A	\$131	Ind +1	N/A	N/A	N/A	\$270	Fam	N/A	N/A	N/A	\$270		2013	2014	2015	2016	Ind	\$38	\$ 61	\$ 69	\$ 82	Ind +1	\$81	\$127	\$142	\$169	Fam	\$81	\$127	\$142	\$169
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Part Time EE Contributions	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>For Puerto Rico employees: Contributions will be determined according to the contribution provisions for the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan") and are after-tax only.</p>																																																																																																				
Working Spouse Contribution	N/A																																																																																																				
Coinsurance	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Examples of Coinsurance provisions include:</p> <ul style="list-style-type: none"> • Applies after applicable Network/ONA or Non-Network Deductible amount is satisfied. • Applies to all covered health services, including mental health/substance abuse benefits under the plan. • Does not apply toward Prescription Drugs. • Does not apply toward Network/ONA preventive services. • Actual amount that is applied to the Coinsurance is calculated on the basis of eligible/allowable expenses. • All Coinsurance applies to applicable Network/ONA or Non-Network Out-of-Pocket Maximums <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>																																																																																																				

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Annual Deductible	<p><u>New Hires and Current Employees</u></p> <p>Deductibles for 2013 - 2016</p> <table border="1"> <thead> <tr> <th></th> <th><u>Network / ONA</u></th> <th><u>Non-Network</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$ 500</td> <td>\$1,300</td> </tr> <tr> <td>Ind+ 1</td> <td>\$1,000</td> <td>\$2,600</td> </tr> <tr> <td>Fam</td> <td>\$1,000</td> <td>\$2,600</td> </tr> </tbody> </table> <p>Annual Deductible provisions:</p> <ul style="list-style-type: none"> • Applies to all covered health services, including mental health/substance abuse benefits under the plan. • The following costs will never apply towards Deductible: <ul style="list-style-type: none"> • Network/ONA preventive care • Any applicable monthly contributions • Prescription drugs • Any charges for non-covered health services • Any penalties for failure to comply with terms of plan (i.e., preauthorization /predetermination) • Charges that exceed eligible expenses • Any charges for services that are exclusions under the plan • Actual amount that is applied to the Annual Deductible is calculated on the basis of eligible/allowable expenses. • Separate Deductible amounts apply to Network/ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option. • With Individual +1 and Family coverage, a covered person is eligible to receive benefits once their eligible/allowable expenses satisfy the Individual Deductible amount. The Individual +1 or Family Deductible, as applicable, is met once any combination of covered persons' eligible/allowable expenses meet the Individual +1 or 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. <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>		<u>Network / ONA</u>	<u>Non-Network</u>	Ind	\$ 500	\$1,300	Ind+ 1	\$1,000	\$2,600	Fam	\$1,000	\$2,600																								
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Annual Out of Pocket Maximum	<p><u>New Hires and Current Employees</u></p> <p align="center">Out-of-Pocket Maximum Amounts (excluding Annual Deductible)</p> <table border="1"> <thead> <tr> <th></th> <th><u>2013 Network / ONA</u></th> <th><u>2013 Non- Network</u></th> <th><u>2014 Network / ONA</u></th> <th><u>2014 Non- Network</u></th> <th><u>2015 Network / ONA</u></th> <th><u>2015 Non- Network</u></th> <th><u>2016 Network / ONA</u></th> <th><u>2016 Non- Network</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td>\$1,500</td> <td>\$4,500</td> <td>\$1,700</td> <td>\$ 5,100</td> <td>\$2,000</td> <td>\$ 6,000</td> <td>\$2,000</td> <td>\$ 6,000</td> </tr> <tr> <td>Ind+ 1</td> <td>\$3,000</td> <td>\$9,000</td> <td>\$3,400</td> <td>\$10,200</td> <td>\$4,000</td> <td>\$12,000</td> <td>\$4,000</td> <td>\$12,000</td> </tr> <tr> <td>Fam</td> <td>\$3,000</td> <td>\$9,000</td> <td>\$3,400</td> <td>\$10,200</td> <td>\$4,000</td> <td>\$12,000</td> <td>\$4,000</td> <td>\$12,000</td> </tr> </tbody> </table> <p>Out-of-Pocket Maximum provisions:</p> <ul style="list-style-type: none"> • Applies to all covered health services, including mental health/substance abuse benefits under the plan. • The following costs paid by the participant apply towards the applicable Network/ONA or Non-Network Out-of-Pocket Maximum amounts: <ul style="list-style-type: none"> • Coinsurance • The following costs will never apply towards Out-of-Pocket Maximum nor be paid for by the plan after the Out-of-Pocket Maximum is satisfied: <ul style="list-style-type: none"> • Deductibles • Prescription Drug copays • Any applicable monthly contributions • Any charges for non-covered health services • Any penalties for failure to comply with terms of plan (i.e., preauthorization /predetermination) • Charges that exceed eligible expenses • Any charges for services that are exclusions under the plan • The amount that is applied to the Out-of-Pocket Maximum is calculated on the basis of coinsurance. • Separate Out-of-Pocket Maximum amounts apply to Network, ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option. • With Individual +1 and Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their coinsurance satisfy the Individual Out-of-Pocket Maximum amount. The Individual +1 or Family Deductible, as applicable, is met once any combination of covered persons' coinsurance meet the Family Out-of-Pocket Maximum amount. It is not necessary that any one individual reach the Individual Out-of-Pocket Maximum 		<u>2013 Network / ONA</u>	<u>2013 Non- Network</u>	<u>2014 Network / ONA</u>	<u>2014 Non- Network</u>	<u>2015 Network / ONA</u>	<u>2015 Non- Network</u>	<u>2016 Network / ONA</u>	<u>2016 Non- Network</u>	Ind	\$1,500	\$4,500	\$1,700	\$ 5,100	\$2,000	\$ 6,000	\$2,000	\$ 6,000	Ind+ 1	\$3,000	\$9,000	\$3,400	\$10,200	\$4,000	\$12,000	\$4,000	\$12,000	Fam	\$3,000	\$9,000	\$3,400	\$10,200	\$4,000	\$12,000	\$4,000	\$12,000
	<u>2013 Network / ONA</u>	<u>2013 Non- Network</u>	<u>2014 Network / ONA</u>	<u>2014 Non- Network</u>	<u>2015 Network / ONA</u>	<u>2015 Non- Network</u>	<u>2016 Network / ONA</u>	<u>2016 Non- Network</u>																													
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MEDICAL BENEFITS	
	<p>amount but no one individual may contribute more than the Individual Out-of-Pocket Maximum amount.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Office Visit	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Emergency Room	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Urgent Care Center	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Hospital	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Diagnostic Testing	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Lifetime Maximum	Note: No longer applies due to healthcare reform legislation (PPACA).
COB	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Survivor	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Eligible Retired Employees	See Exhibit 1.
PRESCRIPTION DRUG BENEFITS	
Prescription Drugs	See Chart Below.
Bargained Plan Rx Program	

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Brand Restriction	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>															
PRESCRIPTION DRUG BENEFITS																
Deductible	<p><u>New Hires and Current Employees</u> None</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employee, ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>															
Max OOP	<p><u>New Hires and Current Employees</u> <u>2013-2016</u></p> <table> <tr> <td>Ind</td> <td>\$ 900</td> </tr> <tr> <td>Ind+1</td> <td>\$1,800</td> </tr> <tr> <td>Fam</td> <td>\$1,800</td> </tr> </table> <p>Out-of-Pocket Maximum provisions:</p> <ul style="list-style-type: none"> • Applies to all Network prescription drug copays. • The following costs will never apply towards Out-of-Pocket Maximum or are paid for by the plan after the Out-of-Pocket Maximum is satisfied: <ul style="list-style-type: none"> • Any medical or mental health/substance abuse expenses • Any applicable monthly contributions • Any charges for non-covered prescription drugs • Any penalties for failure to comply with terms of plan (i.e., mandatory generic penalty) • Any charges for prescription drugs that are exclusions under the plan • The amount that is applied to the Out-of-Pocket Maximum is the Network prescription drug copays. • With Individual +1 and Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their copays satisfy the Individual Out-of-Pocket Maximum amount. The Individual +1 or Family Deductible, as applicable, is met once any combination of covered persons' prescription drug copays meet the Family Out-of-Pocket Maximum amount. It is not necessary that any one individual reach the Individual Out-of-Pocket Maximum amount but no one individual may contribute more than the Individual Out-of-Pocket Maximum amount. <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>	Ind	\$ 900	Ind+1	\$1,800	Fam	\$1,800									
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Fam	\$1,800															
PRESCRIPTION DRUG BENEFITS																
Retail	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>															
Retail Generic	<p><u>New Hires and Current Employees</u></p> <table> <tr> <td></td> <td><u>2013</u></td> <td><u>2014</u></td> <td><u>2015</u></td> <td><u>2016</u></td> </tr> <tr> <td>Generic</td> <td>\$10</td> <td>\$10</td> <td>\$10</td> <td>\$10</td> </tr> </table> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	Generic	\$10	\$10	\$10	\$10					
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>												
Generic	\$10	\$10	\$10	\$10												
Retail Brand	<p><u>New Hires and Current Employees</u></p> <table> <tr> <td></td> <td><u>2013</u></td> <td><u>2014</u></td> <td><u>2015</u></td> <td><u>2016</u></td> </tr> <tr> <td>Formulary</td> <td>\$20</td> <td>\$20</td> <td>\$ 30</td> <td>\$30</td> </tr> <tr> <td>Non-Formulary</td> <td>\$40</td> <td>\$40</td> <td>\$ 60</td> <td>\$60</td> </tr> </table> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	Formulary	\$20	\$20	\$ 30	\$30	Non-Formulary	\$40	\$40	\$ 60	\$60
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>												
Formulary	\$20	\$20	\$ 30	\$30												
Non-Formulary	\$40	\$40	\$ 60	\$60												
Personal Choice	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>															

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Benefit Outline Summary**

Mail Order	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan except: Mandatory mail order for maintenance RX-applies after second fill at retail.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>															
Mail Order Generic	<p><u>New Hires and Current Employees</u></p> <table border="0"> <tr> <td></td> <td align="center"><u>2013</u></td> <td align="center"><u>2014</u></td> <td align="center"><u>2015</u></td> <td align="center"><u>2016</u></td> </tr> <tr> <td>Generic</td> <td align="center">\$20</td> <td align="center">\$20</td> <td align="center">\$20</td> <td align="center">\$20</td> </tr> </table> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	Generic	\$20	\$20	\$20	\$20					
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>												
Generic	\$20	\$20	\$20	\$20												
Mail Order Brand	<p><u>New Hires and Current Employees</u></p> <table border="0"> <tr> <td></td> <td align="center"><u>2013</u></td> <td align="center"><u>2014</u></td> <td align="center"><u>2015</u></td> <td align="center"><u>2016</u></td> </tr> <tr> <td>Formulary</td> <td align="center">\$40</td> <td align="center">\$40</td> <td align="center">\$ 60</td> <td align="center">\$ 60</td> </tr> <tr> <td>Non-Formulary</td> <td align="center">\$80</td> <td align="center">\$80</td> <td align="center">\$120</td> <td align="center">\$120</td> </tr> </table> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employee, ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	Formulary	\$40	\$40	\$ 60	\$ 60	Non-Formulary	\$80	\$80	\$120	\$120
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>												
Formulary	\$40	\$40	\$ 60	\$ 60												
Non-Formulary	\$80	\$80	\$120	\$120												
Personal Choice	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>															

MENTAL HEALTH BENEFITS	
Deductible	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
OOP Max	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Copayments and Coinsurance	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Limitations	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>

SUBSTANCE ABUSE BENEFITS	
Deductible	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
OOP Max	<p><u>New Hires and Current Employees</u></p> <p>No change from current plan.</p>

**National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Benefit Outline Summary**

SUBSTANCE ABUSE BENEFITS	
	Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.
Copayments and Coinsurance	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>
Limitations	<p><u>New Hires and Current Employees</u> No change from current plan.</p> <p>Note: These are provisions of the Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees ("National Bargained Benefit Plan"), which do not apply to Puerto Rico employees.</p>

EMPLOYEE ASSISTANCE PLAN (EAP)	
Plan	Cingular Wireless Employee Assistance Plan
Eligibility	Date of hire.
EE Class	All employees.
Cost	100% Company Paid.
Design	Up to 5 EAP sessions per issue per year.
Survivors	None.
Eligible Retired Employees	None.

DENTAL BENEFITS	
Plan	<p>AT&T Dental Plan* (management provisions)</p> <ul style="list-style-type: none"> • Dental PPO • DHMO (available at the discretion of the Company) <p>*This document highlights key elements of plan design. For complete plan details, refer to the Summary Plan Description (SPD) dated November 2006 & associated Summary of Material Modifications (SMMs).</p>
Eligibility and Company Subsidy (Exception to Management Provisions)	Eligibility for coverage and eligibility for Company subsidy begins 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)).
EE Class	Regular Full Time & Part Time

**National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Benefit Outline Summary**

DENTAL BENEFITS									
Full Time EE Contribution	<p>Contributions for Dental PPO or DHMO (if available) for 2013-2016:</p> <table border="0" style="margin-left: 40px;"> <tr> <td colspan="2" style="text-align: center;"><u>Contribution</u> <u>Amounts¹</u></td> </tr> <tr> <td>Ind</td> <td>\$ 3</td> </tr> <tr> <td>Ind +1</td> <td>\$ 9</td> </tr> <tr> <td>Family</td> <td>\$16</td> </tr> </table> <p>¹ In Puerto Rico, contributions are after-tax only.</p>	<u>Contribution</u> <u>Amounts¹</u>		Ind	\$ 3	Ind +1	\$ 9	Family	\$16
<u>Contribution</u> <u>Amounts¹</u>									
Ind	\$ 3								
Ind +1	\$ 9								
Family	\$16								
Part Time EE Contributions	<p>Based on Scheduled hrs/week:</p> <ul style="list-style-type: none"> • Greater than or equal to 20 hrs = 50% of full cost of coverage^{1*}. • Less than 20 hrs = 100% of full cost of coverage^{1*} with no Company subsidy. <p>¹In Puerto Rico, contributions are after-tax only. * Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>								
Annual Deductible	<p>Network and ONA: \$25 per individual Non-Network: \$50 per individual</p>								
Annual Maximum Benefit	<p>Network and ONA: \$1,750 per individual* Non-Network: \$1,300 per individual*</p> <p>*Not to exceed \$1,750 combined Network/Non-Network</p>								
Diagnostic & Preventive	<p>Class I (Diagnostic/Preventive) Network/ONA*: 100%, Ded. Waived Non-Network**: 100%, Ded. Waived *For ONA, paid at Network contracted rates. **For Non-Network paid based on reasonable and customary amounts</p>								
Coverage Levels (replaces minor and major restorative)	<p>Dental PPO Coinsurance</p> <p>Class II (Basic restorative-fillings, extractions, periodontal treatment/maintenance) Network and ONA*: 90%, after deductible Non-Network**: 70%, after deductible</p> <p>Class III (Major restorative – crowns, dentures, bridgework) Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible</p> <p>Class IV (Orthodontia) Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible</p> <p>*For ONA, paid at Network contracted rate. **For Non-Network paid based on reasonable and customary amounts.</p>								
Orthodontic – Lifetime Maximum	<p>Network and ONA: \$2,000 per individual* Non-Network: \$1,400 per individual*</p> <p>*Not to exceed \$2,000 combined Network/Non-Network</p>								
COB	No change from current plan.								
Survivor	12 months Company extended coverage (CEC) concurrent with COBRA, then 100% cost of coverage for life or until remarriage.								
Eligible Retired Employees	See Exhibit 1.								
Outside Network Area (ONA)	<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. 								

**National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Benefit Outline Summary**

VISION BENEFITS	
Plan	AT&T Vision Plan* (management provisions) *This document highlights key elements of plan design. For complete plan details, refer to the Summary Plan Description (SPD) dated January 2010 & associated Summary of Material Modifications (SMMs).
Eligibility and Company Subsidy (Exception to Management Provisions)	Eligibility for coverage and eligibility for Company subsidy begins 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)).
EE Class	Regular Full Time & Part Time
Full Time EE Contribution	Contributions for 2013-2016 <u>Contribution</u> <u>Amounts</u> ¹ Ind. \$2.50 Ind + 1 \$5.00 Family \$7.00 ¹ In Puerto Rico, contributions are after-tax only.
Part Time EE Contributions	Based on Scheduled hrs/week: <ul style="list-style-type: none"> • Greater than or equal to 20 hrs = 50% of full cost of coverage.^{1*} • Less than 20 hrs = 100% of full cost of coverage^{1*} with no Company subsidy. ¹ In Puerto Rico, contributions are after-tax only. *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.
Coverage Levels	Exam: 1 exam per 12 months <ul style="list-style-type: none"> • Network: \$0/0% • Non-Network: \$28 towards exam cost Frame Allowance: 1 pair per 12 months <ul style="list-style-type: none"> • Network: \$130 allowance towards frame cost • Non-Network: \$ 30 towards frame cost Lenses Allowance: 1 set per 12 months Network: \$0/0% Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100% Non-Network: \$30-\$80 towards lenses Contact Lenses Allowance: Allowance per 12 months Network: \$150 allowance Non-Network: \$150 allowance 2nd Pair Benefit: Network Only: Allows for a 2 nd pair of glasses or contact lenses allowance after the first pair benefit/allowance is utilized, per 24 months.
COB	No change from current plan.
Survivor	No change from current plan.
Eligible Retired Employees	See Exhibit 1.

SUPPLEMENTAL MEDICAL BENEFITS	
Plan	AT&T Care Plus: A Supplemental Benefit Program
Eligibility	<ul style="list-style-type: none"> • Within 31 days of the later of your date of hire, the date a change in status event occurs, or the date on your enrollment materials. • Effective date of coverage is the first of the month following your hire date.
EE Class	Regular Full Time & Part Time
Employee Contributions (FT and PT)	Employee only \$1 Employee & family \$2 Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company. In Puerto Rico, contributions are after-tax only.
Benefits	Expand benefits which may be offered under CarePlus to include any benefits determined by the Company to be beneficial to Plan participants. Company retains the unilateral right to change, modify, amend and discontinue the expanded benefits offered under CarePlus.

**National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Benefit Outline Summary**

SUPPLEMENTAL MEDICAL BENEFITS	
	Change frequency of enrollment from every 3 rd year to annual.
COB	No change from current plan.
Survivor	No change from current plan.
Eligible Retired Employees	No change from current plan.

FLEXIBLE SPENDING ACCOUNTS	
Dependent Care Spending Accounts	
Plan	No change from current plan. Note: Not currently available in Puerto Rico.
Eligibility	No change from current plan.
EE Class	Regular Full Time & Part Time
Maximum	No change from current plan.
Minimum	No change from current plan.
Health Care Spending Accounts	
Plan	No change from current plan, except those that are mandated by healthcare reform legislation (PPACA). Note: Not currently available in Puerto Rico.
Eligibility	No change from current plan.
EE Class	Regular Full Time & Part Time
Maximum	No change from current plan except those that are mandated by healthcare reform legislation (PPACA).
Minimum	No change from current plan except those that are mandated by healthcare reform legislation (PPACA).
Survivor	No change from current plan.
Eligible Retired Employees	No change from current plan.

LIFE INSURANCE	
Plan	AT&T Medical and Group Life Insurance Plan – Group Life Insurance* (management provisions) AT&T Supplementary Group Life Insurance Program* (management provisions) AT&T Dependent Group Life Insurance Program* (management provisions) *This document highlights key elements of plan design. For complete plan details, refer to the Summary Plan Description (SPD) dated May 2008 & associated Summary of Material Modifications (SMMs). Note: Contributions amounts are subject to annual adjustment.
Eligibility	All coverages: Eligible date of hire.
EE Class	Regular Full Time & Part Time
Basic Life Insurance Benefit	Basic: 1.X Salary for the twelve months ending on Sept. 1 of previous plan year, rounded to the next \$1,000 Company paid. Max. \$7M basic plus supplemental.
Supplemental Life Insurance Benefit	1X-10X annual basic pay, max \$7M basic + supp; Employee paid; smoker/nonsmoker rates.
Accelerated Death Benefit	Available when life expectancy is 24 months or less. Minimum Distribution: 25% of total life insurance benefit. Maximum Distribution: lesser of 75% of total life insurance benefit or \$1M.
AD&D	Basic: 1X annual basic pay; Company paid Supp: 1X-10X annual basic pay Spouse and child: applies
Seatbelt Incentive	Company paid \$10K. Supplemental, spouse, & child AD&D also have \$10K.
Dependent Benefit Amount	Employee paid Spouse/RDP life and AD&D: \$10K, \$25-\$300K in \$25K increments; smoker/nonsmoker rates. Child life and AD&D: \$5K-\$30K in \$5K increments.
LTD Coverage	Basic & Supplemental life (not AD&D) continues for 3 years. Dependent coverages end with end of STD.
Portability upon termination	Yes for supplemental employee life only.
Conversion upon termination	Basic & Supplemental life, not AD&D. Spouse and child life, not AD&D.
Survivor	No.
Eligible Retired Employees	No.

**National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Benefit Outline Summary**

LIFE INSURANCE	
Guaranteed Issue	No Evidence of Insurability (EOI) for Supplemental life coverage of up to 3X Annual Pay on initial enrollment or of an additional 1X Annual Pay for a Qualified Life Event, but may not exceed 10X Annual Pay, otherwise EOI required for any increase. No EOI for Spouse coverage of \$10K during initial enrollment period. Otherwise, EOI required for any enrollment or increase. No EOI for Child coverage at any time for initial enrollment or increase in amount.

LONG-TERM CARE	
Plan	AT&T Consolidated Long-Term Care Insurance Plan.
Eligibility	No change from current plan. Note: Not currently available in Puerto Rico.
EE Class	No change.
Coverage	<u>New Hires</u> Not available; closed to new entrants as of 5/1/2012. <u>Current Employees</u> Participants currently enrolled may remain in the plan; closed to new entrants as of 5/1/2012.

ADOPTION ASSISTANCE PROGRAM	
Plan	No change from current plan.
Eligibility	No change from current plan.
EE Class	No change from current plan.
Maximum	No change from current plan.

TUITION REIMBURSEMENT PLAN	
Eligibility	6 months of service.
EE Class	No change from current plan.
Maximum (same for FT & PT)	Annual Tuition Cap-No change from current plan. Tuition Lifetime Cap-Undergraduate-\$20,000 Graduate-\$25,000.
Reimbursement for classes	Full Time: 100% ≥ 20 hours: 75% < 20 hours: 50% Fees required by the school to take the course will be reimbursed, e. g., lab fees, transportation fees, recreation fees.

**National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Benefit Outline Summary**

**Retiree Health Care for Bargained Employees for the period January 1, 2013 through December 31, 2016
who terminate employment during the period 1/1/2013 through 12/31/2016.**

Employees who are eligible for post employment benefits when employment ends (“**Eligible Retired Employees**”) shall be eligible to participate in the same plan as an active current employee with the same provisions that apply to active employees, except that provisions regarding eligibility for post-employment benefits and monthly contributions shall remain the same as the rules that applied to similarly situated former employees as of 12/31/2012 and shown in the chart below:

Hire Date	Hired before 1/1/2005		Hired on or after 1/1/2005
Plan	Former SWBW Plan Participants	Former EDGE Plan Participants	National Bargained Benefit Plan For Employees of AT&T Mobility Services, LLC
Eligibility Rule	Modified rule of 75 <ul style="list-style-type: none"> ▪ 30 (NCS) and any age ▪ 25 (NCS) & 50 (age) ▪ 20 (NCS) & 55 (age) ▪ 10 (NCS) & 65 (age) 	Transition Groups 1-4	Modified rule of 75 <ul style="list-style-type: none"> ▪ 30 (NCS) and any age ▪ 25 (NCS) & 50 (age) ▪ 20 (NCS) & 55 (age) ▪ 10 (NCS) & 65 (age)
Retiree contributions	Same as active employees' contributions	<ul style="list-style-type: none"> ▪ Parent company provides benefit for Transition Group 1 ▪ Subsidy varies for Transition Groups 2-3; ▪ Access only for Transition Group 4 [Edge Plan retiree contributions are subject to change. See Summary Plan Description.]	Retiree pays 100% for coverage (Access Only)

Nothing in this Agreement or in Exhibit 1 shall be construed to provide benefits for any period subsequent to the term of this Agreement or for any employee other than those referenced above who terminate employment during the term of this Agreement.

For Puerto Rico retirees only: Fully insured coverage option only (available at the discretion of the Company).

**AT&T Benefits Labor Support
Resource Document - Comparison - Medical
Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees (“National Bargained Benefit Plan”)
Excluding Puerto Rico
For Illustrative Purposes Only
In case of any discrepancy, the terms of the official plan documents prevail**

Benefit / Provision	Current Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees (“National Bargained Benefit Plan”)	Proposed Cingular Wireless Health & Welfare Benefits Plan for Bargained Employees (“National Bargained Benefit Plan”)																																																			
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Effective Date(s)	Current Plan for 2012	4/1/2013																																																			
Health Reimbursement Account (HRA)																																																					
	None.	<p><u>New Hires</u> (Hired or Rehired on or after 1/1/13) None.</p> <p><u>Current Employees</u> (Hired or Rehired on or before 12/31/12) who are enrolled in the National Bargained Benefit Plan on the HRA crediting date. For 2013 the crediting date will be on or around 4/1/13 and for 2014 the crediting date will be on or around 1/1/14. HRA's are not provided for employees enrolled in an HMO.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2014</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$500</td> </tr> <tr> <td>Ind + 1</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$500</td> </tr> <tr> <td>Fam</td> <td style="text-align: center;">\$500</td> <td style="text-align: center;">\$500</td> </tr> </tbody> </table>		<u>2013</u>	<u>2014</u>	Ind	\$500	\$500	Ind + 1	\$500	\$500	Fam	\$500	\$500																																							
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Active Full-time Monthly Employee Contributions	<p>For 2012^{**1}:</p> <table style="margin-left: 20px;"> <tr> <td>Ind</td> <td style="text-align: right;">\$ 68</td> </tr> <tr> <td>Ind + 1</td> <td style="text-align: right;">\$123</td> </tr> <tr> <td>Fam</td> <td style="text-align: right;">\$177</td> </tr> </table> <p>Notes: *Contribution amounts subject to change from time to time at the sole discretion of the Company. ¹ In Puerto Rico, contributions are after-tax only.</p>	Ind	\$ 68	Ind + 1	\$123	Fam	\$177	<p><u>Current Employees</u> (Hired or Rehired on or before 12/31/12) <u>Contribution Amounts</u></p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2014</u></th> <th style="text-align: center;"><u>2015</u></th> <th style="text-align: center;"><u>2016</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: center;">\$38</td> <td style="text-align: center;">\$61</td> <td style="text-align: center;">\$69</td> <td style="text-align: center;">\$ 82</td> </tr> <tr> <td>Ind +</td> <td style="text-align: center;">\$81</td> <td style="text-align: center;">\$127</td> <td style="text-align: center;">\$142</td> <td style="text-align: center;">\$169</td> </tr> <tr> <td>Fam</td> <td style="text-align: center;">\$81</td> <td style="text-align: center;">\$127</td> <td style="text-align: center;">\$142</td> <td style="text-align: center;">\$169</td> </tr> </tbody> </table> <p><u>New Hires</u> (Hired or Rehired on or after 1/1/13) <u>Contribution Amounts For Those Hired In 2013</u></p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2014</u></th> <th style="text-align: center;"><u>2015</u></th> <th style="text-align: center;"><u>2016</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: center;">\$110</td> <td style="text-align: center;">\$117</td> <td style="text-align: center;">\$122</td> <td style="text-align: center;">\$ 82</td> </tr> <tr> <td>Ind + 1</td> <td style="text-align: center;">\$234</td> <td style="text-align: center;">\$244</td> <td style="text-align: center;">\$252</td> <td style="text-align: center;">\$169</td> </tr> <tr> <td>Fam</td> <td style="text-align: center;">\$234</td> <td style="text-align: center;">\$244</td> <td style="text-align: center;">\$252</td> <td style="text-align: center;">\$169</td> </tr> </tbody> </table> <p><u>Contribution Amounts For Those Hired In 2014</u></p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2014</u></th> <th style="text-align: center;"><u>2015</u></th> <th style="text-align: center;"><u>2016</u></th> </tr> </thead> </table>		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	Ind	\$38	\$61	\$69	\$ 82	Ind +	\$81	\$127	\$142	\$169	Fam	\$81	\$127	\$142	\$169		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	Ind	\$110	\$117	\$122	\$ 82	Ind + 1	\$234	\$244	\$252	\$169	Fam	\$234	\$244	\$252	\$169		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
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Rx Copayments/ Coinsurance: Mail Order	For 2012: <u>Actives (New Hires and Incumbents)</u> <u>Retail – Network Copays after Ded.</u> Generic \$17 Formulary \$35 Non-formulary \$70	<u>New Hires and Current Employees</u> For 2013-2016: No change from current plan except: Mandatory mail order for maintenance RX-applies after second fill at retail. <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2013</u></th> <th style="text-align: center;"><u>2014</u></th> <th style="text-align: center;"><u>2015</u></th> <th style="text-align: center;"><u>2016</u></th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$20</td> </tr> <tr> <td>Formulary</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$60</td> </tr> <tr> <td>Non-formulary</td> <td style="text-align: center;">\$80</td> <td style="text-align: center;">\$80</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$120</td> </tr> </tbody> </table>		<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	Generic	\$20	\$20	\$20	\$20	Formulary	\$40	\$40	\$60	\$60	Non-formulary	\$80	\$80	\$120	\$120
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