

# AT&T Ameritech /SBC Retirees - We are AASBCR<sup>®</sup>

## Blue Bulletin

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### Open Enrollment for AT&T Retirees on Medicare

The annual Medicare Open Enrollment period in 2020 begins on October 15 and continues until December 7. During annual enrollment you can make changes to various aspects of your coverage. AT&T plans to send information to retirees describing the benefit changes and new options that they are offering for the 2021 plan year. Here are some important things you should know as you make your decisions. Please do your research before purchasing or changing to a different plan.

- You can switch from Original Medicare to Medicare Advantage, or vice versa.
- You can also switch from one Medicare Part D (prescription drug) plan to another, or from one Medigap (supplemental) plan to another Medigap plan.
- If you didn't enroll in a Medicare Part D plan when you were first eligible, you can do so during the general open enrollment, although a late enrollment penalty may apply.
- **New this year, in lieu of an HRA, AT&T is offering retirees a Group Medicare Advantage (MA) Plan, insured by UnitedHealthcare<sup>®</sup> with a \$0 monthly contribution.** Eligible dependents can also be enrolled for less than \$100 per month. AT&T describes this plan as **designed exclusively for AT&T retirees with additional benefits and features available on a national basis.** However, unlike other MA plans that allow the user to leave at any time, for any reason, the AT&T MA plan requires that enrollment is for the full year.

If you want to enroll in the AT&T Group Medicare Advantage plan or another Medicare Advantage plan, you must meet some basic criteria.

- 1) You must be enrolled in Medicare Parts A and B and continue to pay your Part B premium.
- 2) You must live in the plan's service area. (For the AT&T Group MA Plan that includes all 50 States, the District of Columbia and all U.S. territories.)
- 3) You must have a permanent street address (not a P.O. Box).
- 4) You cannot have End Stage Renal Disease (some exceptions apply).

***AT&T will mail information to retirees regarding changes and new options but to learn more about the AT&T Group Medicare Advantage Plan, call UnitedHealthcare<sup>®</sup> at 1-866-819-3448, 8 am – 8 pm, 7 days a week. AON Retiree Health Exchange is also available for retirees who may want to make changes to their current medical or prescription plan. Retirees should call Aon at 1-800-928-8027 to make an appointment.***

**Guaranteed Issue** – When you first sign up for a Medigap or Medicare Supplemental Plan, many plans provide guaranteed issue or acceptance without having any health screening. If you change plans at a later date and you have any pre-existing conditions, you may not be guaranteed acceptance or your rates may be higher or coverage may not include anything connected to your pre-existing condition.

**Medicare Advantage Plans** - Medicare Advantage Plans are different from original Medicare in that an insurance company offers the coverage and determines what is or is not covered and what doctors or

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facilities the participant may use. The monthly premiums are often lower but the deductibles are usually higher. Some plans offer additional benefits like vision, dental and prescription drug coverage. This year AT&T is offering a new Group Medicare Advantage Plan from UnitedHealthcare® that is designed exclusively for retirees of AT&T. If you sign up for this plan you will no longer be entitled to the \$2700 HRA subsidy, although your dependent can qualify for the \$1500 dependent portion of the HRA if the dependent chooses not to select the MA plan.

**Retirees on the Grandfathered Plan** – This group will see no changes to medical benefits, according to AT&T. However prescription drugs will now be handled by UnitedHealthcare®, not Silver Scripts. The Dental Bronze Plan stays at \$0 but there will be small increases in the Silver and Gold Plans

**Disabled Medicare Retirees under 65** – Medicare Supplemental insurance options to those under 65 are not offered in every state. Some states offer only Medicare Advantage plans and those plans are frequently more expensive and less comprehensive than for people over 65. However disabled retirees who are eligible for Aon are able to sign up for the new AT&T Group Medicare Advantage Plan. Retirees might want to discuss their individual situation with UnitedHealthcare® to determine if it is a good fit.

**Disabled Medicare Retirees turning 65** – Retirees have 7 months to apply for a new plan, 3 months before turning 65, plus the month they turn 65, and 3 months after 65. Disabled retirees should see a premium reduction upon turning 65.

**Eligibility for the Aon Retiree Health Exchange HRA.** The retiree needs to purchase **either** a medical or prescription drug plan through the Aon Retiree Health Exchange to be eligible for the \$2700 Health Resources Account. The retiree can purchase the second plan through a Medicare insurance broker if desired.

**HRA for those enrolled in the new AT&T Group Medicare Advantage plan.** Eligible retirees and dependents who purchase dental and vision plans through the Aon Retiree Health Exchange, while not entitled to the \$2700 and \$1500, will be eligible to receive an HRA credit in 2021 of \$300 for the retiree and \$200 for the dependent.

**Dependents eligibility depends on the retiree.** If the retiree does **not** purchase a medical or prescription drug plan through Aon, the dependent may not be eligible for the \$1500 dependent allowance or for any health coverage. However the retiree may select the AT&T Group Medicare Advantage Plan through UnitedHealthcare® and the dependent can still qualify for the \$1500 dependent HRA subsidy.

**CarePlus will continue to be provided to retirees and eligible dependents with no monthly contribution required.** However retirees **must** proactively enroll if not currently enrolled.

**Do not just consider monthly premiums.** Think about the co-pays, deductibles, coinsurance and out-of-pocket maximums. Check with your doctors. IF you want to stay with them, verify that they accept the plan that you are considering. Be aware that with some Medicare Advantage plans, networks can change from one year to another, you might have to select new doctors and some benefits may require prior authorization.



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