Annual Enrollment 2015

October 2014 | NIN: 78-33069

Take control. Let's (en)roll.

Understanding your options is the first step toward selecting the right coverage for you and your family.

AT&T continues our commitment to providing you with tools and resources to help you make the most of your health and welfare benefits. We want to help you focus on navigating your options — not navigating the process.

Read through this booklet to see the highlights about your benefits in 2015, get a quick overview of your options and discover tools and resources that can help you make your decisions. When you're ready, visit the AT&T Benefits Center from **resources.hewitt.com/att.**

Clear instructions, helpful decision tools, quick access — that's how we (en)roll.

Don't forget: your annual enrollment opportunity runs from Oct. 6 at 7 a.m. to Oct. 17 at 7 p.m. Central time.

Overview

PDF navigation 👆

Each page contains arrows "« or »" to the right and left of the page number. Click these icons to advance to the next page or return to the previous page. Click "Annual Enrollment 2015*" in the upper left corner of any page to return to the table of contents.*

You are receiving this annual enrollment booklet because you are:

- An AT&T retiree who is not yet 65 (or former AT&T employee not yet 65 but eligible for Medicare through disability) and remains eligible for benefits through AT&T for 2015; or
- An AT&T retiree age 65 or older who will transition from AT&T group health coverage to an individual health plan through the Aon Retiree Health Exchange beginning Jan. 1, 2015, **but has a dependent who remains eligible for AT&T benefits for 2015;** or
- Part of a "company couple," meaning that you are eligible for benefits both as an AT&T retiree and a dependent. You must determine which status works best for you.

If you are eligible for the Aon Retiree Health Exchange: You must enroll in medical or prescription drug coverage through the exchange for your dependent (younger than 65) to continue coverage through AT&T. You remain eligible for CarePlus and life insurance benefits, if applicable, through AT&T. Be sure to read those sections in this booklet.

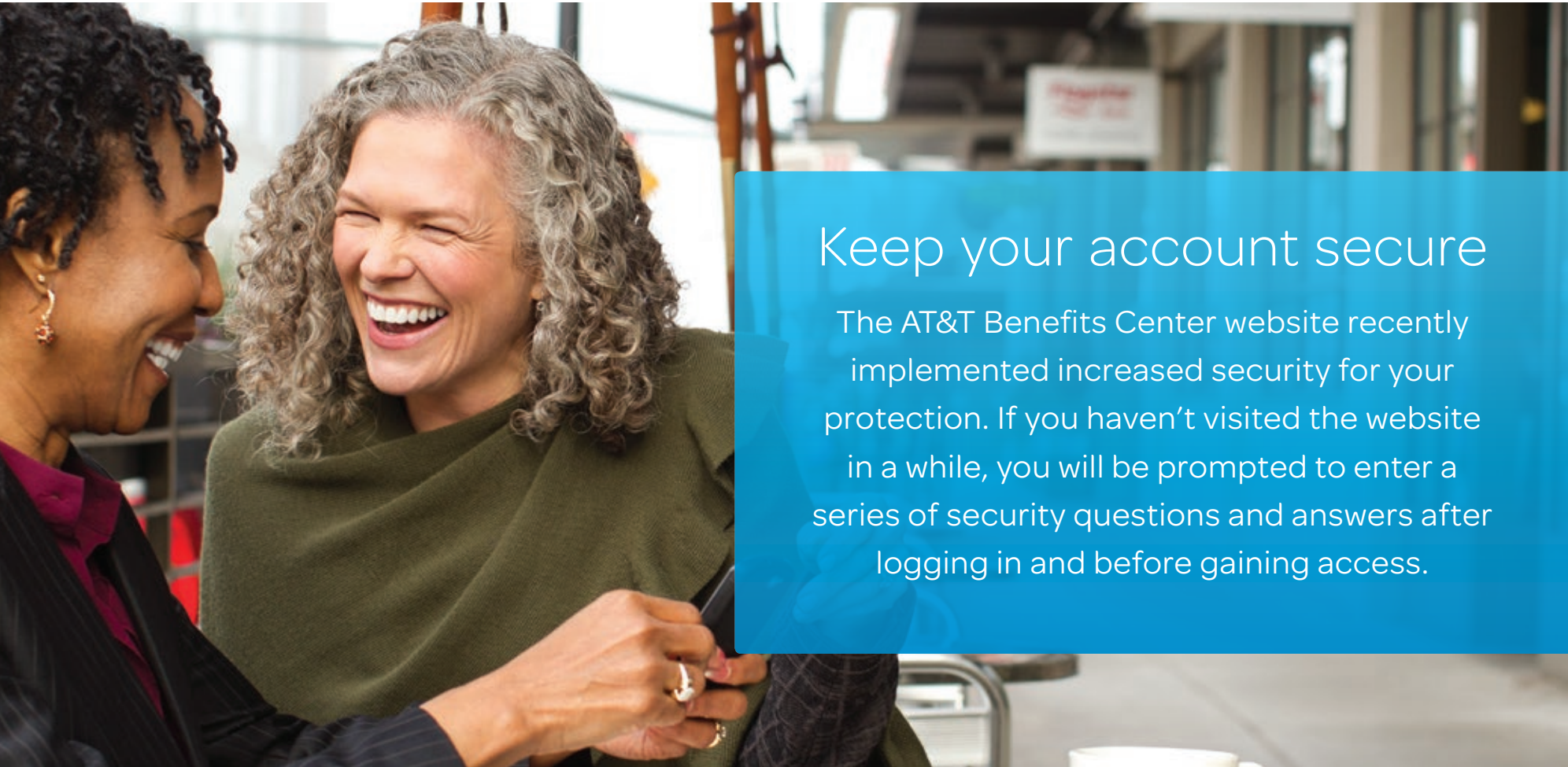
Don't miss out: Choose the option that fits you best

Pay less in monthly contributions with the AT&T SelectMed Medical Option

AT&T provides two options for your medical coverage – the AT&T SelectMed Medical option ("SelectMed") formerly the Alternative Medical option, and your existing Regional Medical option. Both options are significantly subsidized by the company, but your costs are different.

Your monthly contributions for SelectMed are lower and are comparable to plans offered to active bargained AT&T employees. In addition, AT&T generally pays a higher percentage towards your overall costs when you enroll in the SelectMed option. That means most individuals will experience *lower costs* by enrolling in SelectMed versus the Regional Medical option.

The choice is yours. Review your expenses and take a look at your health plan comparison charts to compare options before you enroll. Also, log on to the AT&T Benefits Center website at **resources.hewitt.com/att** and find cost estimators under "Health Tools" that can help you do the math.



Keep your account secure

The AT&T Benefits Center website recently implemented increased security for your protection. If you haven't visited the website in a while, you will be prompted to enter a series of security questions and answers after logging in and before gaining access.

Get ready to roll

Take the guesswork out of making your enrollment decisions. Find details you need to know and get ready to (en)roll:

1. **Take an active role** in reviewing your current benefit options. Coverage options and related costs may have changed. Note that your health and welfare program names have changed.

2. **Review all benefit costs,** not just contributions, as they may have changed for 2015.

3 **Before you receive care, verify that your medical, dental and/or vision providers are in the network,** if you are enrolled in network coverage. You can confirm this directly with your provider and the benefits administrator.

4 **Review your Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs) and Summary of Benefits and Coverage (SBC).** Log onto **resources.hewitt.com/att** and click "Review Summary Plan Descriptions (SPDs)" on the bottom left side of the page.

5 **If you have a change-in-status event** after Sept. 1, 2014 (such as a marriage), **make two separate elections**: one for the rest of 2014 and then one for 2015. For a full list of change-in-status events, refer to your SPD.

6 **Get familiar with your benefits tools and resources:**

- The "Health Tools" section of the AT&T Benefits Center website offers network provider directories, a medical expense estimator and more. Your benefits administrators' websites also offer tools to help you estimate costs.
- The "Your Benefits" section at **access.att.com** provides you with general benefits information and links to benefits administrators' websites.

Choose your benefits for 2015

Make sure you've done the leg work — it's almost time to enroll. The AT&T Benefits Center website is equipped to help you with that.

Enrolling in your benefits for 2015 doesn't have to take forever. Just log on to **resources.hewitt.com/att** using your AT&T Benefits Center username and password. Then, under "My Quick Links," click "Visit AT&T Benefits Center."

Once you reach the AT&T Benefits Center website, click "Enroll" in the "Your Action Needed" box to choose your elections and complete your enrollment.

If you don't have Internet access, call the AT&T Benefits Center at 877-722-0020 during your enrollment period to enroll. *(Wait times typically increase during this time.)*

Consider your dependents

You can enroll eligible dependents for medical coverage up to age 26. Check the enrollment status of your current dependents. You do not need to re-enroll them. To add new dependents to coverage, visit the AT&T Benefits Center website. If you are adding dependents for vision and dental coverage, different age limits apply. Consult your SPD for those programs for complete details.

New dependents **must** be enrolled within 31 days from their birth or placement for coverage to begin on the date of birth or placement. (You can enroll newborns or newly adopted children without a Social Security number. When you receive your child's Social Security number, share it with the AT&T Benefits Center.) Coverage can't begin unless you show proof that your child is eligible by the given deadline. Refer to your program's Summary Plan Description (SPD) or contact the AT&T Benefits Center for more information if you miss enrolling your child by the due date.

Note: You must remove dependents from coverage when they are no longer eligible or risk penalties for benefits fraud. AT&T may audit for benefit eligibility at any time.

Know how your benefits options work with Medicare

Know that it is **up to you and your covered dependents to enroll in Medicare parts A and B** — and stay enrolled while retired — when you first become eligible for Medicare, generally at age 65, but also if you become disabled as determined by the Social Security Administration. It is important that you take this step in order to be sure you have coverage of your health care expenses without reduction or gaps.

Effective Jan. 1, 2015, once you are at least age 65 and Medicare eligible, your coverage under the AT&T-sponsored group comprehensive medical, dental and vision programs will end.* The company has arranged access to the Aon Retiree Health Exchange where you can receive assistance in enrolling in health insurance coverage available through the Private Exchange. While this is a change from how you traditionally received Health Benefits, in 2015, AT&T expects to spend an amount comparable to 2014 — but in a new way. For those who are eligible, AT&T will provide a tax-free Health Reimbursement Account (HRA).

- If you or your enrolled dependent(s) is already 65 or will reach age 65 on or before Feb. 1, 2015, this change will apply effective Jan. 1, 2015, and you will have received extensive communications explaining the change and steps you need to take.
- If you or your enrolled dependent(s) will reach age 65 in 2015 but after Feb. 1, 2015, you will need to take action to enroll in coverage through the Private Exchange. You will receive information about 90 days before you become eligible to enroll in coverage through the Private Exchange on how to enroll and how coverage purchased through the Private Exchange coordinates with Medicare coverage. You will need to be enrolled in

**For 2015, this change does not apply if you are not a U.S. resident or if you reside in Puerto Rico, the Virgin Islands or Guam.*

Medicare to be eligible to enroll in coverage through the Private Exchange.

If you or other family members will be enrolled in the Company-sponsored coverage effective Jan. 1, 2015, and Medicare will be the primary coverage for at least one — but not all — of your family members, you must make two separate enrollment actions:

- For family members who are over age 65 or who will become age 65 on or before Feb. 1, 2015, enrollment will be through the Aon Retiree Health Exchange.
- For family members who are not Medicare eligible or who are Medicare eligible but have not reached age 65 by Feb. 1, 2015, enrollment will be through the AT&T Benefits Center. Separate elections will be required for family members who are Medicare eligible and those who are not.

Check with the AT&T Benefits Center to find out if Medicare should be your primary coverage and how your Medicare status may affect your program options. Also, refer to your SPD for more about how AT&T programs work with Medicare.

Understand your medical coverage options

You may be eligible for a Fully-Insured Managed Care option (FIMCO), based on your home ZIP code. FIMCOs are alternatives to the company self-funded option under the plan. Availability can change each year, so if your current option is not offered in 2015 you will be automatically enrolled in the company self-funded option available to you, unless you choose another option.
As benefits, contribution amounts and provider networks offered by a FIMCO can change each year, it's important to review your health plan comparison charts and 2015 contribution amounts.

If your dependents are eligible for coverage under your company self-funded option, they will likely be eligible for FIMCOs. For some dependents (e.g., Legally Recognized Partners (LRPs) and disabled dependents), certain FIMCOs may need more information or may not provide coverage. Call the insurance provider's service center (not the AT&T Benefits Center) to verify whether the FIMCO will cover these dependents.

Before you enroll or re-enroll in a FIMCO for 2015, review the health plan comparison charts on the AT&T Benefits Center website or call the insurance provider's service center (not the AT&T Benefits Center) with questions.

Take advantage of all your benefits

There's more to your benefits than just medical, dental and vision coverage. Don't miss out on other benefits such as CarePlus. Also get important reminders for prescription drug coverage and how to make sure your beneficiary information is up to date.

Consider CarePlus

CarePlus is a supplemental benefit program that helps cover the cost of certain medical treatments not usually covered by AT&T medical program options. You don't need to be enrolled in a separate AT&T medical program to sign up.

CarePlus also provides reimbursement for certain hearing aid devices. Review your CarePlus SPD to learn how this benefit is reimbursed. Also, find the full list of covered services in your CarePlus SPD. Most services must be pre-approved by UnitedHealthcare. To learn more, call UnitedHealthcare at 877-261-3340 Monday through Friday from 7 a.m. to 7 p.m. Central time.

Need a second opinion? Check out My Consult® **through Cleveland Clinic** Through CarePlus, you also can get online medical second opinions for more than 1,200 diagnoses through Cleveland Clinic's My**Consult** Online Medical Second Opinion program*. Visit the My**Consult** AT&T website, **eclevelandclinic.org/att**, to learn more.

MyConsult** program not available in North Dakota or Guam.*

Know your 2014 prescription copayment deadlines

This article does not apply to those enrolled in Fully-Insured Managed Care options.

Submit your eligible 2014 prescription drug orders or refills by the deadlines below for the 2014 copayment amounts to apply.

Your 2015 copayment and deductibles — which may have changed — will apply to orders eligible for refill on or after Jan. 1, 2015, no matter when you place the order.

CVS Caremark Mail Order/FastStart: Prescriptions are due by 11 a.m. Central time on Dec. 30, 2014. If FastStart contacts your physician with questions, responses are due by 11 a.m. Central time on Dec. 27, 2014. **Tip:** Allow more time for mail orders during the holiday season.

By **11 p.m. Central time on Dec. 31, 2014,** you must:

- Place refill orders through a service associate by telephone.

By **11:59 p.m. Central time on Dec. 31, 2014,** you must:

- Purchase your prescriptions at a retail pharmacy.
- Complete your prescription order using the IVR or the Internet.

Get the scoop on medical ID cards

You will receive a new medical ID card for 2015 **only** if you:

- Elected a new plan option.
- Added dependents.
- Have certain changes to your medical ID information, such as a name change.
- Remain enrolled in a plan option that has recently changed names.

If any of these apply, your new card should arrive before January 2015. Don't worry if you don't yet have your card and need care. Your provider can confirm coverage through your benefits administrator or by using your annual enrollment confirmation statement. You also may be able to print your medical ID card from your benefits administrator's website.

Update your beneficiary information

Now is a good time to update your beneficiary designations, especially if you've had a recent life event (e.g., marriage or divorce).

Depending on your benefit program, if you divorce, your former spouse may automatically be removed as your beneficiary. If this happens, but you want a former spouse to continue as your beneficiary, you must complete a new designation after the divorce to name your former spouse as the beneficiary.

Not all benefit programs allow a beneficiary and instead, plan rules may specify how benefits are paid after your death. Read your applicable benefit program's Summary Plan Description (SPD) to determine how each of your AT&T benefits will be paid.

Fidelity's online beneficiary tool makes it easy to designate beneficiaries for your savings plan, life insurance, qualified pension program and final wages. Find this tool and more on **netbenefits.com/att.** Click "Your Profile" on the top of the home page and select "Beneficiaries" to get started.

Women's Health and Cancer Rights Act of 1998 — Annual Notice

As required by the Women's Health and Cancer Rights Act of 1998, your AT&T company medical program provides benefits for mastectomy-related services, such as:

- Reconstruction and surgery to achieve symmetry between breasts;
- Prosthesis;
- Complications resulting from a mastectomy (including lymphedema);

in a manner determined by the patient and physician. Coverage may be subject to applicable annual deductibles, copayments and coinsurance.

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IMPORTANT: This document was written to make it easier to read. So, sometimes it uses informal language, like "AT&T employees," instead of precise legal terms. Also, this is only a summary, and your particular situation could be handled differently. Specific details about your benefits, including eligibility rules, are in the summary plan descriptions (SPDs), summaries of material modifications (SMMs) or the plan documents. The plan documents always govern, and they are the final authority on the terms of your benefits. AT&T reserves the right to terminate or amend any and all benefits plans, and your participation in the plan is neither a contract nor a guarantee of future employment.

AT&T Inc. and Participating Companies

Human Resources-Benefits
P.O. Box 460582
St. Louis, MO 63146

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