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Annual Enrollment

2017

REBECKA GONCHAROV
Big Data

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AT&T would like to extend a warm thank you to all the active and former employees who participated in the Annual Enrollment/Benefits photo shoots.

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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.

NIN 78-38246

A fresh look

It's time for annual enrollment. Take a fresh look at your new benefits.

Annual enrollment – it's probably familiar territory. But health, habits and priorities change and so do your benefits. Think of it like annual spring cleaning: familiar, but also fresh and new, allowing you to see things that could make your life better.

Whether you're new to the AT&T family or celebrating your 25th work anniversary, take a fresh new look at your benefits options so you can make the best decisions about your coverage.

On average, AT&T covers about two-thirds of your total benefits' costs – no matter what choice you make.

Be sure and enroll during your designated time period to select the benefit choices that best suit your needs, whether you need coverage for yourself or the whole family.

During your enrollment period, visit the AT&T Benefits Center to enroll in your benefits.

MELINDA GOOCH
Corporate External Affairs

JARED MILLER
Human Resources

Don’t forget:

Your annual enrollment opportunity runs from Oct. 17 at 7 a.m. to Oct. 28 at 7 p.m. Central time.

Medical

Explore your choices to find the best options for your health care budget and needs.

Get acquainted with your new medical coverage options

Effective Jan. 1, 2017, you will have new medical coverage choices. Option 1 has higher monthly contributions but lower plan limits such as annual deductibles and out-of-pocket maximums. Option 2 has lower monthly contributions and higher plan limits. These two options are offered under the Health Care Network (HCN), Preferred Provider Organization (PPO) and Outside Network Area (ONA) program choices.

How it works

Whether you choose Option 1 or Option 2, when you use network providers for medical services:

- The plan pays 100 percent of eligible preventive care. The plan also picks up the cost of office visits for eligible preventive care.*
- For nonpreventive services, you pay 100 percent of eligible expenses until you meet your annual deductible.
- After you meet your deductible, you pay 10 percent** of eligible expenses under Option 1 and 20 percent under Option 2. You continue paying 10 or 20 percent** of eligible expenses until you reach your annual out-of-pocket maximum. After that, eligible expenses are payable at 100 percent for the rest of the year.

Your Option 2 gives you a lower monthly contribution in exchange for a higher, integrated deductible and out-of-pocket maximum. Unlike Option 1, which has two out-of-pocket maximums – one for your medical and another for prescription drug coverage – Option 2 offers an "integrated" deductible and out-of-pocket maximum. That means you have one deductible and out-of-pocket maximum to meet for both your medical and prescription drug coverage.

See the following tables for network deductibles, out-of-pocket and prescription drug costs. Refer to your 2017 SPD for more information, including non-network costs.

Preventive care is not covered if you use non-network providers.

***If you use non-network providers, you will pay 40 percent of your eligible expenses for Option 1 and 60 percent of your eligible expenses for Option 2 after you meet your non-network deductible, until you reach your non-network out-of-pocket maximum. All other plan terms and conditions will apply.*

Option 1 Cost Sharing

Network Annual Deductible

Medical

Individual: **$500**

Family: **$1,000**

Prescription Drug:

None

Note: Your Deductible does count toward your OOPM

Network Medical Coinsurance

Medical:

Network: **10%**

Prescription Drug:

(see copayment table on page 11)

Network annual Out-of-pocket maximum *(includes Network Annual Deductible)*

Medical:

Individual: **$2,500**

Family: **$5,000**

Prescription Drug:

Individual: **$1,200**

Family: **$2,400**

Note: Out-of-pocket maximum capped at $2,500 per individual under Family coverage

Option 2 Cost Sharing

Network Annual Deductible

Medical & Prescription Drug:

Individual: **$1,300**

Family: **$2,600**

Note: Your Deductible does count toward your OOPM. Also, you will pay the full discounted cost of any prescription drugs until your deductible is met.

Network Medical Coinsurance

Medical:

Network: **20%**

Prescription Drug:

(see copayment table on page 11)

Network Annual Out-of-pocket maximum

Medical & Prescription Drug (Integrated):

Individual: **$6,450**

Family: **$12,900**

Note: Out-of-pocket maximum capped at $6,450 per individual under Family coverage

*Generally, when you use a network provider you will pay the costs listed above and drug copays shown below. Refer to your SPD for non-network costs. Note that non-network costs do not apply to your network annual deductible or annual out-of-pocket maximum.

Defaults

The following table describes your medical options and other health and welfare program choices. If you are currently enrolled in the option on the left but take no action during annual enrollment, you will automatically be enrolled in the corresponding coverage on the right in the appropriate coverage tier, based on your current coverage.

This coverage could be network or Outside-Network-Area (ONA), depending on your ZIP code.

Current DTV Coverage	AT&T Default Coverage
No coverage	**No coverage**
Medical	**AT&T Midwest Medical Program**
Choice	Option 1
Consumer	Option 2
HMSA	HMSA (Hawaii only)
Dental	**AT&T Dental Program (Bargained Employees)**
DPO	PPO
DHMO	DHMO
Vision	**AT&T Vision Program**
Life	**AT&T Life Plan** (at same or next higher level)
FSA	No coverage

Transition of Care from the DIRECTV Plan

Medical

Any individual who has a serious health condition or is being treated on an intermediate care basis with continuing treatment needed after Dec. 31, 2016, should contact the appropriate AT&T Midwest Medical Program benefits administrator within 30 days of enrollment to arrange for transition of care services. Also, if a participant is hospitalized on Dec. 31, 2016, contact your AT&T Midwest Medical Program benefits administrator for assistance in arranging transition of care. See the "Contact Information" section of the AT&T Midwest Medical Program SPD for contact information.

Mental health and substance abuse

If a participant is receiving services on an outpatient care basis and the provider is not covered under the AT&T Midwest Medical Program, the participant may request a transition benefit, which would allow the participant to keep the current mental health and substance abuse treatment provider for up to 90 days after Jan. 1, 2017, with a network level benefit. After 90 days, the participant may continue using their current provider but will be covered at the non-network level.

Prescription drugs

Any maintenance prescriptions must be transitioned to your new benefits. The cost may vary.

Prescription drug copayments

Copayment *(per prescription)*	Option 1 Retail	Option 1 Mail Order	Option 2 Retail	Option 2 Mail Order
Generic	$10	$20	$9	$18
Preferred Brand	$35	$70	$35	$70
Non-Preferred Brand	$60	$120	$70	$140

Option 1: May be the better option if you expect to have slightly higher medical and prescription drug costs and prefer a lower annual deductible. This is especially true if your costs tend to be either for medical treatment or prescription drugs, but not for both.

Option 2: May be the better option if you are more comfortable paying out-of-pocket for your medical and prescription drug needs if and when you need them, in return for a lower monthly contribution.

Find what works for you

Review your past and expected expenses and then take a look at your health plan comparison charts to compare all of your options before you enroll. During your enrollment period, you can also log on to the **AT&T Benefits Center** website to find cost estimators to help you do the math.

Depending on your ZIP code, a fully-insured medical coverage option also may be available to you.

Understand your medical coverage options

In addition to the company self-insured options which you are eligible for (PPO and HCN), you may also be eligible for Fully-Insured Managed Care options (FIMCOs) or a self-insured Outside-Network-Area (ONA) medical coverage option, depending on your home ZIP code.

Fully-Insured Managed Care options

You may be eligible for a Fully-Insured Managed Care option (FIMCO), such as an HMO, 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 2017, you will be automatically enrolled in the company self-funded option available to you, unless you choose another option.

If your dependents meet the eligibility rules for coverage under your company self-funded option, they will likely be eligible for FIMCOs. However, 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 your dependent's eligibility.

Before you enroll or re-enroll in a FIMCO for 2017, it's important to review the health plan comparison charts and 2017 contribution amounts on the AT&T Benefits Center website. This is important because benefit coverage, contribution amounts and provider networks can change each year. If you have questions, call the insurance provider's service center (not the

AT&T Benefits Center). Phone numbers are listed on your health plan comparison charts in the Member Services field. Have your reference number handy, and be sure to tell the service representative that you are an AT&T participant.

Outside-Network-Area options

This does not apply to Fully-Insured Managed Care options.

Network providers are readily available in most areas and most participants will have only network options offered. If you live in an area that does not meet the criteria for certain types of network providers, you can choose Outside-Network-Area (ONA) coverage during annual enrollment. Network or ONA coverage is based on your home ZIP code. If you enroll in ONA coverage, you can go to any medical provider and receive the network level of benefits. Review your enrollment information because benefit coverage, contribution amounts and provider networks can change.

ANGELA SCOTT & THEO WILLIAMS
Mobility

Learn about your disability coverage

Effective Jan. 1, 2017, you may be eligible for company-paid short-term and long-term disability benefits under the AT&T Disability Income Program if you are absent from work as a result of illness or injury.

Enrollment is not required to be eligible for this benefit. For details regarding your disability coverage, refer to your AT&T Disability Income Plan SMM or SPD.

Short-term disability benefits and other sources of income received are designed to replace 60% or 100% of pay, based on your service as shown below.

TERM OF EMPLOYMENT	PERCENT OF PAY	
	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

You may also have the option of enrolling in employee-paid supplemental long-term disability benefits. You may elect coverage for 10% or 20% of your pay in addition to the standard 50% of your pay provided as basic Long Term Disability coverage.

Refer to your 2017 summary plan description for more details.

In 2017, take a contribution holiday with CarePlus

Welcome to AT&T CarePlus - A Supplemental Benefit Program, the program that provides coverage for a list of specified treatments and services generally not covered under AT&T medical program options. You don't need to be enrolled in an AT&T medical program to sign up, but you must be enrolled in CarePlus to receive any CarePlus benefits.

What's new?

Effective Jan. 1, 2017, until further notice, **CarePlus will be on a contribution holiday, meaning it is offered to you with no required monthly contribution.** You will be notified in advance of the contribution holiday's end, when you will have the option to actively opt out or to remain enrolled and pay a monthly contribution.

More about CarePlus

CarePlus also provides reimbursement for certain hearing aid device costs that apply after you've met your medical program deductible and applicable coinsurance payments. Review your 2017 CarePlus Summary Plan Description (SPD) to learn how this benefit is reimbursed and find the complete list of CarePlus-covered services.

Most services must be preapproved by UnitedHealthcare. To learn more, call UnitedHealthcare at 877-261-3340 Monday through Friday from 7 a.m. to 7 p.m. Central time.

Save $$ with FSAs

Save for eligible health care and dependent care costs by enrolling in a flexible spending account (FSA). You generally don't pay taxes on these contributions, leaving more money in your paycheck.

Health Care Savings

A Health Care FSA can help you pay for qualified health care expenses for you and your eligible dependents. These could be doctor visits, dental expenses, vision costs and more. You can contribute up to $2,550 for 2017, but FSA balances must be used or forfeited each year.

Child and Elder Dependent Care Savings

A Dependent Care FSA offers the added benefit of child or elder care account coverage. You can contribute up to $5,000 for 2017, but as with health care coverage, the FSA dependent care balance must be used or forfeited each year.

For Health Care and Dependent Care FSAs: To be eligible for reimbursement, services for all eligible expenses must be completed by Dec. 31 with claims postmarked by March 31. Otherwise, you will forfeit any remaining FSA amounts.

Enroll your dependents

Ensure you have proper coverage by enrolling each of your dependents. AT&T includes spouse/legally recognized partner (LRP) or children, up to age 26 for Medical, age 23 for Dental or Vision and up to age 25 for life insurance (or who are disabled) among dependents.

All DIRECTV eligible former employees and their dependents who are eligible to enroll in the DIRECTV Plan on Dec. 31, 2016, will be eligible to enroll during annual Enrollment in the programs listed on the inside front cover of this guide effective Jan. 1, 2017. Dependents who are enrolled in the DIRECTV Plan on Dec. 31, 2016, will not be required to complete the Dependent Eligibility Verification process described in the SPD as a condition of their 2017 enrollment in the AT&T programs and will continue to be eligible under the AT&T programs, through Plan Year 2017, provided the qualifying dependent relationship continues and subject to the maximum age limits under the applicable programs. Eligibility will end for dependents of a DIRECTV employee if the dependent relationship ends, for example upon divorce or the termination of a legal guardianship.

During 2017, all dependents of a DIRECTV transition employee will be required to complete the dependent eligibility verification process as provided in the applicable AT&T program. The definition of eligible dependent in the applicable AT&T program will apply, subject to the eligible dependent exceptions. While it does not affect enrollment for this year, dependents whose eligibility is not verified will lose coverage on Dec. 31, 2017. This means they would be ineligible for coverage in 2018.

Any dependents of a DIRECTV employee added to coverage during annual enrollment to be effective on Jan. 1, 2017, will be required to meet the definition of eligible dependent in the applicable AT&T program.

You can enroll eligible child dependents for medical and CarePlus coverage up to age 26, for dental and vision coverage up to age 23 and for life insurance up to age 25. Check the enrollment status of your current dependents. Coverage will end for any eligible enrolled dependent at the end of the month in which they reach the age limit for that benefit.

To add new dependents to coverage, visit the AT&T Benefits Center website.

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.

New child dependents must be enrolled within 31 days from their birth or placement for coverage to begin on that date. You can enroll them without a Social Security number, but you must share your child's name and Social Security number exactly as it appears on their Social Security card with the AT&T Benefits Center when you receive it. 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.

Get the scoop on your ID cards

You will receive new ID cards for 2017.

Your new cards should arrive before January 2017. If you don't yet have your cards in January and need care, your provider can confirm coverage through your benefits administrator. You also may be able to print your ID cards from your benefits administrators' websites.

Dental

More reasons to smile with your 2017 dental options

Welcome to your 2017 dental options*

Effective Jan. 1, 2017, you will be eligible for dental coverage through the AT&T Dental Program. Your contributions are as follows.

Coverage tier	Monthly contribution
Individual	$7
Individual + 1	$14
Family	$23

Note: Monthly contributions apply only to full-time employees.

With your new program, you and your dependents may be eligible for coverage under one or more options:

- Preferred Provider Organization Option
- Dental Health Maintenance Organization (DHMO) Option (if available in your ZIP code area)
- Outside Network Area (ONA) Option (if available in your ZIP code area)

Each plan covers 100% of in-network preventative (such as check-ups and cleanings) and diagnostic services. Additional coverage levels vary depending on your selected plan. For nonpreventive services, you pay the difference between the provider's fee and the program payment. The amount you pay will be lower in-network than out-of-network.

Refer to your 2017 summary plan description for more details.

*Eligibility for coverage for regular full- and part-time employees as well as Term employees begins on the first day of the month in which 6 months net credited service (NCS) is attained. Temporary employees are not eligible for this coverage.

Vision

Have a look at your 2017 vision options.

See your 2017 vision options*

Effective Jan. 1, 2017, you will be eligible for vision coverage through the AT&T Vision Program.

Your program provides benefits for covered services or supplies provided by both network and non-network providers. Generally, your out-of-pocket expenses are lower when you choose network providers.

When you use network providers, the program covers one routine vision exam, one pair of prescription eyeglass lenses or contact lenses, and one set of frames, if fitted with prescription lenses, per calendar year. Allowance amounts vary.

Note: Monthly contributions apply only to full-time employees.

Your contributions are as follows:

Coverage tier	Monthly contribution
Individual	$2
Individual + 1	$5
Family	$8

Refer to your 2017 summary plan description for more details.

*Eligibility for coverage for regular full- and part-time employees as well as Term employees begins on the first day of the month in which 6 months net credited service (NCS) is attained. Temporary employees are not eligible for this coverage.

Resources

Following are additional resources you may need.

Life insurance benefits for 2017*

You will be eligible for the AT&T Group Life Insurance Program for Active Employees. This will mean a few key changes for you:

1. The amount of company-provided Basic Life Insurance coverage available to you may be increased.
2. You also will have the opportunity to elect different levels of Supplemental Life Insurance coverage.
3. You must identify yourself as being either a smoker or a nonsmoker. **If you do not make a selection, you will be classified as a smoker and subject to higher rates.**

AT&T Life Insurance

- Basic Life: Your coverage amount will be one times your pay, with no cap at $50,000, as you have now under the DIRECTV plan.
- Supplemental Life: You can elect coverage for one to 10 times your pay.
- Your maximum coverage amount for Basic and Supplemental Life Insurance is $7 million.
- Spouse Life: You can elect $10,000 or $25,000, up to $300,000 (in $25,000 increments).
- Child Life: You can elect $5,000 to $30,000 (in $5,000 increments).

AT&T Accidental Death & Dismemberment Insurance (AD&D)

- Basic AD&D: Your coverage will be one times your pay, with no cap at $50,000 as you have now under the DIRECTV plan.
- Supplemental AD&D: You can elect from 1 to 10 times your pay.
- Spouse AD&D: You can elect $10,000 or $25,000 to $300,000 (in $25,000 increments).
- Child AD&D: You can elect $5,000 to $30,000 (in $5,000 increments).

*Temporary employees are not eligible for this coverage.

For details regarding AT&T Group Life Insurance refer to the Summary Plan Description and Summary of Material Modification.

AT&T is partnering with MetLife to offer you and your eligible spouse/partner a special opportunity to purchase supplemental life insurance coverage during your annual enrollment by answering 5 medical questions instead of the standard 31 questions. *Your application is subject to review and approval by MetLife.*

Your plan also will include access to MetLife Advantages[SM], a comprehensive suite of services for support, planning and protection at no cost to you. For those with supplemental life insurance, the educational materials and online tools include face-to-face will preparation services and estate resolution services.

LYNN LE
Software Engineering

Update your beneficiary information

Update your beneficiary information

Effective Jan. 1, 2017, you will be able to update your beneficiary designations. It's a good idea to take a look at what information you have on file, especially if you've had a recent life event (e.g., marriage or divorce).

Before Jan. 1, 2017, you may update your beneficiary designation on the DIRECTV Total Picture website. All beneficiary information on file with Total Picture, will be transferred to Fidelity in December.

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 designation. 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, and qualified pension program. Find this tool and more on netbenefits.com/att. Click "Profile" in the top right corner of the home page, and then click "Beneficiaries" to get started.

Note these changes to your Pension and Savings benefits

There's important information you should know about your Savings and Pensions benefits. Fidelity will become the new recordkeeper for both benefit plans.

- Effective Nov. 30, 2016, all Pension benefits will transfer to Fidelity.
- Effective Jan. 1, 2017, all Savings benefits will transfer to Fidelity.

Questions? You can call the Fidelity Service Center at 800-416-2363 starting Jan. 3, 2017, for more information.

Get more out of life with LifeCare

LifeCare is your one-stop resource for almost any life need that you or a household member may have. Are you a parent or caring for an aging loved one? Want to lose weight or maintain your health? Trying to finance college or manage legal concerns? Moving or just looking for help around the house? LifeCare can guide you. Get hundreds of discounts, too.

Check out LifeCare today. Call 800-873-4636 or visit member.lifecare.com. To register, click on "Sign Up Now." Use registration code: att. Your AT&T User ID will be your member ID.

Let the Employee Assistance Program help

Are you or someone in your household working to resolve personal problems such as stress, grief or substance abuse? The Employee Assistance Program (EAP) provides confidential assessment, referral and short-term intervention at no cost to you.

Effective Jan. 1, 2017, you will be eligible for up to 5 EAP visits per person, per issue.

The EAP is available 24 hours a day. Contact Beacon Health Options, the EAP administrator, at 800-554-6701.

Retiring soon? Don't miss these details

Thinking about retirement in 2016 or 2017? Plan ahead. You should know how your retiree medical plan choices or Medicare eligibility will affect your AT&T medical benefit options. Medicare becomes the primary coverage for you once you retire and reach 65 years of age, at which time you and your dependents will become ineligible for Company coverage.

If you (or your dependents) are Medicare-eligible as a result of turning age 65, there are important actions you need to take before you retire. Contact the AT&T Benefits Center at 877-722-0020 for more information.

As a retiree, once you and/or your dependents become eligible for Medicare, you (or they) must enroll in Medicare. If you delay, you also could receive a late enrollment penalty from Medicare and experience a gap in coverage. Visit **medicare.gov** or call Medicare at 800-633-4227 to enroll in Medicare Parts A and B.

If you become Medicare-eligible for reasons other than age, you must contact the AT&T Benefits Center and advise them of your Medicare effective date to be sure you are enrolled in the appropriate AT&T coverage options. Be sure to contact the U.S. Social Security Administration at 800-772-1213 or visit **ssa.gov** to enroll.

For more detailed information, you also should read the **AT&T Retirement Benefits Guide**. For complete benefit eligibility rules, refer to your Summary Plan Descriptions (SPDs) and related SMMs.

Note: *The plans and contributions offered to you at retirement depend on many factors. These include your hire/rehire date, retirement date, your previous bargained status and original retirement date (if a rehired retiree), Medicare eligibility for you or your dependents, the company you hired into, the company you retire from and where you live.*

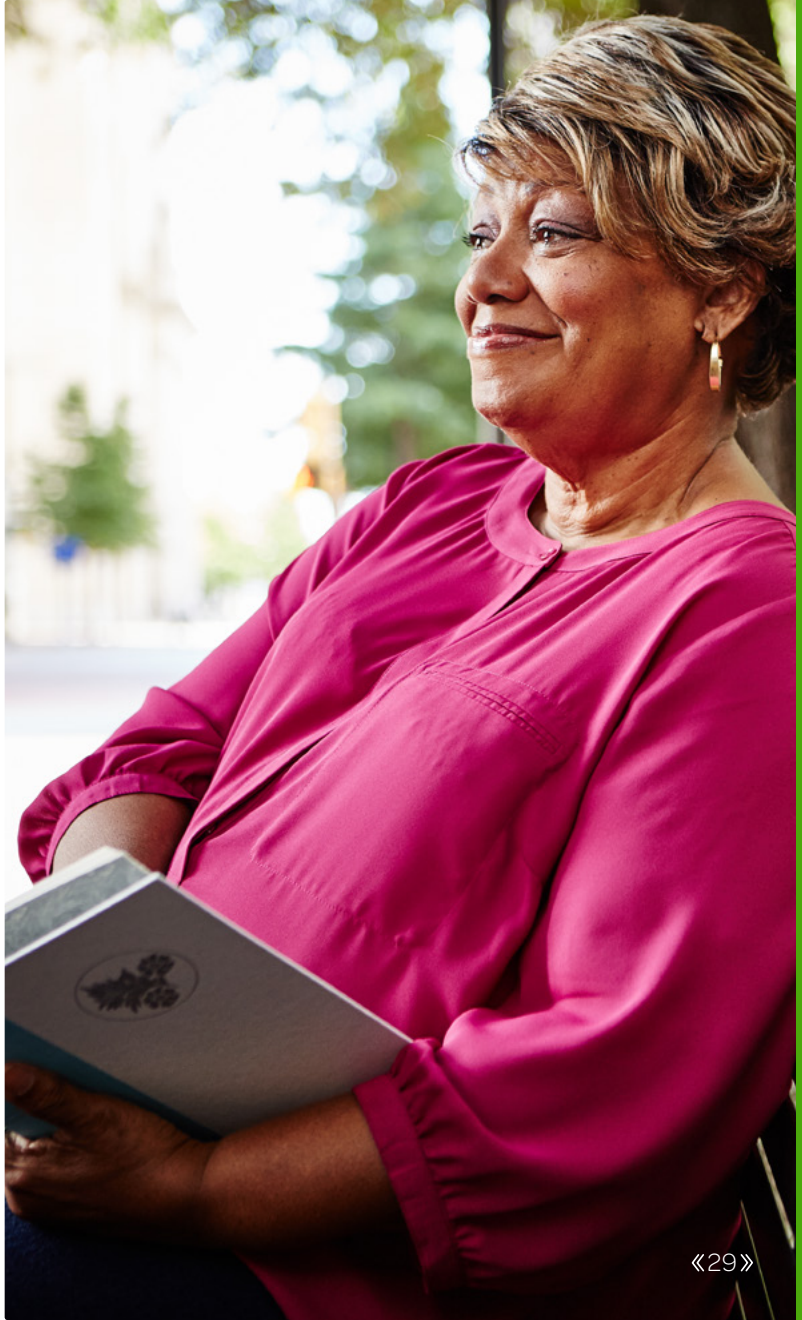
Women's Health and Cancer Rights Act of 1998 – Annual Notice

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.

JEAN WILLIAMS
AT&T Retiree



Enroll

Follow these steps and enroll.

Get ready – and enroll

Step 1

Take a last look at your current benefit options. Coverage options and related costs will change for 2017, so review all benefit costs – not just monthly contributions.

Step 2

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

Step 3

Review your health plan comparison charts on the AT&T Benefits Center **website** for details about your medical, dental and vision benefits.

Step 4

Review your summary plan descriptions (SPDs), summaries of material modifications (SMMs) and Summary of Benefits and Coverage (SBC).

You can find them by visiting the **AT&T Benefits Center**. Then select the SPD tile.

Step 5

If you have a change-in-status event after Sept. 1, 2016 (such as a marriage), you will make two separate elections: one for the rest of 2016 and then one for 2017. For a full list of change-in-status events, refer to your SPD.

Completed these steps? You're ready to enroll. Click the annual enrollment message on the Benefits Center **homepage**.