



Summary of Benefits 2024

AT&T Group Medicare Advantage (PPO) Plus

Group Name (Plan Sponsor): AT&T, INC.

Group Numbers: 16373 & 16374

H2001-837-000

Look inside to learn more about the plan and the health and drug services it covers.
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-819-3448**, TTY **711**

8 a.m.-8 p.m. local time, Monday-Friday



retiree.uhc.com/att

**United
Healthcare**
Group Medicare Advantage

Summary of Benefits

January 1, 2024 - December 31, 2024

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at retiree.uhc.com/att or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

AT&T Group Medicare Advantage (PPO) Plus

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$900 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

Medical benefits**In-network and out-of-network****Inpatient hospital care¹**

\$100 copay per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

Outpatient hospital¹

Ambulatory surgical center (ASC)

\$200 copay

Cost sharing for additional plan covered services will apply.

Outpatient surgery

\$200 copay

Outpatient hospital services, including observation

\$200 copay

Doctor visits

Primary care provider

\$0 copay

Virtual doctor visits

\$0 copay

Specialists¹

\$30 copay

Preventive services

Routine physical

\$0 copay; 1 per plan year*

Medicare-covered

\$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- Diabetes – Self-Management training
- Dialysis training
- Glaucoma screening
- Hepatitis C screening
- HIV screening
- Kidney disease education
- Lung cancer with low dose computed tomography (LDCT) screening
- Medical nutrition therapy services

Medical benefits

In-network and out-of-network

- | | |
|---|--|
| <ul style="list-style-type: none">□ Medicare Diabetes Prevention Program (MDPP)□ Obesity screenings and counseling□ Prostate cancer screenings (PSA)□ Sexually transmitted infections screenings and counseling□ Tobacco use cessation counseling (counseling for | <ul style="list-style-type: none">people with no sign of tobacco-related disease)□ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19□ “Welcome to Medicare” preventive visit (one-time) |
|---|--|

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$135 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$35 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan)¹ \$30 copay

Lab services¹ \$30 copay

Diagnostic tests and procedures¹ \$10 copay

Therapeutic radiology¹ \$30 copay

Outpatient X-rays¹ \$30 copay

Medical benefits**In-network and out-of-network**

Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$30 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$4,000 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Routine dental services See Evidence of Coverage for more details.	Oral exams	\$0 copay, 2 procedures per plan year.
	Routine cleaning	\$0 copay, 2 procedures per plan year.
	Dental bitewing X-rays	\$0 copay, 1 procedure per plan year.
	Minor Services (Includes Fillings and Nitrous Oxide)	20% coinsurance
	Major Services (Includes Crowns, Root Canals, and other restorative services)	50% coinsurance
	Benefit Limit	\$50 yearly deductible and \$1,000 combined in and out-of-network plan year maximum. If you receive services from an out-of-network dentist, the plan pays according to a maximum allowable fee schedule. You pay all fees in excess of this amount.
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$30 copay
	Eyewear after cataract surgery	\$0 copay

Medical benefits		In-network and out-of-network
	Routine eye exam	\$0 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to \$150 for eyeglasses, or up to \$150 for contact lenses instead of eyeglasses, every 12 months.*
Mental Health	Inpatient visit ¹	\$100 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay
	Virtual behavioral visits	\$10 copay
Skilled nursing facility (SNF)¹		\$0 copay per day: days 1-20 \$80 copay per day: days 21-31 \$0 copay per day: days 32-100 Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$30 copay
Ambulance²		\$200 copay
Post-discharge routine transportation ModivCare		\$0 copay for up to 30 days upon referral from a UnitedHealthcare Engagement Specialist, immediately following inpatient hospital discharges or skilled nursing facility stays. Benefit is offered through ModivCare to plan approved, medically related appointments (locations). Restrictions apply. Call or go online to schedule your trip after you've received your referral from a UnitedHealthcare Engagement Specialist. 1-833-219-1182, TTY 1-844-488-9724, or visit modivcare.com/BookNow
Medicare Part B Drugs	Chemotherapy drugs ¹	15% coinsurance

Medical benefits

In-network and out-of-network

Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Other Part B drugs¹

15% coinsurance

Prescription drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at retiree.uhc.com/att or call Customer Service to have a hard copy sent to you.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual prescription (Part D) deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic	\$10 copay	\$25 copay
Tier 3: Preferred Brand ¹	\$40 copay	\$100 copay
Tier 4: Non-preferred Drug ¹	\$125 copay	\$312.50 copay
Tier 5: Specialty tier ¹	33% coinsurance (limited to a 30-day supply)	33% coinsurance (limited to a 30-day supply)
Stage 3: Coverage Gap Stage	After your total drug costs reach \$5,030, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
Stage 4: Catastrophic coverage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Pharmacy out-of-pocket maximum

When your **total** out-of-pocket costs (what you pay) reach \$6,500 you will not pay any copay or coinsurance.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$30 copay
	Routine acupuncture services	\$30 copay, up to 10 visits per plan year*
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$15 copay
	Routine chiropractic services	\$30 copay, up to 10 visits per plan year*
Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay

Additional benefits		
		In-network and out-of-network
	Therapeutic shoes or inserts ¹	20% coinsurance
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	20% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ¹	20% coinsurance
	Wigs	\$0 copay The plan pays up to \$300 for wigs for hair loss due to chemotherapy*
Fitness program Renew Active® by UnitedHealthcare		<p>\$0 copay for Renew Active® by UnitedHealthcare, the gold standard in Medicare fitness programs for body and mind. It includes a free gym membership at a fitness location you select from our nationwide network, online classes, content about brain health and fun social activities. Visit UHCRenewActive.com to learn more today.</p> <p>Once you become a member you will need a confirmation code. Log in to your plan website, go to Health & Wellness and select Renew Active or call the number on your UnitedHealthcare member ID card to obtain your code.</p>
Foot care (podiatry services)	Foot exams and treatment ¹	\$30 copay
	Routine foot care	\$30 copay, 6 visits per plan year*
Home health care¹		\$0 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.

Additional benefits

		In-network and out-of-network
Non-medical personal care CareLinx		\$0 copay for 8 hours every month of non-medical personal care like companionship, meal prep, medication reminders and more with a CareLinx professional caregiver. Unused hours do not roll over. Some restrictions and limitations apply. Call or go online to get non-medical personal care services. 1-833-253-5403 or carelinx.com/uhcgroup.
Post-Discharge meal delivery benefit		\$0 copay for 84 home-delivered meals immediately following one inpatient hospitalization or SNF stay when referred by a UnitedHealthcare Engagement Specialist. This benefit can be used once per year. Restrictions apply. Call Customer Service to request a referral.
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$10 copay
	Outpatient individual therapy visit ¹	\$10 copay

Additional benefits

	In-network and out-of-network
Private duty nursing¹	<p>We cover medically necessary skilled nursing services provided in the home by a private duty nurse who holds a valid, recognized nursing certificate and is licensed according to state law in the state where services are received. Services are covered when provided through a Medicare-certified or Accreditation Commission for Health Care (ACHC) accredited provider that can provide services safely in the home.</p> <p>The services requested must be ordered by a treating practitioner or specialist after a face-to-face evaluation takes place with a written treatment plan and letter of medical necessity. The face-to-face evaluation must occur no more than 90 days prior to the service request.</p> <p>The services requested must require the professional proficiency and skills of a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN) due to a complex medical need and/or unstable condition. Caregiver or other appropriate support must be available to assume a portion of care.</p> <p>Note: Custodial and domestic services are not covered.</p> <p>\$0 copayment for each visit, up to \$5,000 per plan year</p>
Renal Dialysis¹	\$30 copay

¹ Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

² Authorization is required for non-emergency Medicare-covered ambulance ground and air transportation. Emergency ambulance does not require authorization.

*Benefits are combined in and out-of-network

About this plan

AT&T Group Medicare Advantage (PPO) Plus is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all US territories.

About providers and network pharmacies

AT&T Group Medicare Advantage (PPO) Plus has a network of doctors, hospitals, pharmacies and other providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to retiree.uhc.com/att to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

Required Information

AT&T Group Medicare Advantage (PPO) Plus is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.