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ARTICLE 16

BENEFITS

16.01 Except as specifically provided in this Article 16, no change shall be made in the terms of the existing plans, programs, and policies which are referenced in this Article or their successor Plans which would reduce or diminish the benefits or privileges provided thereunder as they apply to employees represented by the Union without the consent of the Union.

The means for fulfilling the terms of this Article may be the Company's adoption of its own plan(s) and associated plan document(s) or participation in equivalent plan(s) having plan document(s) that include, for bargained-for employees, the benefits agreed to be provided pursuant to this Article and substantially the terms, provisions and conditions under which such benefits are to be provided.

The sole remedy for issues with respect to the validity or amount of any claim for benefits is the claim and appeal process as defined in the individual benefits plans and programs. The Parties agree to the plans and programs described below. Copies of the plan documents, Summary Plan Descriptions ("SPDs") and Summary of Material Modifications ("SMMs") of these plans, policies and programs have been provided to the Union. If there is any difference between these SPDs and the ERISA plans or programs (including amendments thereto), the plan texts shall govern.

For purposes of this Article only, including Attachment A (applicable to AT&T Midwest) and B (applicable to AT&T National):

- The term "IBEW Core Bargained Employees" includes AT&T Midwest and AT&T National employees covered by this Agreement as well as job titles in Appendix C;
- IBEW Core Bargained Employees hired/rehired on or before August 8, 2009 shall be referred to as "Current Employees";
- IBEW Core Bargained Employees hired/rehired or transferred into the 2009 Collective Bargaining Agreement ("2009 CBA") (including transfers to a job title under Appendix C) after August 8, 2009 and on or before June 22, 2013 shall be referred to as "2009 New Hires". "2009 New Hires" shall also include individuals who were classified as Temporary or Regular Limited Term Employees as of August 8, 2009 and who were subsequently reclassified to Regular Employee status during the term of the 2009 CBA. In addition, any Employees hired/rehired or transferred into the Sales Consultant title on or before June 22, 2013 shall be referred to as "2009 New Hires";
- IBEW Core Bargained Employees hired/rehired or transferred into the 2013 Collective Bargaining Agreement ("2013 CBA") (including transfers to a job title under Appendix C) after June 22, 2013 and on or before June 24, 2017 shall be referred to as "2013 New Hires";

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- IBEW Core Bargained Employees hired/rehired or transferred into the 2017 Collective Bargaining Agreement ("2017 CBA") or the 2022 Collective Bargaining Agreement ("2022 CBA") (including transfers to a job title under Appendix C) after June 24, 2017 shall be referred to as "2017 New Hires";
- Current Employees who are laid off, excluding Employees in titles under Appendix
 C, who are recalled and whose service is immediately bridged will be treated as
 Current Employees. 2009 New Hires who are laid off, excluding Employees in
 titles under Appendix C, who are recalled and whose service is immediately bridged
 will be treated as 2009 New Hires; 2013 New Hires who are laid off, excluding
 Employees in titles under Appendix C, who are recalled and whose service is immediately bridged
 will be treated as 2009 New Hires; 2013 New Hires who are laid off, excluding
 Employees in titles under Appendix C, who are recalled and whose service is
 immediately bridged will be treated as 2013 New Hires;
- Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires shall be referred to collectively as "Employees"; and
- Employees who terminate employment during the term of this Agreement and who meet the applicable requirements to be eligible for post-retirement benefits are referred to as "Eligible Retired Employees".

The Memorandum of Agreement – Benefits Rules for Movement (Memorandum) provides specific rules regarding benefits for Employees who move among job titles. The provisions of the Memorandum take precedence over the provisions of this Article 16 with respect to Employees addressed in the Memorandum.

1. HEALTH AND WELFARE BENEFIT PLANS

(A) Effective January 1, 2023, Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires shall be eligible to participate in the benefit plans, programs and policies identified in the chart below by an X, with the plan terms, conditions and provisions which were in effect on June 25, 2022, as described in the applicable SPDs and SMMs, except as noted herein.

i. AT&T Midwest

| Plan/Program/Policy | Current Employees & 2009 New Hires | 2013 New Hires | 2017 New Hires |
|---|---|-------------------|-------------------|
| AT&T Midwest Medical Program (IBEW) | X | Х | X |
| AT&T Dental Program (Bargained Employees) | X | Х | Х |
| AT&T Vision Program (Bargained Employees) | X | Х | Х |
| AT&T CarePlus – A Supplemental Benefit Program | X | Х | Х |
| AT&T Group Life Insurance Program for Active Employees | X | Х | х |
| AT&T Consolidated Long-Term Care Insurance Plan (closed to new entrants as of 5/1/2012) | X | | |
| AT&T Flexible Spending Account Plan | X | Х | Х |
| AT&T Health Reimbursement Account Program | X | | |
| AT&T Midwest Disability Benefits Program | X | Х | |
| AT&T Disability Income Program | | | Х |
| Midwest Leaves of Absence Policy | X | Х | Х |
| AT&T Commuter Benefit Policy | X | Х | Х |
| AT&T Adoption Reimbursement Policy | X | Х | Х |
| AT&T Employee Assistance Program | X | Х | Х |
| AT&T Ancillary Benefits Program and AT&T Voluntary Benefits Platform | x | х | Х |

¹This program includes Supplemental Life Insurance and Dependent Life Insurance provisions

ii. AT&T National

| Plan/Program/Policy | Current Employees & 2009 New Hires | 2013 New Hires | 2017 New Hires |
|---|---|-------------------|-------------------|
| AT&T Corp. Medical Program | X | Х | Х |
| AT&T Dental Program (Bargained Employees) | X | Х | Х |
| AT&T Vision Program (Bargained Employees) | X | Х | х |
| AT&T CarePlus - A Supplemental Benefit Program | X | Х | x |
| AT&T Group Life Insurance Program for Active Employees | X | Х | Х |
| AT&T Consolidated Long-Term Care Insurance Plan (closed to new entrants as of 5/1/2012) | x | | |
| AT&T Flexible Spending Account Plan | X | X | х |
| AT&T Health Reimbursement Account Program | X | | |
| Legacy AT&T Disability Benefits Program | X | X | |
| AT&T Disability Income Program | | | х |
| AT&T Commuter Benefit Policy | X | Х | X |

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| AT&T Adoption Reimbursement Policy | X | x | x |
| AT&T Employee Assistance Program | X | X | X |
| AT&T Ancillary Benefits Program and AT&T Voluntary Benefits Platform | x | x | x |

This program includes Supplemental Life Insurance and Dependent Life Insurance provisions.

- (B) Employees, including newly eligible Employees, and Eligible Retired Employees (as provided for in Article 16.01(1)(D)) shall continue to participate in the same benefit plans, programs and policies on the same terms and conditions which were in effect on June, 25, 2022, until the benefits identified in Article 16.01(1)(A) above become effective, subject to changes to benefits resulting from the operation of existing plan provisions and amendments necessary to comply with changes in the law.
- (C) The Company may unilaterally modify or discontinue AT&T Consolidated Long-Term Care Insurance Plan and the AT&T Ancillary Benefits Program and AT&T Voluntary Benefits Platform without further discussions with the Union.
- (D) Employees who terminate employment with the Company during the term of this Agreement and are eligible for post-retirement medical coverage under the terms of the medical program the Employee was eligible for as an active Employee as of the date of termination, will be eligible, during the term of this Agreement, for coverage listed below as applicable:
 - i. For AT&T Midwest: Medical, dental, vision, supplemental medical and life insurance coverage subject to any exceptions identified in Attachment A for Eligible Retired Employees and any changes to benefits resulting from the operation of existing plan provisions and amendments necessary to comply with changes in the law; or
 - ii. For AT&T National: Medical, dental, vision, supplemental medical and life insurance coverage subject to any exceptions identified in Attachment B for Eligible Retired Employees and any changes to benefits resulting from the operation of existing plan provisions and amendments necessary to comply with changes in the law.

Nothing in this Article 16.01(1)(D) 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.

(E) Attachment A and Attachment B provide a summary of certain plan, program and/or policy terms, conditions and provisions, including any which are exceptions to terms, conditions and provisions described in the applicable SPDs and SMMs as well as any which differ among groups of employees eligible to participate in a particular plan, program or policy, such as the applicable deductible or copayment amount. If there are discrepancies between the specific information provided in Attachment A or Attachment B, and the plan documents, SPDs or SMMs, the information provided in Attachment A or Attachment B, as applicable will govern.

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(F) It is understood that certain benefits are subject to change to comply with implementation or modifications of PPACA and any associated legislation, 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 2022 CBA will remain in effect through expiration.

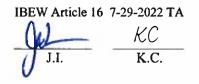
2. PENSION AND SAVINGS BENEFIT PLANS

(A) Current Employees, excluding those working in Appendix C,

Except as provided in this Article, Current Employees, but excluding those working in Appendix C, shall continue to participate in the following pension and savings benefit plans, programs, and policies on the same terms and conditions which were in effect on June 25, 2022:

- i. AT&T Midwest
 - a. Midwest Program (the "Midwest Program") of the AT&T Pension Benefit Plan
 - I. Current Employees who continue to participate in the Midwest Program will be eligible for the following pension band increases:
 - 1.0% effective January 1, 2023
 - 1.0% effective January 1, 2024
 - 1.0% effective January 1, 2025
 - 1.0% effective January 1, 2026
 - 1.0% effective January 1, 2027
 - b. AT&T Retirement Savings Plan ("ARSP")

Effective January 1, 2023, Current Employees shall continue to be eligible to participate in the ARSP. The Company will match employee contributions in the ARSP at a rate of 80% of Basic contributions in Company stock.



- ii. AT&T National
 - a. AT&T Legacy Bargained Program (the "ALB Program") of the AT&T Pension Benefit Plan
 - I. Current Employees who continue to participate in the ALB Program will be eligible for the following to the Pension Band Monthly Benefit Tables as well as the Pension Band Credit Table used for the cash balance feature:
 - 1.0% effective January 1, 2023
 - 1.0% effective January 1, 2024
 - 1.0% effective January 1, 2025
 - 1.0% effective January 1, 2026
 - 1.0% effective January 1, 2027
 - b. AT&T Retirement Savings Plan
- (B) Current Employees working in Appendix C job titles, 2009 New Hires, 2013 New Hires, and 2017 New Hires

Except as provided below, Current Employees working in Appendix C job titles classified as Regular Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires (excluding 2009 New Hires, 2013 New Hires and 2017 New Hires working in Appendix C job titles but not classified as Regular Employees) shall continue to participate in the following pension and savings benefit plans, programs and policies on the same terms and conditions which were in effect on June 25, 2022.

- i. AT&T Midwest
- iii. a. Bargained Cash Balance Program #2 of the AT&T Pension Benefit Plan
 - I. The Age Credit factor remains unchanged and shall be as follows:

| Age | Age Credit Factor |
|--------------|-------------------|
| Less than 30 | 1.77% |
| 30-36 | 2.27% |
| 37-43 | 2.78% |
| 44-49 | 3.28% |
| 50 and older | 4.04% |

- iv. b. AT&T Retirement Savings Plan
- ii. AT&T National
 - a. Bargained Cash Balance Program #2 of the AT&T Pension Benefit Plan

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I. The Age Credit factor remains unchanged and shall be as follows:

| Age | Age Credit Factor |
|--------------|-------------------|
| Less than 30 | 1.77% |
| 30-36 | 2.27% |
| 37-43 | 2.78% |
| 44-49 | 3.28% |
| 50 and older | 4.04% |

- b. AT&T Retirement Savings Plan
- 16.02 Unless the Parties mutually agree, there shall be no negotiations concerning changes in the Plans during the period of this Agreement. Such negotiations shall not extend more than thirty (30) days following such mutual agreement.
- 16.03 Neither the Benefit Plans, their administration nor the terms of a proposed change in the plans are subject to the grievance or arbitration procedures of this Agreement.
- 16.04 Disputes involving the true intent and meaning of this Article may be submitted to the grievance and arbitration procedures of this Agreement.
- 16.05 The Company will provide the Union with another copy of the Benefit Plans upon execution of this Agreement.

Attachment A 7-29-2022 TA K.C.

| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires |
|--|---|
| Active Employees | AT&T Midwest; AT&T Corp. Employees covered by Appendices D, E, F & G |
| Effective Date(s) | Health & Welfare: 1/1/2023 |
| Eligibility | |
| For Medical, Dental, Vision, CarePlus, and Life Insurance (unless otherwise specified) | 2013 New Hires, 2009 New Hires and Current Employees Follow provisions of the applicable program: Medical – AT&T Midwest Medical Program (IBEW) Dental – AT&T Dental Program (Bargained Employees) Vision – AT&T Vision Program (Bargained Employees) Disability – AT&T Midwest Disability Benefits Program CarePlus – AT&T CarePlus – A Supplemental Benefit Program Life Insurance – AT&T Group Life Insurance Program for Active Employees* 2017 New Hires Follow provisions of the applicable program: |
| | Medical – AT&T Midwest Medical Program (IBEW) Dental – AT&T Dental Program (Bargained Employees) Vision – AT&T Vision Program (Bargained Employees) Disability – AT&T Disability Income Program CarePlus – AT&T CarePlus - A Supplemental Benefit Program Life Insurance – AT&T Group Life Insurance Program for Active Employees* *includes Supplemental Life and Dependent Life provisions. |
| lealth Reimbursement | Account (HRAs) |
| ioutili Keinburgenen | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees None. |
| | Note: No additional Company crediting. Current Employees and 2009 New Hires who have remaining account balances will continue to have access to those account balances subject to provisions of the Program. |
| Medical | |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Midwest Medical Program (IBEW) The Company will continue to provide fully insured coverage options such as HMOs at the discretion of the Company. No change from current program except as provided below: |
| Dependent Eligibility | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | |
| Eligibility | No change from current program. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| for Company Subsidy | Eligibility for company subsidy begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period. |
| Active | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| (Full-Time) | |
| Monthly Contributions | Monthly Contribution Amounts Option 1 2023 2024 2025 2026 2027 |
| | Individual \$168 \$176 \$185 \$195 \$204 |
| | Family \$441 \$460 \$484 \$510 \$536 |
| | |
| | Monthly Contribution Amounts |
| | Option 2 2023 2024 2025 2026 2027 Individual \$117 \$125 \$134 \$144 \$153 |
| | individual \$117 \$125 \$134 \$144 \$153 Family \$306 \$327 \$351 \$376 \$402 |
| | |
| | Monthly Contribution Amounts |
| | Option 3 2023 2024 2025 2026 2027 |
| | Individual N/A \$61 \$68 \$77 \$86 |
| | Family N/A \$159 \$179 \$201 \$224 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Active (Part-Time) Monthly Contributions | No change from current program. |

Attachment A 7-29-2022 TA KC Λ <u>к.с.</u>

| Provision | here the | Current | Employe | es, 200 | 9 New Hi | ires, 201 | 3 New H | lires and | 2017 Ne | w Hires | | | |
|-------------------------|--|--|---|---|--|---|---|---|--|---|--|--|--|
| obacco Use Contribution | 2017 New | v Hires, 2013 | New Hires | 2009 New | Hires and C | Current Emp | loyees | | | | | | |
| | Tobacco | o Use Additio | nal Medical | Contributio | n. | | | | | | | | |
| | | ees and/or s | | | | are enrolled | l in AT&T-s | ponsored m | edical cover | rage (within | either | | |
| | self-insu | ired or fully i | nsured prog | rams) and v | vho choose | not to parti | cipate in a o | designated T | obacco Ces | ssation prog | gram will | | |
| | | additional mo cco usage or | | | | | | | | | | | |
| | | ent otherwise | | | | | | | | | | | |
| | | participation and completion. A tobacco user is currently defined as someone who has used tobacco products once a month or more, on average. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco. The definitions of engagement, tobacco user and tobacco products and the terms of the Company-soonsored | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | tobacco. The definitions of engagement, tobacco user and tobacco products and the terms of the Company-sponsored Tobacco Cessation program may change from time to time, at the sole discretion of the Company. The monthly contribu is shown below. | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Additiona | Monthly Me | dical Contri | hution for e | ach employ | | e/nartner | | | | | | |
| | | | | | | | | | | | | | |
| | 2023 | 202 | |)25 75 | 2026 \$75 | <u>2027</u> \$75 | | | | | | | |
| | | ψr . | / _ * | 10 | 410 | 410 | 1 | | | | | | |
| Annual | 2017 Nev | v Hires, 2013 | New Hires | , 2009 New | Hires and (| Current Emp | loyees | | | | | | |
| Deductibles | Option 1: | | | | | | - | | | | | | |
| | | 20 | 23 | 2 | 024 | 2 | 025 | 20 | 26 | 20 | 27 | | |
| | | Network/ PPO/ONA | Non- Network/ | Network/ PPO/ONA | Non- Network/ | Network/ PPO/ONA | Non- Network/ | Network/ PPO/ONA | Non- Network/ | Network/ PPO/ONA | Non- Network | | |
| | | PPO/ONA | Non-PPO | PPO/ONA | Non-PPO | PPU/UNA | Non-PPO | PPO/ONA | Non-PPO | PPO/ONA | Network | | |
| | | | | | | | 1 1001-110 | | 1.0011-1.1.0 | | | | |
| | lod | 6000 | \$2 700 | \$ 050 | \$3,850 | F1 000 | 1 | #1.050 | | £1.100 | PPO | | |
| | | \$900 \$1,800 eductible Pro | | \$ 950 \$1,900 | \$2,850 \$5,700 | \$1,000 \$2,000 | \$3,000 \$6,000 | \$1,050 \$2,100 | \$3,150 \$6,300 | \$1,100 \$2,200 | PPO \$3,300 | | |
| | Fam Annual D No chang | \$1,800 | \$5,400 ovisions: nt program. | \$1,900 | \$5,700 | \$2,000 | \$3,000 | \$2,100 | \$3,150 | | PPO \$3,300 | | |
| | Fam Annual D No chang Note: Th | \$1,800 eductible Pro je from curre e Annual De | \$5,400 ovisions: nt program. | \$1,900 | \$5,700 | \$2,000 | \$3,000 | \$2,100 | \$3,150 | | PPO \$3,300 | | |
| | Fam Annual D No chang | \$1,800 eductible Pro e from curre e Annual De 203 | \$5,400 ovisions: nt program. ductibles wi | \$1,900 Il be include 20; | \$5,700 d in the Ou | \$2,000 t-Of-Pocket | \$3,000 \$6,000 Maximums | \$2,100 | \$3,150 \$6,300 | \$2,200 | PPO \$3,300 \$6,600 27 | | |
| | Fam Annual D No chang Note: Th | \$1,800 eductible Pro e from curre e Annual De | \$5,400 ovisions: nt program. ductibles wi | \$1,900 | \$5,700 | \$2,000 | \$3,000 \$6,000 Maximums | \$2,100 | \$3,150 \$6,300 6 Non- | \$2,200 \$2,200 Network/ | PPO \$3,300 \$6,600 27 Non- | | |
| | Fam Annual D No chang Note: Th Option 2: | \$1,800 eductible Pro e from curre e Annual De 200 Network/ PPO/ONA | \$5,400 xvisions: nt program. ductibles wi 23 Non- Network/ Non-PPO | \$1,900 II be include 20: Network/ 2PD/ONA | \$5,700 ed in the Our 24 Non- Network/ Non-PPO | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA | \$3,000 \$6,000 Maximums 25 Non- Non-PPO | \$2,100 202 Network/ PPO/ONA | \$3,150 \$6,300 6 Non- Network/ Nan-PPO | \$2,200 \$2,200 20; Network/ PPO/ONA | PPO \$3,300 \$6,600 \$6,600 27 Non- Network/ Non-PPO | | |
| | Fam Annual D No chang Note: Th | \$1,800 eductible Pro pe from curre e Annual De 20: Network/ PPC/ONA \$1,700 | \$5,400 xvisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$5,100 | \$1,900 II be include 20: Network/ PPO/ONA \$1,750 | \$5,700 d in the Ou Non- Network/ Non-PPO \$5,250 | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA \$1,800 | \$3,000 \$6,000 Maximums 25 Non- Network/ Non-PPO \$5,400 | \$2,100 202 Network/ PPO/ONA \$1,850 | \$3,150 \$6,300 6 Non- Network/ Non-PPO \$5,650 | 20: Network/ PPO/ONA \$1,900 | PPO \$3,300 \$6,600 27 Non- Network/ Network/ Non-PPO \$5,700 | | |
| | Fam Annual D No chang Note: Th Option 2: | \$1,800 eductible Pro e from curre e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$5,100 \$10,200 | \$1,900 II be include 20: Network/ 2PD/ONA | \$5,700 ed in the Our 24 Non- Network/ Non-PPO | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA | \$3,000 \$6,000 Maximums 25 Non- Non-PPO | \$2,100 202 Network/ PPO/ONA | \$3,150 \$6,300 6 Non- Network/ Nan-PPO | \$2,200 \$2,200 20; Network/ PPO/ONA | PPO \$3,300 \$6,600 27 Non- Network/ Network/ Non-PPO \$5,700 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D | \$1,800 eductible Pro pe from curre e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 eductible Pro | \$5,400 w/sions: nt program. ductibles wi Non- Network/ Non-PPO \$5,100 \$10,200 ovisions: | \$1,900 II be include 20: Network/ PPO/ONA \$1,750 \$3,500 | \$5,700 ed in the Our 24 Non- Network/ Non-PPO \$5,250 \$10,500 | \$2,000 t-Of-Pocket 207 Network/ PPO/ONA \$1,600 \$3,600 | \$3,000 \$6,000 Maximums 25 Non- Network/ Non-PPO \$5,400 | \$2,100 202 Network/ PPO/ONA \$1,850 | \$3,150 \$6,300 6 Non- Network/ Non-PPO \$5,650 | 20: Network/ PPO/ONA \$1,900 | PPO \$3,300 \$6,600 27 Non- Network/ Network/ Non-PPO \$5,700 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D | \$1,800 eductible Pro- pe from curre e Annual De 200 Network/ PPC/ONA \$1,700 \$3,400 eductible Pro- pe from curre | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$5,100 \$10,200 wisions: nt program, | \$1,900 II be include 20: Network/ \$PO/ONA \$1,750 \$3,500 except as | \$5,700 d in the Our Ann- Network/ Non-PPO \$5,250 \$10,500 provided bel | \$2,000 t-Of-Pocket 202 Network/ PPO/ONA \$1,800 \$3,600 | \$3,000 \$6,000 Maximums 25 Non- Network/ Non-PO \$5,400 \$10,800 | 202 Network/ PPO/ONA \$1,850 \$3,700 | \$3,150 \$6,300 86,300 80 Non- Network/ Non-PPO \$5,550 \$11,100 | \$2,200 200 Network/ PPO/ONA \$1,900 \$3,800 | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$27 Non-Network/ Non-Vetwork/ \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D | \$1,800 eductible Pro e Annual De 20: Network/ PPO/ONA \$1,700 \$3,400 eductible Pro pe from curre If the cover | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$5,100 \$10,200 ovisions: nt program, rage tier is F | \$1,900 II be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as (family, no in | s5,700 d in the Our 24 Non- Network/ Non-PPO \$5,250 \$10,500 provided bel dividual car | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA \$1,800 \$3,600 | \$3,000 \$6,000 Maximums 25 Non- Network/ Non-PPO \$5,400 \$10,800 | 202 Network/ PPO/ONA \$1,850 \$3,700 | \$3,150 \$6,300 86,300 86,300 86,300 800 86,300 \$10,00 \$11,100 \$11,100 | \$2,200 \$2,200 Network/ PPO/ONA \$1,900 \$3,800 | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$27 Non-Network/ Non-Vetwork/ \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D | s1,800 eductible Pro e from curre e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 eductible Pro ge from curre if the cover Family Anr | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$5,100 \$10,200 visions: nt program, age tier is F ual Deducti | \$1,900 II be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as j amily, no ir ble can be | \$5,700 d in the Our Ad in the Our 24 Non-PPO \$5,250 \$10,500 provided bel dividual car met by one | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA \$1,600 \$3,600 | \$3,000 \$6,000 Maximums Non-PPO \$5,400 \$10,800 | 202 Network/ PPO/ONA \$1,850 \$3,700 | \$3,150 \$6,300 86,300 86,300 86,300 86,300 86,300 81,100 \$5,550 \$11,100 \$11,100 | 200 Network/ PPO/ONA \$1,900 \$3,800 straight is me | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$5,700 \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D | \$1,800 eductible Pro e from curre e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 eductible Pro ge from curre if the cover Family Anr The followi Network/N | \$5,400 wisions: nt program. ductibles wi a Non- Network/ Non-PPO \$5,100 \$10,200 a susions: nt program, age tier is F ual Deducti ng costs pa on-PPO Dec | \$1,900 Il be include 20: Network/ \$PO/ONA \$1,750 \$3,500 except as j amily, no ir ble can be j can be j ductible am | s5,700 sd in the Our Ann- Network/ Non-PPO \$5,250 \$10,500 provided beindividual car met by one- rticipant also pounts: | \$2,000 t-Of-Pocket 202 Network/ PPO/ONA \$1,600 \$3,600 | \$3,000 \$6,000 Maximums 5 Non- Network/ Non-PPO \$5,400 \$10,800 | \$2,100 \$2,100 Network/ PPO/ONA \$1,850 \$3,700 the Family A vered family licable Netw | \$3,150 \$6,300 86,300 86,300 86,300 86,300 86,300 81,100 \$5,550 \$11,100 \$11,100 | 200 Network/ PPO/ONA \$1,900 \$3,800 straight is me | PPO \$3,300 \$6,600 \$6,600 27 Non-Network/ Non-PPO \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: ind Fam Annual D No chang | s1,800 eductible Pro e Annual De e Annual De 20: Network/ PPO/ONA \$1,700 \$3,400 eductible Pro s3,400 eductible Pro pe from curre if the cover Family Anr The followi Network/N • Outpr | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$10,200 ovisions: nt program, rage tier is F wall Deducting costs pa on-PPO Deducting atlent presci | \$1,900 Il be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as (amily, no ir ble can be id by the pa ductible amk ription drug | s5,700 sd in the Our Non- Network/ Non-PPO \$5,250 \$10,500 provided bel idividual car met by one- rficipant als- punts: allowable cl | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA \$1,800 \$3,600 tow: n receive be or a combin o apply tow harges of el | \$3,000 \$6,000 Maximums 25 Non- Network/ Non-PPO \$5,400 \$10,800 anefits until ation of cov and the app igible experi | 202 Network/ PPO/ONA \$1,850 \$3,700 the Family A vered family licable Netw nses | \$3,150 \$6,300 86,300 86,300 86,300 86,300 86,300 81,100 \$5,550 \$11,100 \$11,100 | 200 Network/ PPO/ONA \$1,900 \$3,800 straight is me | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$27 Non-Network/ Non-Vetwork/ \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | s1,800 eductible Pro e Annual De e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 eductible Pro ge from curre f the cover Family Anr The followi Network/Ne • Outpa e Annual De | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$10,200 ovisions: nt program, rage tier is F wall Deducting costs pa on-PPO Deducting atlent presci | \$1,900 Il be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as (amily, no ir ble can be id by the pa ductible amk ription drug | s5,700 sd in the Our Non- Network/ Non-PPO \$5,250 \$10,500 provided bel idividual car met by one- rficipant als- punts: allowable cl | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA \$1,800 \$3,600 tow: n receive be or a combin o apply tow harges of el | \$3,000 \$6,000 Maximums 25 Non- Network/ Non-PPO \$5,400 \$10,800 anefits until ation of cov and the app igible experi | 202 Network/ PPO/ONA \$1,850 \$3,700 the Family A vered family licable Netw nses | \$3,150 \$6,300 86,300 86,300 86,300 86,300 86,300 81,100 \$5,550 \$11,100 \$11,100 | 200 Network/ PPO/ONA \$1,900 \$3,800 straight for the straight for the | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$27 Non-Network/ Non-Vetwork/ \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: ind Fam Annual D No chang | s1,800 eductible Pro e Annual De e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 eductible Pro ge from curre f the cover Family Anr The followi Network/Ne • Outpa e Annual De | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Nen-PPO \$5,100 \$10,200 svisions: nt program, rage tier is F ual Deducti ng costs pa atient presc ductibles wi | \$1,900 Il be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as p amily, no ir ble can be p id by the pa ductible arm- iption drug Il be include | s5,700 sd in the Our Non- Network/ Non-PPO \$5,250 \$10,500 provided bel idividual car met by one- rficipant als- punts: allowable cl | \$2,000 t-Of-Pocket 202 Network/ PPO/ONA \$1,600 \$3,600 low: n receive be or a combin o apply tow harges of et t-Of-Pocket | \$3,000 \$6,000 Maximums 25 Non- Network/ Non-PPO \$5,400 \$10,800 anefits until ation of cov and the app igible experi | \$2,100 \$2,100 Network/ PPO/ONA \$1,850 \$3,700 the Family A rered family licable Networks | \$3,150 \$6,300 86,300 86,300 86,300 86,300 86,300 81,100 \$5,550 \$11,100 \$11,100 | \$2,200 \$2,200 Network/ PPO/ONA \$1,900 \$3,800 stiple is me NA or Non- | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$27 Non-Network/ Non-Vetwork/ \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | s1,800 eductible Pro pe from curre e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 eductible Pro pe from curre f the cover Family Ann The followi Network/N- e Annual De 200 Network/ | \$5,400 wisions: nt program. ductibles wi Non- Network/ Non-PPO \$5,100 \$10,200 ovisions: nt program, age tier is F uual Deducti ng costs pa on-PPO Dev atient presc ductibles wi 23 Non- | \$1,900 Il be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as [family, no ir ble can be i id by the pa ductible amv iption drug II be include 22: Network/ Network/ | s5,700 d in the Our Non-Network/ Non-PPO \$5,250 \$10,500 provided bel dividual car met by one rticipant als punts: allowable ci d in the Our 24 Non- | \$2,000 t-Of-Pocket 200 Network/ PPO/ONA \$1,600 \$3,600 low: n receive be or a combin o apply tow harges of el t-Of-Pocket 22 Network/ | Asimums \$5 Non-PPO \$5,400 \$10,800 S10,800 | 202 Network/ PPO/ONA \$1,850 \$3,700 the Family A rered family licable Network/ nses | \$3,150 \$6,300 \$6,300 \$6,300 \$6,300 \$6,300 \$6,300 \$11,100 \$5,550 \$11,100 \$11,100 \$11,100 \$11,100 \$11,100 | 200 Network/ PPO/ONA \$1,900 \$3,800 strible is me NA or Non- | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$6,700 \$5,700 \$5,700 \$5,700 \$5,700 \$11,400 | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pro e Annual De e Annual De 200 Network/ PPO/ONA \$1,700 \$3,400 eductible Pro s3,400 eductible Pro be from curre if the cover Family Anr The followi Network/Ni e Annual De | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ Non-PPO \$5,100 \$10,200 sto,200 ovisions: nt program, rage tier is F ual Deducti ng costs pa on-PPO Dea atlent presc ductibles wi 23 | \$1,900 Il be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as (amily, no in ble can be (id by the pa ductible amy iption drug Il be include 24 Network/ PPO/ | s5,700 s6 in the Our Non- Network/ Non-PPO \$5,250 \$10,500 provided bel idividual car met by one- rticipant als pounts: allowable cl id in the Our 24 Non- Network/ Network/ | \$2,000 t-Of-Pocket 20; Network/ PPO/ONA \$1,800 \$3,600 cow: n receive be or a combin o apply tow harges of el t-Of-Pocket | \$3,000 \$6,000 Maximums Some Network/ Non-PPO \$5,400 \$10,800 \$10,800 store of correlation of correlation of correlation of correlation of correlation of the application of the second store of the second stor | 202 Network/ PPO/ONA \$1,850 \$3,700 the Family A vered family licable Netw nses | | 20: Network/ PPO/ONA \$1,900 \$3,800 strible is me NA or Non- | PPO \$3,300 \$8,600 \$8,600 27 Non- Network/ Networ | | |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pro e Annual De 20: Network/ PPO/ONA \$1,700 \$3,400 eductible Pro eductible Pro s3,400 eductible Pro efrom curre if the cover Family Anr The followi Network/N e Annual De 20 Network/ 20 Network/ 20 20 Network/ 20 20 20 20 20 20 20 20 20 20 20 20 20 | \$5,400 wisions: nt program. ductibles wi 23 Non- Network/ NenPPO \$5,100 \$10,200 svisions: nt program, rage tier is F nual Deducting costs pa attent prescriductibles wi 23 Non- Network/ | \$1,900 Il be include 20: Network/ PPO/ONA \$1,750 \$3,500 except as [family, no ir ble can be i id by the pa ductible amv iption drug II be include 22: Network/ Network/ | s5,700 d in the Our Non-Network/ Non-PPO \$5,250 \$10,500 provided bel dividual car met by one rticipant als punts: allowable ci d in the Our 24 Non- | \$2,000 t-Of-Pocket 200 Network/ PPO/ONA \$1,600 \$3,600 low: n receive be or a combin o apply tow harges of el t-Of-Pocket 22 Network/ | Asimums \$5 Non-PPO \$5,400 \$10,800 S10,800 | 202 Network/ PPO/ONA \$1,850 \$3,700 the Family A rered family licable Network/ nses | \$3,150 \$6,300 \$6,300 \$6,300 \$6,300 \$6,300 \$6,300 \$11,100 \$5,550 \$11,100 \$11,100 \$11,100 \$11,100 \$11,100 \$11,100 \$1,200\$1,200 \$1, | 200 Network/ PPO/ONA \$1,900 \$3,800 strible is me NA or Non- | PPO \$3,300 \$6,600 \$6,600 \$6,600 \$6,700 \$5,700 \$11,400 \$5,700 \$11,400 | | |

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| <u> </u> | IBEW Syster | n Council T | -3 Benefits | s Outline Summary |
|--------------------------------------|--------------------------------------|---------------------------------------|------------------------|--|
| Provision | Curre | nt Employee | es, 2009 Ne | w Hires, 2013 New Hires and 2017 New Hires |
| General | 2017 New Hires, 2 | 013 New Hires, 2 | 2009 New Hires | and Current Employees |
| Copay/Coinsurance | Option 1 and Optio | n 2: | | |
| | | 2023- | 2027 | |
| | | Network/ | Non- | |
| | | PPO/ONA | Network/ Non-PPO | |
| | Preventive | \$0 / 0% Ded waived | No Senefit | |
| | Sickness/ Illness | \$0 / 10% After Ded | \$0 / 50% After Ded | |
| | Option 3: | | | 1 |
| | | 2024- | 2027 | 1 |
| | | Network/ | Non- | |
| | | PPO/ONA | Network/ Non-PPO | |
| | Preventive | \$0 / 0% | No Benefit | |
| | Sickness/ | Ded waived | \$0 / 50% | |
| | Illness | After Ded | After Ded | |
| Office Visit Copay / Coinsurance | expenses may be 2017 New Hires, 2 | changed from tirr 013 New Hires, 2 | ne to time at the | ng the Allowable Charge for all categories of Non-Network/Non-PPO Company's discretion. |
| | Option 1 and Optic | n 2: 2023- | 2027 | 1 |
| | | Network/ | Non- | |
| | | PPO/ONA | Network/ | |
| | | | Non-PPO | |
| | Preventive | \$0 / 0% Ded waived | No Senefit | |
| | Sickness/ Illness | \$0 / 10% After Ded | \$0 / 50% After Ded | |
| | Option 3: | | | , |
| | | 2024- | -2027 | 1 |
| | | Network/ | Non- | |
| | | PPO/ONA | Network/ Non-PPO | |
| | Preventive | \$0 / 0% Ded waived | No Benefit | |
| | Sickness/ | \$0 / 30% | \$0 / 50% | |
| | lliness | After Ded | After Ded | |
| Urgent Care Facility/Professional | 2017 New Hires, 2 | 013 New Hires, 2 | 2009 New Hires | and Current Employees |
| Services | Option 1 and Option | | | |
| Copay / Coinsurance | 2023-202 Network/ N | 27 jon- | | |
| | | letwork/ | | |
| | N | Ion-PPO | | |
| | | 0 / 50% fter Ded | | |
| | PPO/ONA N | lon- letwork/ lon-PPO | | |
| | | 0 / 50% | | |

Attachment A 7-29-2022 TA KC 1 K.C.

| | IBEW System | m Council T- | 3 Benefits | Outline Summary |
|--|---------------------|---------------------|-----------------------|--|
| Provision | Curre | nt Employee | s, 2009 Ne | w Hires, 2013 New Hires and 2017 New Hires |
| Emergency Room | 2017 New Hires, 2 | 013 New Hires, 2 | 009 New Hires | and Current Employees |
| Facility/Professional | Option 1 and Optic | | | |
| Services | 2023-203 | | | |
| Copay / Coinsurance | | lon- letwork/ | | |
| | | Ion-PPO | | |
| | | 0 / 10% | | |
| | After Ded A | fter Ded | | |
| | Option 3: | | | |
| 24 | 2024-202 | 27 | | |
| | | lon- | | |
| | | letwork/N | | |
| | | n-PPO 0 / 30% | | |
| | | After Ded | | |
| Hospital | | 013 New Hires, 2 | 009 New Hires | and Current Employees |
| Inpatient/Outpatient | | | | |
| Facility/Professional | Option 1 and Option | | | |
| Services | 2023-203 | 27 Ion- | | |
| Copay / Coinsurance | | letwork/ | | |
| | | Ion-PPO | | |
| | | 0 / 50% | | |
| | After Ded A | fter Ded | | |
| | Option 3: | | | |
| | 2024-202 | 27 | | |
| | | ion- | | |
| | | letwork/ lon-PPO | | |
| | | 0 / 50% | | |
| | After Ded A | fter Ded | | |
| Tests | 2017 New Hires, 2 | 013 New Hires, 2 | 009 New Hires | and Current Employees |
| (all tests including x-ray, | Option 1 and Option | | | |
| radiology, lab test, etc) Copay / Coinsurance | | 2023- | 2027 | 1 |
| Copay / Comsulance | | Network/ | Non- | |
| | | PPO/ONA | Network/ | |
| | Preventive | \$0 / 0% | Non-PPO No Benefit | |
| | Figaeiinae | Ded waived | NO Bellent | |
| | Sickness/Illness | \$0 / 10% | \$0 / 50% | |
| | | After Ded | After Ded | |
| | Option 3: | | | |
| | | 2024 | -2027 | |
| | | Network/ | Non- | |
| | | PPO/ONA | Network/ Non-PPO | |
| | Preventive | \$0/0% | No Benefit | |
| | | Ded waived | | |
| | Sickness/Illness | \$0 / 30% | \$0 / 50% |]] |
| | | After Ded | After Ded | |

Attachment A 7-29-2022 TA КС ĸ.c. J/I

| Provision | Currer | nt Employee | s, 2009 Ne | w Hires, 2013 New Hires and 2017 New Hires | | | |
|--|------------------------|------------------------|-----------------------------|--|--|--|--|
| lental Health/Substance Abuse (MH/SA) | 2017 New Hires, 20 | 13 New Hires, 20 | 009 New Hires | and Current Employees | | | |
| Copay / Coinsurance | Option 1 and Option 2: | | | | | | |
| | | 2023-2 | 2027 | | | | |
| | | Network/ PPO/ONA | Non- Network/ Non-PPO | | | | |
| | Preventive | \$0 / 0% Ded walved | No Benefit | | | | |
| | Sickness/Illness | \$0 / 10% After Ded | \$0 / 50% After Ded | | | | |
| | Option 3: | | | | | | |
| | | | -2027 | | | | |
| - | | Network/ PPO/ONA | Non- Network/ Non-PPO | | | | |
| | Preventive | \$0 / 0% Ded waived | No Benefit | | | | |
| | Sickness/Illness | \$0 / 30% After Ded | \$0 / 50% After Ded | | | | |
| | 2017 New Hires 20 | 013 New Hires, 20 | 009 New Hires | and Current Employees | | | |
| Fertillty Services | | novide medical | and prescription | n drug fertility services on the same terms and conditions available | | | |

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Attachment A 7-29-2022 TA K.C.

| Provision | | Current | Employ | /ees, 20 | 09 New | Hires, 2 | 013 Nev | v Hires | and 201 | 7 New I | lires |
|--------------------------------|---|--|---|--|---|---|--|---|---|----------------------------------|-------------------------------------|
| Annual | 2017 New | Hires, 201 | 3 New Hire | s, 2009 Ne | w Hires an | d Current E | Employees | | | | |
| ut-of-Pocket Maximums (OOP) | Option 1: | | | | | | | | | | |
| (001) | , | | | | | | imum Amo | | | | |
| | | | | | (Inclue | ung Annua | Deductible | 9) 1 | | | |
| | | | 123 | | 24 | | 25 | |)26 | | 027 |
| | | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO |
| | Ind | \$3,750 | \$11,250 | \$4,000 | \$12,000 | \$4,200 | \$12,600 | \$4,400 | \$13,200 | \$4,600 | \$13,800 |
| | Family | \$7,500 | \$22,500 | \$8,000 | \$24,000 | \$8,400 | \$25,200 | \$8,800 | \$26,400 | \$9,200 | \$27,600 |
| | Out-of-Poo No change The follow | from curre | um provisio ent program nal costs pa laximum an s | n, except as aid by the p | | | d the applic | able Netwo | ork/PPO/O | NA or Non- | -Network/N |
| | Option 2: | | | | | | mum Amou | | | | |
| | | | | | | • | Deductible | • | | | |
| | | | | | 24 | | 25 | | 026 | | 027 |
| | | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO | Network/ PPO/ ONA | Non- Network/ Non- PPO |
| | Ind Family | \$7,000 | \$21,000 \$42,000 | \$7,100 \$14,200 | \$21,300 \$42,600 | \$7,200 \$14,400 | \$21,600 \$43,200 | \$7,300 \$14,600 | \$21,900 \$43,800 | \$7,400 \$14,800 | \$22,200 \$44,400 |
| | Out-of-Poo If the cove the Allowa Expenses Individual The follow | ket Maxim rage tier is ble Charge for Networf Out-Of-Poo ing addition of-Pocket M Deductible Coinsuran | es for Éligib k/PPO/ON/ ket Maxim nal costs pa laximum ar es ce | ons: applicable le Expense A Services um, even if aid by the p mounts: | Family Ou s, except ti for an indiv the Family articipant a wable char Out-of-P | hat the Proj idual family Out-Of-Po pply toward ges for elig ocket Maxii | at Maximun gram will p y member o ocket Maxim d the applic ible expension | ay 100% of once the ind num has no cable Netwo ses ses | f the Allowa dividual me ot been me | able Charge ets the Net t. | es for Eligi twork/PPO |
| | (including Annual Deductible) | | | | | | | - | 026 | 2 | 027 |
| | | 2 | 023 | | | Network/ | Non- | Network/ | Non- | Network | Non- |
| | | Network/ | Non- | Network/ | Non- | | | | | | |
| | | Network/ PPO/ ONA | Non- Network/ Non- PPO | PPO/ ONA | Network/ Non- PPO | PPO/ ONA | Network/ Non- PPO | PPO/ ONA | Network/ Non- PPO | PPO/ ONA | Network/ Non- PPO |
| | | Network/ PPO/ ONA N/A | Non- Network/ Non- PPO N/A | PPO/ ONA \$7,100 | Network/ Non- PPO \$21,300 | PPO/ ONA \$7,200 | Network/ Non- PPO \$21,600 | ONA \$7,300 | Non- PPO \$21,900 | ONA \$7,400 | Network/ Non- PPO \$22,200 |
| | Ind Family | Network/ PPO/ ONA | Non- Network/ Non- PPO | PPO/ ONA | Network/ Non- PPO | PPO/ ONA | Network/ Non- PPO | ONA | Non- PPO | ONA | Network/ Non- PPO |
| | Family | Network/ PPO/ ONA N/A N/A | Non- Network/ Non- PPO N/A | 9PO/ ONA \$7,100 \$14,200 | Network/ Non- PPO \$21,300 \$42,600 | PPO/ ONA \$7,200 | Network/ Non- PPO \$21,600 | ONA \$7,300 | Non- PPO \$21,900 | ONA \$7,400 | Network/ Non- PPO \$22,200 |

J.

| | IBEW Syste | | | | | | | | | |
|-------------------|---|------------------------|-----------------|--------------------|--------------|---------------|--|--|--|--|
| Prescription Drug | 2017 New Hires, 2 | 2013 Nev | v Hires, | 2009 N | ew Hires | and Curre | ent Employees | | | |
| Program (Rx) | Only A. | | | | | | | | | |
| | Option 1: | | | | | | | | | |
| | Deductible: | | | | | | | | | |
| | Deductible: None | | | | | | | | | |
| | | | | | | | | | | |
| | Out-of-Pocket Maximum: | | | | | | | | | |
| | 202 | | 2024 | | 2025 | 2026 | | | | |
| | Ind \$1,7 | | \$1,700 | | 1,800 | \$1,80 | | | | |
| | Fam \$3,4 | 00 [| \$3,400 |) \$ | 3,600 | \$3,60 | 0 \$3,800 | | | |
| | Retail - Network 0 | Copavs: | | | | | | | | |
| | Retail - Network Copays: (Up to 30-day supply, limited to 2 fills for maintenance) | | | | | | | | | |
| | | 2023 | 2024 | 2025 | 2026 | 2027 | | | | |
| | Generic | \$10 | \$10 | \$10 | \$10 | \$10 | | | | |
| | Preferred | \$40 | \$45 | _\$45 | \$45 | \$50 | | | | |
| | Non-Preferred | \$80 | \$90 | \$90 | \$90 | \$100 | | | | |
| | 0-1-3 No- Not | | | | | | | | | |
| | Retail – Non-Netv | vork Copi be greate | ays: vroftba | enolical | bia Natu | ork conou | or balance remaining after the program pays 75% of network | | | |
| | retail cost. | ne greate | | арріка | DIG NGLW | ок сорау | or balance remaining after the program pays 75% of network | | | |
| | | | | | | | | | | |
| | Mail Order Copay | | | | | | | | | |
| | (Up to 90-day su | | | | | | | | | |
| | | 2023 | 2024 | 2025 | 2026 | 2027 | | | | |
| | Generic | \$20 | \$20 | \$20 | \$20 | \$20 | | | | |
| | Preferred | \$80 | \$90 | \$90 | \$90 | \$100 | | | | |
| | Non-Preferred | \$160 | \$180 | \$180 | \$180 | \$200 | | | | |
| | Ontion 2: | | | | | | | | | |
| | Option 2: | | | | | | | | | |
| | Deductible: | | | | | | | | | |
| 1 | Integrated with M | ed/Surg, | MH/SA, | CarePl | us | | | | | |
| | | | | | | | | | | |
| | Out-of-Pocket Ma Integrated with M | <u>iximum</u> : | | Carally | | | | | | |
| | Integrated with M | earsaid' | MH/SA, | , CarePi | us | | | | | |
| | Retail - Network (| Copavs: | | | | | | | | |
| | (Up to 30-day sup | | ed to 21 | fills for m | naintenai | nce) | | | | |
| | | 2023 | 2024 | 2025 | 2026 | 2027 | | | | |
| | Generic | \$10 | \$10 | \$10 | \$10 | \$10 | | | | |
| | Preferred | \$40 | \$ 45 | \$45 | \$45 | \$50 | | | | |
| | Non-Preferred | \$80 | \$90 | \$90 | \$90 | \$100 | | | | |
| | | | | | | | | | | |
| | Mail Order Copay (Up to 90-day su | | | | | | | | | |
| | | 2023 | 2024 | 2025 | 2026 | 2027 | | | | |
| | | | | | | | | | | |
| | Generic Preferred | \$20 \$80 | \$20 \$90 | \$20 \$90 | \$20 \$90 | \$20 \$100 | | | | |
| | Non-Preferred | \$160 | \$90 \$180 | \$180 | \$180 | \$200 | | | | |
| | | , with 1 | \$100 | - 4 100 | . 4100 | φ <u>2</u> 00 | | | | |
| | Option 3: | | | | | | | | | |
| | · · | | | | | | | | | |
| | Deductible: Integr | rated with | h Med/S | urg, MH | /SA, Car | ePlus | | | | |
| | | | | | 1 | | Case Dive | | | |
| | Out-of-Pocket Ma | <u>kimum:</u> I | ntegrate | a win N | wearsurg | , MH/SA, | Calerius | | | |
| | Retail - Network (| Copays | | | | | | | | |
| | (Up to 30-day sup | | ed to 2 i | fills for n | naintena | nce) | | | | |
| | | 2023 | 2024 | 2025 | 2026 | 2027 | | | | |
| | Generic | N/A | \$10 | \$10 | \$10 | \$10 | | | | |
| | Preferred | N/A | \$45 | \$45 | \$45 | \$50 | | | | |
| | Non-Preferred | N/A | \$90 | \$90 | \$90 | \$100 | | | | |
| | | | | | _ | | | | | |
| | Mail Order Copay | | | | | | | | | |
| | Up to 90-day su | pply) 2023 | 2024 | 2025 | 2026 | 2027 | | | | |
| | | | | | | | | | | |
| | Generic | N/A | \$20 | \$20 | \$20 | \$20 | | | | |
| | Preferred Non-Preferred | N/A N/A | \$90 | \$90 | \$90 | \$100 | | | | |
| | I Linou-stetemed | | \$180 | \$180 | \$180 | \$200 | | | | |

Attachment A 7-29-2022 TA *KC K.C.*

| | IBEW System | m Council T | -3 Benefits | Outline Su | mmary | | |
|--|---|---|--|--------------------------|---------------------|--------------------------------|----------------------|
| Provision | Curre | nt Employe | es, 2009 Ne | w Hires, 20 ⁴ | 13 New Hire | s and 2017 | New Hires |
| | Special Person Mandat Compo Advanc Standar | tory mail order for ty pharmacy pro- al Choice – 1009 ony Generic und medication II red Control Speci rd Prescription D c Step Therapy | r maintenance R gram 6 participant-paid imitation ialty Formulary rug Formulary | x – Applies after | | ai. | |
| Employee Assistance P | Program (EAP) | in the second | Not the other | | | and the second distance of the | |
| Program | 2017 New Hires, 2 No change from cu | | 2009 New Hires | and Current Em | ployees | | |
| Visit Limit | 2017 New Hires, 2 No change from cu | | 2009 New Hires | and Current Em | ployees | | |
| Disability | Constant Constants | | | | | | |
| Program | 2013 New Hires, 2 No change from cu 2017 New Hires | 2009 New Hires a urrent program | and Current Emp | loyees | | | |
| Short Term Disability (STD) | No change from co 2013 New Hires, 2 No change from co 2017 New Hires | 2009 New Hires a | and Current Emp | loyees | | | |
| | No change from cu | | | | | | |
| Long-Term Disability (LTD) | 2013 New Hires, 2 No change from co 2017 New Hires | urrent program | and Current Emp | loyees | | | |
| Leaves of Absence (LO | No change from cu | urrent program | | | | | |
| Policy | 2017 New Hires, 2 | | | and Current Em | ployees | | |
| Types of LOAs | Midwest Leaves of 2017 New Hires, 2 No change from ci | 2013 New Hires, | | and Current Em | ployees | | |
| Dental | 100 | | | III and the second | | | |
| Program | 2017 New Hires, 2 AT&T Dental Prog Dental PPO DHMO (availab | gram (Bargained | Employees) exc | ept as provided | | | |
| Eligibility for Coverage | 2017 New Hires, 2 Eligibility for cover period. | | | | | enrolis within the | e 31-day enrollment |
| Dependent Eligibility | 2017 New Hires, 2 Effective Jan 1, 20 until the end of the |)23, dependent c | hildren will be el | igible to participa | ite in the AT&T (| Dental Program (| Bargained Employees) |
| Eligibility for Company Subsidy | 2017 New Hires, 2 Eligibility for comp enrollment period. | 2013 New Hires, | 2009 New Hires | and Current Em | ployees | | within the 31-day |
| Active (Fuli-Time) Monthly Contributions | 2017 New Hires, 2 Contributions for D | ental PPO or DF | IMO (if available) | : | | | |
| | Individual | <u>2023</u> \$9 | <u>2024</u> \$9 | 2025 \$9 | <u>2026</u> \$10 | <u>2027</u> | |
| | Individual+1 | \$19 | \$19 | \$9 | \$10 | \$10 \$21 | |
| | Family | \$30 | \$30 | \$30 | \$33 | \$33 | |

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Attachment A 7-29-2022 TA КС K.C.

| | IBEW System Council T-3 Benefits Outline Summary |
|--------------------------------------|--|
| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires |
| Active | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| (Part-Time) Monthly Contributions | Based on Scheduled hours/week: |
| montally contributions | Greater than or equal to 20 hours = 50% of full cost of coverage*. |
| | Less than 20 hours = 100% of full cost of coverage* with no Company subsidy. |
| | *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion. |
| Deductible | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | Network and ONA: \$25 per individual per year |
| | Non-Network: \$50 per individual per year |
| Annual Maximum Benefit | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | Network and ONA: \$1,750 per individual* |
| | Non-Network: \$1,300 per individual* |
| | *Not to exceed \$1,750 combined Network/Non-Network |
| Orthodontic | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Lifetime Maximum | Network and ONA: \$2,000 per individual* |
| | Non-Network: \$1,400 per individual* |
| | *Not to exceed \$2,000 combined Network/Non-Network |
| Coverage Levels | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | Dental PPO Coinsurance: |
| | Class I (Diagnostic/Preventive): |
| | Network and ONA*: 100%, deductible waived |
| | Non-Network**: 100%, deductible waived |
| | Class II (Basic restorative – fillings, extractions, periodontal treatment/maintenance): |
| | Network and ONA*: 90%, after deductible Non-Network*: 70%, after deductible |
| | Non-Network**: 70%, after deductible |
| | Class III (Major restorative - crowns, dentures, bridgework): |
| | Network and ONA*: 80%, after deductible Non-Network*: 50%, after deductible |
| | |
| | Class IV (Orthodontia): Network and ONA*: 80%, after deductible |
| | Non-Network**: 50%, after deductible |
| | Notes: |
| | *For ONA, paid at Network contracted rate. |
| Outside Natural Area | **For Non-Network paid based on reasonable and customary amounts |
| Outside Network Area (ONA) | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| () | 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 |
| Vision | |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | AT&T Vision Program (Bargained Employees) except as provided below. |
| Eligibility for Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment |
| | period. |
| Dependent Eligibility | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| серениени слугоших | 2011 How Timos, 2010 How Timos, 2000 How Timos and Outront Employees |
| | Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Vision Program (Bargained Employees) |
| Eligibility for Company | until the end of the month in which the child reaches the age of 26 regardless of marital status. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Subsidy | |
| | Eligibility for company subsidy begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period. |
| | |

Attachment A 7-29-2022 TA КС K.C.

| | IBEW System Council T-3 Benefits Outline Summary |
|--------------------------------------|--|
| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires |
| Active (Full-Time) | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Monthly Contributions | Contributions: |
| | 2023 2024 2025 2026 2027 |
| | Individual \$3.00 \$3.00 \$3.50 \$3.50 |
| | Individual+1 \$7.50 \$7.50 \$7.50 \$9.50 Family \$12.50 \$12.50 \$16.00 \$16.00 |
| | Painty \$12.50 \$12.50 \$12.50 \$10.00 \$10.00 |
| | 3. |
| Active (Part Time) | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| (Part-Time) Monthly Contributions | Based on Scheduled hours/week |
| montally contributions | Greater than or equal to 20 hours = 50% of full cost of coverage*. |
| | Less than 20 hours = 100% of full cost of coverage* with no Company subsidy. |
| | *Note: Calculation of the full part of expresses is a biset to change from time to time at the Company's dispersion |
| Coverage Levels | *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | |
| | Exam: 1 exam per 12 months |
| | Network: \$0 copay Non-Network; \$28 allowance |
| | Non-Network: \$20 allowance |
| | Frame Allowance: 1 pair per 12 months |
| | Network: \$130 allowance |
| | Non-Network: \$'30 allowance |
| | Lenses Allowance: 1 set per 12 months |
| | Network: \$0 copay/coinsurance |
| | Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100% |
| | Non-Network: \$30-\$80 allowance |
| | |
| | Contact Lenses Allowance: Allowance per 12 months • Network: \$150 allowance |
| | Network: \$150 allowance Non-Network: \$150 allowance |
| | |
| | 2 nd Pair Benefit: Allows for a 2 nd pair of glasses or contact lenses allowance after the first pair benefit is utilized, per 24 months. |
| Flexible Spending Acco | ount (FSA) |
| Plan Plan | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Flexible Spending Account Plan |
| | No change from current plan, except those that are mandated by healthcare reform legislation (PPACA). |
| Contribution | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Minimum/Maximums | |
| | No change from current plan, except those that are mandated by healthcare reform legislation (PPACA) and to annually |
| | adjust the maximum contribution amount to that permitted by law for each calendar year for which the IRS issues timely guidance such that the Company can implement the change. |
| | guidance such that the company can imperient the change. |
| Supplemental Medical | Benefits |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | AT&T CarePlus – A Supplemental Benefit Program |
| | No change from current program. |
| Monthly Contributions | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | No change from current program. |
| 1 | Note: Contribution amounts are subject to phange from time to time at the calls disacting of the Company. |
| General Benefits | Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Galleral Denelits | |
| | No change from current program, except those required to comply with healthcare reform legislation (PPACA). |
| | |
| | Company continues to retain the unilateral right to change, modify, amend and discontinue benefits offered under CarePlus. |

Attachment A 7-29-2022 TA KC K.C.

| | IBEW System Council T-3 Benefits Outline Summary |
|---------------------------------------|--|
| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires |
| Life Insurance | |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | AT&T Group Life Insurance Program for Active Employees |
| Eligibility for Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | All Coverages: Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day |
| · · · · · · · · · · · · · · · · · · · | enrollment period. |
| Dependent Eligibility | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Group Life Insurance Program for Active |
| | employees until the end of the month in which the child reaches the age of 26 regardless of marital status. |
| Active Benefits | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | No change from current program. |
| | |
| | Note: Contributions amounts are subject to annual adjustment. |
| Definition of Pay | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Dominion of Lay | No change from current program. |
| Long-Term Care | |
| Plan | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | AT&T Consolidated Long-Term Care Insurance Plan |
| Coverage | 2017 New Hires and 2013 New Hires |
| ooranago | Not available; closed to new entrants as of 5/1/2012. |
| | |
| | 2009 New Hires and Current Employees |
| | No change from current plan, except that the Company has the unilateral right to change, modify, amend and discontinue the AT&T Consolidated Long-Term Care Insurance Plan. |
| | |
| Adoption Assistance | |
| Policy | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | No change from current policy. |
| Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| - | No change from current policy. |
| Commuter | |
| Policy | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | No change from current policy. |
| Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | Pre-tax deductions for parking and mass transit. Eligible expense and monthly limits follow IRS Code Section 132 Regulations. |
| | Note: Annual adjustments apply |

| Provision | Eligible Retired Employees |
|--------------------------------------|--|
| Retiree Provisions | Effective 1/1/2023 AT&T Midwest; AT&T Corp. Eligible Retired Employees covered by Appendices D, E and F.* Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement. *Note: Appendix G Employees continue to not be eligible for post-employment benefits. |
| Medical | Trote. Appendix o Lingioyees continue to not be engine for post-employment benens. |
| Program | AT&T Midwest Eligible Former Bargained Employee Medical Program (IBEW) |
| | Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly situated active Employees except as noted in the sections below. |
| Eligible Retired Employees | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires |
| (Full-Time) Monthly Contributions | No change from current program |
| Eligible Retired Employees | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires |
| (Part-Time) Monthly Contributions | No change from current program |
| Medicare Part-B Premium | 2017 New Hires, 2013 New Hires and 2009 New Hires |
| Reimbursement | Not Eligible. |
| | Current Employees |
| | No change from current plan. |

Attachment A 7-29-2022 TA

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| travision | IBEW System Council T-3 Benefits Outline Summary |
|--|---|
| Provision | Eligible Retired Employees |
| Health Reimbursement Account (HRA) | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees None. |
| | Note: No additional Company crediting. Current employees and 2009 New Hires who have remaining account balances will continue to have access to those account balances subject to provisions of the Program. |
| Supplemental Medical I | Benefits |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Eligible Former Employee CarePlus – A Supplemental Benefit Program |
| Monthly Contributions | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. |
| | Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| General Benefits | No change from current program, except those required to comply with healthcare reform legislation (PPACA). |
| | Company continues to retain the unilateral right to change, modify, amend and discontinue benefits offered under CarePlus |
| <u>Dental</u> | |
| Program | AT&T Eligible Former Employee Dental Program (Bargained) Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly situated active Employees except as noted in the sections below. |
| Eligible Retired Employee (Full-Time) Monthly Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current program |
| Eligible Retired Employees (Part-Time) Monthly Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current plan |
| Life Insurance | |
| Eligible Retired Employees | 2017 New Hires, 2013 New Hires and 2009 New Hires |
| Basic Life | \$15,000 Retiree Basic Life |
| (Company Pald) | Current Employees |
| | 1X Annual Pay |
| | Note: For the purposes of Retiree Basic Life only, Annual Pay: Is the Employee's Rate of Pay as of 12/31/2009. Includes base wages, targeted commissions, team award, individual discretionary award, and miscellaneous pay, where applicable. |
| Supplemental Life | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires |
| (Retiree Paid) | No change from current plan.* |
| | * Contributions shall be the same as for a similarly situated active employee. |
| Definition of Pay | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. |
| Vision | |
| Eligible Retired Employees Vision Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligible Retired Employees shall be eligible to participate in the AT&T Eligible Former Employee Vision Program (formerly named the AT&T Retiree Vision Care Program) |
| Eligible Retired Employees Monthly Retiree Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current program |
| | |
| Provision | Current Employees, 2009 New Hires, 2013 New Hires, 2017 New Hires and Eligible |

| Provision | Current Employees, 2009 New Hires, 2013 New Hires, 2017 New Hires and Eligible Retired Employees |
|-------------------------|---|
| Voluntary and Ancillary | |
| Discretionary Program | AT&T Voluntary Benefits Platform (products offered as they may change from time to time). |
| | AT&T Ancillary Benefits Program (products offered as they may change from time to time). |

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| Effective Date(s) I Effective Date(s) I Eligibility For Medical, Dental, Vision, CarePlus, and Life Insurance (unless otherwise specified) | | ngram: m ained Employees) anefits Program emental Benefit P urance Program fo ogram: m ained Employees) ained Employees) ogram emental Benefit P urance Program fo | rogram r Active Empl rogram r Active Empl | | | | |
|--|---|--|--|--------------|--|------------------------|--------------|
| Eligibility For Medical, Dental, Vision, CarePlus, and Life Insurance (unless otherwise specified) | 2013 New Hires, 2009 New Hires and Follow provisions of the applicable pro Medical – AT&T Corp. Medical Progra Dental – AT&T Corp. Medical Progra Vision – AT&T Corp. Medical Progra Disability – Legacy AT&T Disability Be CarePlus – AT&T CarePlus - A Suppl Life Insurance – AT&T Group Life Insu 2017 New Hires Follow provisions of the applicable pro Medical – AT&T Corp. Medical Progra Dental – AT&T Corp. Medical Progra Dental – AT&T Corp. Medical Progra Disability – AT&T CarePlus - A Suppl Life Insurance – AT&T Group Life Insu *includes Supplemental Life and Depe ccount (HRAS) | ngram: m ained Employees) anefits Program emental Benefit P urance Program fo ogram: m ained Employees) ained Employees) ogram emental Benefit P urance Program fo | rogram r Active Empl rogram r Active Empl | | | | |
| For Medical, Dental, Vision, CarePlus, and Life Insurance (unless otherwise specified) | Follow provisions of the applicable pro Medical – AT&T Corp. Medical Progra Dental – AT&T Dental Program (Barga Vision – AT&T Vision Program (Barga Disability – Legacy AT&T Disability Be CarePlus – AT&T CarePlus - A Suppl Life Insurance – AT&T Group Life Insu 2017 New Hires Follow provisions of the applicable pro Medical – AT&T Corp. Medical Progra Dental – AT&T Corp. Medical Program Dental – AT&T Dental Program (Barga Vision – AT&T Dental Program (Barga Vision – AT&T Dental Program (Barga Disability – AT&T CarePlus - A Suppl Life Insurance – AT&T Group Life Insu *includes Supplemental Life and Depe ccount (HRAS) | ngram: m ained Employees) anefits Program emental Benefit P urance Program fo ogram: m ained Employees) ained Employees) ogram emental Benefit P urance Program fo | rogram r Active Empl rogram r Active Empl | | | | |
| Vision, CarePlus, and Life Insurance (unless otherwise specified) | Follow provisions of the applicable pro Medical – AT&T Corp. Medical Progra Dental – AT&T Dental Program (Barga Vision – AT&T Vision Program (Barga Disability – Legacy AT&T Disability Be CarePlus – AT&T CarePlus - A Suppl Life Insurance – AT&T Group Life Insu 2017 New Hires Follow provisions of the applicable pro Medical – AT&T Corp. Medical Progra Dental – AT&T Corp. Medical Program Dental – AT&T Dental Program (Barga Vision – AT&T Dental Program (Barga Vision – AT&T Dental Program (Barga Disability – AT&T CarePlus - A Suppl Life Insurance – AT&T Group Life Insu *includes Supplemental Life and Depe ccount (HRAS) | ngram: m ained Employees) anefits Program emental Benefit P urance Program fo ogram: m ained Employees) ained Employees) ogram emental Benefit P urance Program fo | rogram r Active Empl rogram r Active Empl | | | | |
| Ċ | Follow provisions of the applicable pro Medical – AT&T Corp. Medical Progra Dental – AT&T Dental Program (Barge Disability – AT&T Disability Income Pro CarePlus – AT&T CarePlus - A Suppl Life Insurance – AT&T Group Life Insu *includes Supplemental Life and Deper ccount (HRAS) | m ained Employees) ained Employees) ogram emental Benefit P urance Program fo | r Active Empl | oyees* | | | |
| | | | | | | | |
| Health Reimbursement Ac | | | WIRISI | - M.2200.723 | 94 - 14 S | | |
| | 2017 New Hires, 2013 New Hires, 200 None. | 9 New Hires and | Current Emple | oyees | | | |
| | Note: No additional Company crediting continue to have access to those access | | | | | aining account ba | alances will |
| Medical | VIII - CARDON | | | 1 | the state of the s | | |
| Dependent Eligibility | 2017 New Hires, 2013 New Hires, 200 AT&T Corp. Medical Program The Company will continue to provide No change from current program exce 2017 New Hires, 2013 New Hires, 200 No change from current program. 2017 New Hires, 2013 New Hires, 200 | fully insured cove opt as provided be D9 New Hires and D9 New Hires and | rage options s low: Current Emple Current Emple | oyees | | | - 20 |
| Subsidý | Eligibility for company subsidy begins enrollment period. | | | | enro | olls within the 31- | day |
| Active (Full-Time) Monthly Contributions | 2017 New Hires, 2013 New Hires, 200 Option 1 Individual Family | | Current Empl Contribution 2024 \$176 \$460 | • | 2026 \$195 \$510 | 2027 \$204 \$536 | |
| | | Monthly | Contribution | Amounts | | | |
| | Option 2 | 2023 | 2024 | 2025 | 2026 | 2027 | |
| | Individual | \$117 | \$125 | \$134 | \$144 | \$153 | |
| | Family | \$306 | \$327 | \$351 | \$376 | \$402 | |
| | | Monthly | Contribution | Amounts | | | |
| | Option 3 | 2023 | 2024 | 2025 | 2026 | 2027 | |
| | Individual | N/A | \$61 | \$68 | \$77 | \$86 | |
| | Family | <u>N/A</u> | \$159 | \$179 | \$201 | \$224 | |
| | 2017 New Hires, 2013 New Hires, 200 No change from current program. | 09 New Hires and | Current Empl | oyees | | | |

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| Provision | | Current | Employ | yees, 200 | 9 New H | lires, 20° | 13 New | Hires and | 1 2017 N | lew Hires | 5 |
|--------------------------|--|--|--|---|--|--|---|---|---|--|--|
| Tobacco Use Contribution | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | | | | | |
| | Tobacco | Ise Addition | nal Medical | Contribution | n. | | | | | | |
| | Employ | es and/or s | pouses/Pa | rtners who u | se tobacco | | | sponsored m | | | |
| | | | | | | | | gnated Toba and/or spous | | | |
| | | | | | | | | and of spous | | | |
| | | | | | | | | agement is c | | | |
| | participation and completion. A tobacco user is currently defined as someone who has used tobacco products once a mon or more, on average. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers and smokeless tobacco. The definitions of engagement, tobacco user and tobacco products and the terms of the Company-sponsored Tobacco | | | | | | | | | | |
| | | | | | | | | | | | |
| | Cessation program may change from time to time, at the sole discretion of the Company. The monthly contribution is show below. | | | | | | | | | | |
| | | | | | | | | | | | |
| | Additiona | Monthly Me | edical Cont | ribution for e | ach employ | ee or spous | e/partner: | | | | |
| | 2023 | 202 | | 2025 | 2026 | 2027 | 1 | | | | |
| Annual | \$0 | \$7 | | \$75 | \$75 | \$75 Current Error | lausas | | | | |
| Deductibles | | 7 mies, 201 | | 9, 2003 NGM | 111111111111111111111111111111111111111 | Current Em | noyees | | | | |
| | Option 1: | 20: | 23 | 20 | 74 | 202 | 25 | 202 | 6 | 202 | 7 |
| | | Network/ | Non- | Network/ | Non- | Network/ | Non- | Network/ | Non- | Network/ | Non- |
| | | Traditional Indemnity | Network | Traditional Indemnity | Network | Traditional Indemnity | Network | Traditional Indemnity | Network/ | Traditional Indemnity | Network |
| | Ind | \$900 | \$2,700 | \$950 | \$2,850 | \$1,000 | \$3,000 | \$1,050 | \$3,150 | \$1,100 | \$3,300 |
| | | | | | | | | | | | |
| | Fam Annual D No chang | \$1,800 eductible Prie from curre | \$5,400 ovisions: ent program | \$1,900 n. | \$5,700 | \$2,000 | \$6,000 | \$2,100 | \$6,300 | \$2,200 | \$6,600 |
| | Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De | \$5,400 ovisions: ent program eductibles v | \$1,900 n. vill be includ | \$5,700 ed in the O | \$2,000 ut-Of-Pocket | \$6,000 Maximum | \$2,100 \$ | \$6 <u>,</u> 300 | \$2,200 | |
| | Fam Annual D No chang Note: Th | \$1,800 eductible Pro e from curre e Annual De 201 | \$5,400 ovisions: ent program eductibles v | \$1,900 n. vill be includ | \$5,700 ed in the O | \$2,000 ut-Of-Pocket | \$6,000 Maximum 25 | \$2,100 \$ | \$6,300 \$6 | \$2,200 | 27 |
| | Fam Annual D No chang Note: Th Option 2: | \$1,800 eductible Pro e from curre e Annual De Annual De 200 Network/ Traditional Indemnity | \$5,400 ovisions: ent program aductibles v 23 Non- Network | \$1,900 1. vill be includ Vetwork/ Traditional Indemnity | \$5,700 ed in the Or 24 Non- Network | \$2,000 ut-Of-Pocket Network/ Traditional Indemnity | \$6,000 Maximum 25 Non- Network | \$2,100 \$ S Network/ Traditional Indemnity | \$6,300 26 Non- Network/ | \$2,200 \$2,200 Network/ Traditional Indemnity | 27 Non- Netwo |
| | Fam Annual D No chang Note: Th Option 2: | \$1,800 eductible Pro- e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 | \$5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 | \$1,900 vill be includ Network/ Traditional Indemnity \$1,750 | \$5,700 ed in the Or 24 Non- Network \$5,250 | \$2,000 ut-Of-Pocket 20 Network/ Traditional Indemnity \$1,800 | \$6,000 Maximum 25 Non- Network \$5,400 | \$2,100 \$ S Network/ Traditional Indemnity \$1,850 | \$6,300 26 Non- Network/ \$5,550 | \$2,200 \$2,200 Network/ Traditional Indemnity \$1,900 | 27 Non- Netwo \$5,70 |
| | Fam Annual D No chang Note: Th Option 2: | \$1,800 eductible Pro e from curre e Annual De Annual De 200 Network/ Traditional Indemnity | \$5,400 ovisions: ent program aductibles v 23 Non- Network | \$1,900 1. vill be includ Vetwork/ Network/ Traditional Indemnity | \$5,700 ed in the Or 24 Non- Network | \$2,000 ut-Of-Pocket Network/ Traditional Indemnity | \$6,000 Maximum 25 Non- Network | \$2,100 \$ S Network/ Traditional Indemnity | \$6,300 26 Non- Network/ | \$2,200 \$2,200 Network/ Traditional Indemnity | 27 Non- Netwo \$5,74 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: | \$1,900 1. vill be includ Network/ Traditional Indemnity \$1,750 \$3,500 | \$5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 | \$2,000 ut-Of-Pocket Network/ Traditional Indemnity \$1,800 \$3,600 | \$6,000 Maximum 25 Non- Network \$5,400 | \$2,100 \$ S Network/ Traditional Indemnity \$1,850 | \$6,300 26 Non- Network/ \$5,550 | \$2,200 \$2,200 Network/ Traditional Indemnity \$1,900 | 27 Non- Netwo \$5,70 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam | \$1,800 eductible Pri e from curre e Annual De 20 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program | s1,900 vill be includ 20 Network/ Traditional Indemnity \$1,750 \$3,500 n, except as | \$5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be | \$2,000 ut-Of-Pocket Network/ Traditional Indemnity \$1,800 \$3,600 | \$6,000 Maximum 25 Non- Neiwork \$5,400 \$10,800 | \$2,100 \$ \$ Network/ Traditional Indemnity \$1,850 \$3,700 | \$6,300 26 Non- Network/ \$5,550 \$11,100 | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 | 27 Non- Netwo \$5,7(\$11,40 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre If the cove Family Ani | \$5,400 ovisions: ent program eductibles v 23 Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc | \$1,900 vill be includ Network/ Traditional Indemnity \$1,750 \$3,500 n, except as Family, no i tible can be | s5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be ndividual ca met by one | \$2,000 ut-Of-Pocket Traditional Indemnity \$1,800 \$3,600 elow: In receive be or a combin | \$6,000 Maximum 25 Non- Network \$5,400 \$10,800 enefits until ation of co | \$2,100 \$ Network/ Traditional Indemnity \$1,850 \$3,700 the Family A vered family | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 | 27 Non- Netwo \$5,7(\$11,40 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre if the cove Family Ani The follow | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p | s1,900 n. vill be includ Petwork/ Traditional Indemnity \$1,750 \$3,500 n, except as Family, no i tible can be aid by the pa | s5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be ndividual ca met by one articipant al | \$2,000 ut-Of-Pocket Traditional Indemnity \$1,800 \$3,600 elow: In receive be or a combin | \$6,000 Maximum 25 Non- Network \$5,400 \$10,800 enefits until ation of co | \$2,100 \$ Network/ Traditional Indemnity \$1,850 \$3,700 the Family A | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 | 27 Non- Netwo \$5,7(\$11,40 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre If the cove Family An The follow Network/N | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p ion-PPO Di | s1,900 vill be includ vill be includ radiisonal Indemnity \$1,750 \$3,500 h, except as Family, no i tible can be aid by the pi eductible arr | s5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be ndividual ca met by one articipant al: bounts: | \$2,000 ut-Of-Pocket Traditional Indemnity \$1,800 \$3,600 elow: In receive be or a combin | \$6,000 Maximum 25 Non- Network \$5,400 \$10,800 enefits until nation of co ard the app | \$2,100 \$ Network/ Traditional Indernnity \$1,850 \$3,700 the Family A vered family plicable Network | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 | 27 Non- Netwo \$5,74 \$11,44 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre If the cove Family Ann The follow Network/N • Outp | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p on-PPO D atient pres- | s1,900 vill be includ 20 Network/ Traditional Indemnity \$1,750 \$3,500 n, except as Family, no i tible can be aid by the pi aid by the pi cription drug | s5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be ndividual ca met by one anticipant al: ounts: allowable of | \$2,000 ut-Of-Pocket Network/ Traditional Indemnity \$1,800 \$3,600 elow: or a combin so apply tow charges of el | \$6,000 Maximum 25 Non- Network \$5,400 \$10,800 enefits until ation of co and the app igible expe | \$2,100 \$ S Network/ Traditional Indemnity \$1,850 \$3,700 the Family A vered family policable Networks | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 | 27 Non- Netwo \$5,7(\$11,40 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre If the cove Family Ann The follow Network/N • Outp | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p on-PPO D atient pres- | s1,900 vill be includ 20 Network/ Traditional Indemnity \$1,750 \$3,500 n, except as Family, no i tible can be aid by the pi aid by the pi cription drug | s5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be ndividual ca met by one anticipant al: oounts: allowable o | \$2,000 ut-Of-Pocket Pocket Indemnity \$1,800 \$3,600 stow: an receive be or a combin so apply tow | \$6,000 Maximum 25 Non- Network \$5,400 \$10,800 enefits until ation of co and the app igible expe | \$2,100 \$ S Network/ Traditional Indemnity \$1,850 \$3,700 the Family A vered family policable Networks | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 | 27 Non- Netwo \$5,7(\$11,40 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre If the cove Family Ani The follow Network/N • Outp e Annual De | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p on-PPO D atient pres- | s1,900 vill be includ vill be includ Network/ Traditional Indemnity \$1,750 \$3,500 h, except as Family, no i tible can be eductible arr cription drug vill be includ | s5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be ndividual ca met by one anticipant al: oounts: allowable o | \$2,000 \$2,000 ut-Of-Pocket radiional Indemnity \$1,800 \$3,600 \$3,600 elow: an receive be or a combin so apply tow charges of el ut-Of-Pocket | \$6,000 Maximum 25 Non- Network \$5,400 \$10,800 enefits until ation of co and the app igible expe | \$2,100 \$2,100 S Network/ Traditional Indemnity \$1,850 \$3,700 S the Family A vered family plicable Networks s S | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 Uctible is me | 27 Non- Netwo \$5,7(\$11,40 |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre if the cove famity Ani The follow Network/N • Outp e Annual De | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p ion-PPO Di atient pres- eductibles v | s1,900 n. vill be includ readitional Indemnity \$1,750 \$3,500 n, except as Family, no i tible can be aid by the pa eductible arr cription drug vill be includ Network/ | ed in the Or 24 Non- Network \$5,250 \$10,500 provided be articipant al: ounts: allowable of ed in the Or 1024 Non- | \$2,000 \$2,000 ut-Of-Pocket Traditional Indemnity \$1,800 \$3,600 elow: or a combin so apply tow charges of elow: ut-Of-Pocket Ut-Of-Pocket Network/ | Kaximum Sacon Maximum Non- Network S5,400 S10,800 s10,800 enefits until ation of co ard the app igible expe Maximum Maximum O25 Non- | \$2,100 \$2,100 S Network/ Traditional Indemnity \$1,850 \$3,700 the Family A wered family policable Network/ s S 2/2 Network/ | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. rork/PPO/C | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 Uctible is me DNA or Non- | 27 Non- Netwo: \$5,77 \$11,40 et. The |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre If the cove famity Ani The follow Network/N e Annual De Annual De 200 Network/ Traditional Indemnity | S5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p ion-PPO Di atient pres- eductibles v 223 Non- Network | s1,900 s1,900 vill be includ vill be includ vill be includ vill be includ s1,750 s3,500 n, except as Family, no i tible can be aid by the pi eductible arr cription drug vill be includ vill be includ | s5,700 ed in the Or 24 Non- Network \$5,250 \$10,500 provided be ndividual ca met by one articipant al: sounts: allowable of ed in the Or 024 Non- Network | \$2,000 \$2,000 ut-Of-Pocket Traditional Indemnity \$1,800 \$3,600 elow: or a combin so apply tow charges of el ut-Of-Pocket Network/ Traditional Indemnity | A6,000 Aaximum Aaximum Non- Network \$5,400 \$10,800 orefits until ation of co ard the app igible expe Maximum O25 Non- Network | \$2,100 \$2,100 S Network/ Traditional Indemnity \$1,850 \$3,700 the Family A vered family plicable Network/ mses S 20 Network/ Traditional Indemnity | \$6,300 Non- Network/ \$5,550 \$11,100 Annual Ded members. orfk/PPO/C Non- Network/ | \$2,200 \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 Uctible is me DNA or Non- 22 Network/ Traditional Indemnity | 27 Non- Nstwo \$11,40 et. The 027 Non Netwo |
| | Fam Annual D No chang Note: Th Option 2: Ind Fam Annual D No chang | \$1,800 eductible Pri e from curre e Annual De 200 Network/ Traditional Indemnity \$1,700 \$3,400 eductible Pri e from curre If the cove Family Ani The follow Network/N • Outp e Annual De 200 Network/ Traditional | s5,400 ovisions: ent program eductibles v 23 Non- Network \$5,100 \$10,200 ovisions: ent program rage tier is nual Deduc ing costs p ion-PPO Di atient pres- eductibles v | s1,900 vill be includ vill be includ radiisonal Indemnity s1,750 s3,500 h, except as Family, no i tible can be eductible arr cription drug vill be includ 2 Network/ Tradiisonal | ed in the Or 24 Non- Network \$5,250 \$10,500 provided be articipant al: ounts: allowable of ed in the Or 1024 Non- | \$2,000 \$2,000 ut-Of-Pocket 20 Network/ Traditional Indemnity \$1,800 \$3,600 \$3 | Maximum Salari Maximum Salari Store St | \$2,100 \$2,100 S Network/ Traditional Indemnity \$1,850 \$3,700 S the Family A vered family plicable Network/ mses S <u>20</u> Network/ Traditional | \$6.300 Non- Network/ \$5,550 \$11,100 Annual Ded members. rork/PPO/C | \$2,200 Network/ Traditional Indemnity \$1,900 \$3,800 Uctible is me DNA or Non- NA or Non- NA or Non- | Non- Networ |

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| | Curr | ent Employe | es, 2009 N | ew Hires, 2013 New Hires and 2017 New Hires |
|-------------------------------------|--|--|--|---|
| General | 2017 New Hires, | 2013 New Hires, 2 | 2009 New Hires | and Current Employees |
| Copay/Coinsurance | Option 1 and Opt | ion 2 | | (1 |
| | | 2023- | -2027 | ו |
| | | Network/ | Non- | |
| | | Traditional Indemnity | Network | |
| | Preventive | \$0 / 0% Ded waived | No Benefit | |
| | Sickness/ Illness | \$0 / 10% After Ded | \$0 / 50% After Ded | |
| | Outing 0. | | | |
| | Option 3: | 2024 | -2027 | 1 |
| | | Network/ | Non- | |
| | | Traditional Indemnity | Network | |
| | Preventive | \$0 / 0% Ded waived | No Benefit | |
| | Sickness/ | \$0 / 30% | \$0 / 50% | 1 |
| | lilness | After Ded | After Ded | J |
| Office Visit opay / Coinsurance | 2017 New Hires, | | e Company's di 2009 New Hire: | scretion. s and Current Employees |
| | Option 1 and Opt | 2023 | 2027 | 1 |
| | | Network/ Traditional | Non- Network | |
| | Preventive | Indemnity \$0 / 0% Ded waived | No Benefit | |
| | Sickness/ | \$0 / 10% | \$0/.50% | |
| | | | After Ded | |
| | Hiness | After Ded | 74(6) 564 | |
| | | After Ded | 74101 200 | |
| | Option 3: | | | ı |
| | | | -2027 Non- | } |
| | | 2024 | -2027 | |
| 3 ⁴ | | 2024 Network/ Traditional | -2027 Non- | |
| | Option 3: Preventive Sickness/ | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% | -2027 Non- Network No Benefit \$0 / 50% | |
| Urnant Para | Option 3: Preventive Sickness/ Illness | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded | -2027 Non- Network No Benefit \$0 / 50% After Ded | and Current Employees |
| Urgent Care acliity/Professional | Option 3: Preventive Sickness/ Illness 2017 New Hires, | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, 1 tion 2: 027 | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, 1 tion 2: 027 | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional Indemnity | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- Network | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional Indemnity \$0 / 10% After Ded Option 3: | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- Network \$0 / 50% After Ded | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional Indemnity \$0 / 10% After Ded Option 3: 2024-2 | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- Network \$0 / 50% After Ded | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| Facility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional Indemnity \$0 / 10% After Ded Option 3: 2024-2 Network/ | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- Network \$0 / 50% After Ded | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| Facility/Professional | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional Indemnity \$0 / 10% After Ded Option 3: 2024-2 Network/ Traditional | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- Network \$0 / 50% After Ded | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| Facility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, 2017 New Hires, 2017 New Hires, 2017 New Hires, 2023-2 Network/ Traditional Indemnity \$0 / 10% After Ded Option 3: 2024-2 Network/ Traditional Indemnity | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- Network \$0 / 50% After Ded | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |
| acility/Professional Services | Option 3: Preventive Sickness/ Illness 2017 New Hires, Option 1 and Op 2023-2 Network/ Traditional Indemnity \$0 / 10% After Ded Option 3: 2024-2 Network/ Traditional | 2024 Network/ Traditional Indemnity \$0 / 0% Ded waived \$0 / 30% After Ded 2013 New Hires, tion 2: 027 Non- Network \$0 / 50% After Ded | -2027 Non- Network No Benefit \$0 / 50% After Ded | s and Current Employees |

| Provision | and the second second second second | 2 | a strange togt of | w Hires, 2013 New Hires and 2017 New Hires | |
|--|---|-------------------------|-------------------|--|-----|
| Emergency | 2017 New Hires, 20 | 13 New Hires, 20 | 09 New Hires | and Current Employees | |
| Room Facility/Professional | Option 1 and Option | | | | |
| Services Copay / Coinsurance | 2023-202 Network/ N | / | | | |
| copay / coinsulance | Traditional No | etwork | | | |
| | Indemnity \$0 / 10% \$0 |) / 10% | | | |
| | | iter Ded | | | |
| | Option 3: | | | | |
| | 2024-202 | | | | |
| | | on- | | | |
| | Traditional No Indemnity | etwork | | | |
| | \$0 / 30% \$0 | 0/30% | | | |
| | the second se | ter Ded | | | |
| Hospital Inpatient/Outpatient Facility/Professional | 2017 New Hires, 20 | 13 New Hires, 20 | 009 New Hires | and Current Employees | |
| Services | Option 1 and Option | | | | |
| Copay / Coinsurance | 2023-202 | | | | |
| | | on- etwork | | | |
| | Indemnity | | | | |
| | \$0 / 10% \$0 |) / 50% | | | |
| | After Ded Af | iter Ded | | | |
| | Option 3: | | | | |
| | 2024-202 | 7 | | | - 1 |
| | | on- | | | - 1 |
| | Traditional No. | etwork | | | |
| | | 0 / 50% | | | |
| | After Ded A | ter Ded | 89 | | |
| Tests | 2017 New Hires, 20 | 013 New Hires, 2 | 009 New Hires | and Current Employees | |
| (all tests including x-ray, radiology, lab test, etc) | Option 1 and Optio | n 2 [.] | | | |
| Copay / Coinsurance | | 2023- | 2027 | | |
| | | Network/ | Non- | | |
| | | Traditional | Network | | |
| | Preventive | Indemnity \$0 / 0% | No Benefit | • | |
| | | Ded waived | | | |
| | Sickness/Illness | \$0 / 10% | \$0 / 50% | | |
| | | After Ded | After Ded | J | |
| | Option 3: | 12.1 | | | |
| | | | -2027 | | |
| | | Network/ Traditional | Non- Network | | |
| | | Indemnity | NELWORK | | |
| | Preventive | \$0 / 0% | No Benefit | 1 | |
| | | Ded waived | a — a | | |
| | Sickness/Illness | \$0/30% | \$0 / 50% | | |
| | | After Ded | After Ded | 1 | |

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| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires | | | | |
|--|--|--------------------------------------|------------------------|---|--|
| Mental Health/Substance Abuse (MH/SA) | 2017 New Hires, 20 | 13 New Hires, 20 | 009 New Hires | and Current Employees | |
| Copay / Coinsurance | Option 1 and Option | n 2: | | | |
| cepty : semenation | | 2023-2 | 2027 | | |
| | | Network/ | Non- | | |
| | | Traditional Indemnity | Network | | |
| | Preventive | \$0 / 0% Ded waived | No Benefit | | |
| | Sickness/Illness | \$0 / 10% After Ded | \$0 / 50% After Ded | 1 | |
| | Option 3: 2024-2027 | | | 1 | |
| | | Network/ Traditional Indemnity | Non- Network | | |
| | Preventive | \$0 / 0% Ded waived | No Benefit | | |
| | Sickness/Illness | \$0 / 30% After Ded | \$0 / 50% After Ded | | |
| Fertility Services | | | | and Current Employees | |
| | | | | ge from time to time, subject to applicable cost-sharing provisions under | |

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| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires | | | | | | S | | | | |
|---------------------------------|--|--|--|---|---|---|---|---|--|--|--|
| Annual | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | | | | | |
| Out-of-Pocket Maximums (OOP) | | | | | | | | | | | |
| | Option 1: Out-of-Pocket Maximum Amounts | | | | | | | | | | |
| | (including Annual Deductible) | | | | | | | | | | |
| | | 202 | 23 | 2024 | | 20 | 2025 | | 2026 | | 7 |
| | | Network/ Traditional | Non- Network | Network/ Traditional | Non- Network | Network/ Traditional | Non- Network | Network/ Traditional | Non- Network | Network/ Traditional | Non- Network |
| | Ind | Indemnity \$3,750 | \$11,250 | Indemnity \$4,000 | \$12,000 | Indemnity \$4,200 | \$12,600 | Indemnity \$4,400 | \$13,200 | Indemnity \$4,600 | \$13,800 |
| | Family | \$7,500 | \$22,500 | \$8,000 | \$24,000 | \$8,400 | \$25,200 | \$8,800 | \$26,400 | \$9,200 | \$27,60 |
| | (Integrated Med/Surg, MH/SA) Out-of-Pocket Maximum provisions: No change from current program, except as provided below; The following additional costs paid by the participant apply toward the applicable Network/Traditional Indemnity or Non- | | | | | | | | | | |
| | Option 2 | | | | | | | | | | |
| | Out-of-Pocket Maximum Amounts (including Annual Deductible) | | | | | | | | | | |
| | 2023 | | 2024 202 | | 25 202 | | 26 2027 | | | | |
| | | Network/ Traditional Indemnity | Non- Network | Network/ Traditional Indemnity | Non- Network | Network/ Traditional Indemnity | Non- Network | Network/ Traditional Indemnity | Non- Network | Network/ Traditional Indemnity | Non- Networ |
| | Ind | \$7,000 | \$21,000 | \$7,100 | \$21,300 | \$7,200 | \$21,600 | \$7,300 | \$21,900 | \$7,400 | \$22,200 |
| | Family | \$14,000 | \$42,000 | \$14,200 | \$42,600 | \$14,400 | \$43,200 | \$14,600 | \$43,800 | \$14,800 | \$44,40 |
| | (Integrate | | Surg, Rx, M | | riusj | | | | | | |
| | Out-of-Pe If the cov the Allow Expense: Network/ met. The follow | ocket Maxim erage tier is able Charge s for Network Traditional Ir wing additior Out-of-Pock Deductible Coinsuran Outpatient | um provisio Family, the s for Eligib (Traditiona demnity In nal costs pa tet Maximur s ce | ons: applicable i le Expenses al Indemnity dividual Out | Family Out except th Services fo -Of-Pocket nticipant ap able charg Out-of-Po | at the Progra or an individu Maximum, d oply toward t es for eligibl ocket Maxim | am will pay Jal family n even if the he applicat e expense: hum Amoun | 100% of the sember once Family Out-O ole Network/T s | Allowable the individ of-Pocket I | Program pay Charges for Jual meets th Maximum ha Indemnity or | Eligible e s not bee |
| | Out-of-Pe If the cov the Allow Expense: Network/ met. The follow Network | ocket Maxim erage tier is able Charge s for Network Traditional Ir wing additior Out-of-Pock Deductible Coinsuran Outpatient | Family, the s for Eligib (Tradition demnity In hal costs pa et Maximur s ce prescriptio | ons; e applicable i le Expenses al Indemnity idividual Out aid by the pa n amounts; n drug allow | Family Out except th Services fo -Of-Pocket nicipant ap able charg Out-of-Pr (includ | at the Progra or an individu Maximum, oply toward t es for eligibl ocket Maxim ing Annual I | am will pay Jal family rr even if the he applicat e expenses jum Amour Deductible) | 100% of the sember once Family Out-O ole Network/ s | Allowable the indivic Df-Pocket I Fraditional | Charges for Jual meets th Maximum ha Indemnity or | Eligible e s not bee |
| | Out-of-Pe If the cov the Allow Expense: Network/ met. The follow Network | ocket Maxim erage tier is able Charge s for Networt Traditional Ir wing additior Out-of-Pock Deductible Coinsuran Outpatient | Family, the s for Eligib (Tradition demnity In hal costs pa et Maximur s ce prescriptio | ons: e applicable i le Expenses al Indemnity idividual Out aid by the pa n amounts: on drug allow 20 | Family Out except th Services fo -Of-Pocket nicipant ap able charg Out-of-Pr (includ | at the Progra or an individu Maximum, - oply toward t es for eligibl ocket Maxim ing Annual I | am will pay ual family n even if the he applicat e expense: oum Amour Deductible) | 100% of the sember once Family Out-O ole Network/ s | Allowable the indivic of-Pocket I Fraditional | Charges for Jual meets th Maximum ha Indemnity or | Eligible e s not bee Non- 27 |
| | Out-of-Pe If the cov the Allow Expense Network/ met. The follor Network • • • • • • | ocket Maxim erage tier is able Charge s for Network Traditional Ir wing additior Out-of-Pock Deductible Coinsuran Outpatient | Family, the s for Eligib (Tradition demnity In hal costs pa et Maximur s ce prescriptio | ons; e applicable i le Expenses al Indemnity idividual Out aid by the pa n amounts; n drug allow 20 Network/ Traditional Indemnity | Family Out except th Services fo -Of-Pocket rticipant ap able charg Out-of-Pr (includ 24 Non- Network | at the Progra or an individe Maximum, - oply toward t es for eligibl ocket Maxim ing Annual I exempt/ Traditional Indemnity | am will pay ual family rr even if the he applicat e expenses um Amour Deductible) 125 Non- Network | 100% of the tember once Family Out-O ble Network/ s ts 20 Network/ Traditional Indemnity | Allowable the indivic Of-Pocket I Fraditional 25 | Charges for Jual meets th Maximum ha Indemnity or Indemnity of Network/ Traditional Indemnity | Eligible e s not bee Non- 27 |
| | Out-of-Pe If the cov the Allow Expense: Network/ met. The follow Network | Cocket Maxim erage tier is able Charge s for Network Traditional Ir wing addition Out-of-Pock Deductible Coinsuran Outpatient | Improvision Family, the s for Eligib (/Traditional ademnity in hal costs part et Maximur s ce prescription 233 Non- | ons: a applicable i le Expenses al Indemnity idividual Out aid by the pa n amounts: on drug allow 20 Network/ Traditional | Family Out , except th Services fo -Of-Pocket nticipant ap able charg Out-of-Po (includ 24 | at the Progra or an individu Maximum, - oply toward t es for eligibl ocket Maxim ing Annual I <u>20</u> Network/ Traditional | am will pay Jal family rr even if the he applicat e expenses uum Amour Deductible) | 100% of the sember once Family Out-O ble Network/ s ts 200 Network/ Tradifional | Allowable the indivic Of-Pocket I Fraditional 25 | Charges for Jual meets th Maximum ha Indemnity or Indemnity or 20 Network/ Traditional | Eligible e s not bee Non- 27 Non- |

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IBEW System Council T-3 Benefits Outline Summary 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees **Prescription Drug** Program (Rx) Option 1: Deductible: None Out-of-Pocket Maximum 2023 2024 2025 2026 2027 Ind \$1,700 \$1,700 \$1,800 \$1,900 \$1,800 Fam \$3,400 \$3,400 \$3,600 \$3,600 \$3,800 Retail - Network Copays: (Up to 30-day supply, limited to 2 fills for maintenance) 2023 2024 2025 2026 2027 \$10 \$10 \$10 \$10 \$40 \$45 \$45 \$45 \$10 Generic Preferred \$50 \$100 Non-Preferred \$80 \$90 \$90 \$90 Retail - Non-Network Copays Participant pays the greater of the applicable Network copay or balance remaining after the program pays 75% of network retail cost. Mail Order Copays: (Up to 90-day supply) 2023 2024 2025 2026 2027 Generic \$20 \$20 \$20 \$20 \$20 Preferred \$80 \$90 \$90 \$90 \$100 Non-Preferred \$160 \$180 \$180 \$180 \$200 Option 2: Deductible: Integrated with Med/Surg, MH/SA, CarePlus Out-of-Pocket Maximum: Integrated with Med/Surg, MH/SA, CarePlus Retail - Network Copays: (Up to 30-day supply, limited to 2 fills for maintenance) 2023 2024 2025 2026 2027 Generic \$10 \$10 \$10 \$10 \$10 Preferred \$40 \$45 \$45 \$45 \$50 Non-Preferred \$80 \$90 \$90 \$90 \$100 Mail Order Copays: (Up to 90-day supply) 2026 2023 2024 2025 2027 \$20 \$20 \$20 \$20 \$20 Generic Preferred \$80 \$90 \$90 \$90 İ \$100 Non-Preferred \$160 \$180 \$180 \$180 \$200 Option 3: Deductible: Integrated with Med/Surg, MH/SA, CarePlus Out-of-Pocket Maximum: Integrated with Med/Surg, MH/SA, CarePlus Retail - Network Copays (Up to 30-day supply, limited to 2 fills for maintenance) 2023 2024 2025 2026 2027 N/A \$10 \$10 \$10 \$10 Generic Preferred N/A \$45 \$50 T \$45 \$45 Non-Preferred N/A \$90 \$90 \$90 \$100 Mail Order Copays: (Up to 90-day supply) 2023 2024 2025 2026 2027 N/A \$20 \$20 \$20 \$20 Generic Preferred N/A \$90 \$90 \$90 \$100 Non-Preferred N/A \$180 \$180 \$180 \$200

The following provisions will continue to apply to Option 1 and Option 2:

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IBEW System Council T-3 Benefits Outline Summary

| Provision | Curren | nt Employee | es, 2009 Ne | w Hires, 20 [°] | 13 New Hire | es and 2017 | New Hires |
|--|---|--|--|--------------------------|-------------------|--------------------|----------------------|
| | Specialty Personal Mandato Compou Advance Standarc | pharmacy prog | participant-paid mitation alty Formulary | | second fill at re | tail. | |
| 12 ¹ | Option 3: Follow Op | tion 1 and Optic | n 2 provisions | | | | |
| Employee Assistance Pro | | and the second second | 3063 | | | PIE ST | SUDAYS |
| Program | 2017 New Hires, 20 No change from cu | | 2009 New Hires | and Current Em | bloyees | | |
| Visit Limit | 2017 New Hires, 20 No change from cu | | 2009 New Hires | and Current Em | oloyees | | |
| Disability | | | | AN LO | | O_ W2TD// | |
| Program | 2013 New Hires, 20 No change from cu | | nd Current Emp | oyees | | | |
| | 2017 New Hires No change from cu | | | | | | |
| Short Term Disability (STD) | 2013 New Hires, 20 No change from cur 2017 New Hires. | | nd Current Emp | oyees | | | |
| Long-Term Disability (LTD) | No change from cu 2013 New Hires, 20 No change from cu | 09 New Hires a | nd Current Emp | oyees | | | |
| | 2017 New Hires No change from cu | rent program | | | | | |
| Dental | | MANUTED | | | M | 10152 <u>10</u> | |
| Program | 2017 Hires, 2013 I AT&T Dental Prog Dental PPO DHMO (availab) | am (Bargained I | Employees) exc | ept as provided | | | |
| Eligibility for Coverage | 2017 New Hires, 20 Eligibility for covera | | | | | enrolls within the | 31-day enrollment |
| Dependent Eligibility | period. 2017 New Hires, 20 | | | M M | | | |
| | | | | | | | Bargained Employees) |
| Eligibility for Company Subsidy | until the end of the month in which the child reaches the age of 26 regardless of marital status. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligibility for company subsidy begins on the employee's date of hire, provided the employee enrolls within the 31-day | | | | | | |
| | enroliment period. | ny subsidy begi | ns on the employ | vee sloate of hire | provided the e | mpioyee enroiis v | vitnin the 31-day |
| Active (Full-Time) Monthly Contributions | 2017 New Hires, 2 Contributions for De | | | | iployees | | 8 |
| | Individual | 2023 \$9 | 2024 | 2025 \$9 | 2026 \$10 | 2027 \$10 | |
| | Individual+1 | \$19 | \$19 | \$19 | \$21 | \$21 | |
| Active (Part-Time) Monthly Contributions | Family 2017 New Hires, 20 Based on Schedule | | \$30 2009 New Hires | \$30 and Current Em | \$33 ployees | \$33 | |
| | Greater than or ea Less than 20 hour | ual to 20 hours | | | any subsidy | | |
| Deductible | *Note: Calculation of 2017 New Hires, 20 | | | | | at the Company' | s discretion. |
| | Network and ONA: Non-Network: | \$25 per individu \$50 per individu | | | | | |

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| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| Annual | | | | | | | |
| Maximum Benefit | | | | | | | |
| | Network and ONA: \$1,750 per individual* Non-Network \$1,300 per individual* | | | | | | |
| | *Not to exceed \$1,750 combined Network/Non-Network | | | | | | |
| Orthodontic | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | |
| Lifetime Maximum | Network and ONA: \$2,000 per individual* | | | | | | |
| | Non-Network: \$1,400 per individual* | | | | | | |
| | *Not to exceed \$2,000 combined Network/Non-Network | | | | | | |
| Coverage Levels | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | |
| | Dental PPO Coinsurance: | | | | | | |
| | Class I (Diagnostic/Preventive): | | | | | | |
| | Network and ONA*: 100%, deductible waived Non-Network**: 100%, deductible waived | | | | | | |
| | Class II (Basic restorative – fillings, extractions, periodontal treatment/maintenance): | | | | | | |
| | Network and ONA*: 90%, after deductible | | | | | | |
| | Non-Network**: 70%, after deductible | | | | | | |
| | Class III (Major restorative crowns, dentures, bridgework): | | | | | | |
| | Network and ONA*: 80%, after deductible Non-Network** 50%, after deductible | | | | | | |
| | Clean IV (Othedania) | | | | | | |
| | Class IV (Orthodontia): Network and ONA*: 80%, after deductible | | | | | | |
| | Non-Network**: 50%, after deductible | | | | | | |
| | Notes: | | | | | | |
| | *For ONA, paid at Network contracted rate. **For Non-Network paid based on reasonable and customary amounts | | | | | | |
| Outside Network Area (ONA) | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | |
| | 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 | | | | | | |
| Vision | | | | | | | |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Vision Program (Bargained Employees) except as provided below. | | | | | | |
| | | | | | | | |
| Eligibility for Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | |
| | Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment | | | | | | |
| Dependent Eligibility | period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | |
| | Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Vision Program (Bargained Employees) | | | | | | |
| | until the end of the month in which the child reaches the age of 26 regardless of marital status. | | | | | | |
| Eligibility for Company Subsidy | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | |
| oubsidy | Eligibility for company subsidy begins on the employee's date of hire, provided the employee enrolls within the 31-day | | | | | | |
| Active | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees | | | | | | |
| (Full-Time) | | | | | | | |
| Monthly Contributions | Contributions: | | | | | | |
| | 2023 2024 2025 2026 2027 | | | | | | |
| | Individual \$3.00 \$3.00 \$3.50 \$3.50 Individual+1 \$7.50 \$7.50 \$7.50 \$9.50 | | | | | | |
| | Family \$12.50 \$12.50 \$12.50 \$16.00 | | | | | | |
| | | | | | | | |
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| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires |
|--|--|
| Active | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| (Part-Time) | |
| Monthly Contributions | Based on Scheduled hours/week: |
| | Greater than or equal to 20 hours = 50% of full cost of coverage*. |
| | Less than 20 hours = 100% of full cost of coverage* with no Company subsidy. |
| | *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion, |
| Coverage Levels | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | |
| | Exam: 1 exam per 12 months |
| | Network: \$0 copay Non-Network: \$28 allowance |
| | • NUI-Network. \$20 anowalice |
| | Frame Allowance: 1 pair per 12 months |
| | Network: \$130 allowance |
| | Non-Network: \$ 30 allowance |
| | |
| | Lenses Allowance: 1 set per 12 months |
| | Network: \$0 copay/coinsurance Original Trifogel Legitaria Processing & Delegation to 400% |
| | Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100% Non-Network: \$30-\$80 allowance |
| | • NON-INELWORK, \$30-\$00 SHOWARCE |
| | Contact Lenses Allowance: Allowance per 12 months |
| | Network: \$150 allowance |
| | Non-Network: \$150 allowance |
| | |
| | 2 nd Pair Benefit: Allows for a 2 nd pair of glasses or contact lenses allowance after the first pair benefit is utilized, per 24 months. |
| exible Spending Accou | |
| Plan | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Fidi | AT&T Flexible Spending Account Plan |
| | er en en er |
| | No change from current plan, except those that are mandated by healthcare reform legislation (PPACA). |
| Contribution | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| Minimum/Maximums | |
| | No change from current plan, except those that are mandated by healthcare reform legislation (PPACA) and to annually |
| | adjust the maximum contribution amount to that permitted by law for each calendar year for which the IRS issues timely guidance such that the Company can implement the change. |
| | goldarce such that the company can implement the change. |
| upplemental Medical B | enefits |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | AT&T CarePlus – A Supplemental Benefit Program |
| | No change from current program, |
| Monthly Contributions | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | No change from current program. |
| | |
| A. 15 - | Note: Controlling amounts are subject to change from time to time at the sole discretion of the Company. |
| General Benefits | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program, except those required to comply with healthcare reform legislation (PPACA). |
| | No change nom current program, except mose required to comply with nearlineare reform registration (FPACA). |
| | Company continues to retain the unitateral right to change, modify, amend and discontinue benefits offered under CarePlus |
| fe Insurance | |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | AT&T Group Life Insurance Program for Active Employees |
| Eligibility for Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | |
| Englosing for Cortinage | |
| | |
| | All Coverages: Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period. |
| Dependent Eligibility | |
| | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Group Life Insurance Program for Active |
| Dependent Eligibility | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Group Life Insurance Program for Active employees until the end of the month in which the child reaches the age of 26 regardless of marital status. |
| Dependent Eligibility | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Group Life Insurance Program for Active employees until the end of the month in which the child reaches the age of 26 regardless of marital status. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. |
| Dependent Eligibility Active Benefits | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Group Life Insurance Program for Active employees until the end of the month in which the child reaches the age of 26 regardless of marital status. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. Note: Contributions amounts are subject to annual adjustment. |
| Dependent Eligibility | enrollment period. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Effective Jan 1, 2023, dependent children will be eligible to participate in the AT&T Group Life Insurance Program for Active employees until the end of the month in which the child reaches the age of 26 regardless of marital status. 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. |

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IBEW System Council T-3 Benefits Outline Summary

| Provision | Current Employees, 2009 New Hires, 2013 New Hires and 2017 New Hires |
|---------------------|--|
| Plan | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Consolidated Long-Term Care Insurance Plan |
| Coverage | 2017 New Hires and 2013 New Hires Not available; closed to new entrants as of 5/1/2012. |
| | 2009 New Hires and Current Employees No change from current plan, except that the Company has the unilateral right to change, modify, amend and discontinue the AT&T Consolidated Long-Term Care Insurance Plan. |
| Adoption Assistance | |
| Policy | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | No change from current policy. |
| Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy. |
| Commuter | |
| Policy | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current policy. |
| Coverage | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees |
| | Pre-tax deductions for parking and mass transit. Eligible expense and monthly limits follow IRS Code Section 132 Regulations. |
| | Note: Annual adjustments apply. |
| | |

| Provision | Eligible Retired Employees |
|--|--|
| Retiree Provisions | Effective 1/1/2023 for AT&T National: Applicable for the term of the Agreement to Eligible Retired Employees who terminate during the term of the Agreement. |
| Medical | |
| Program | AT&T Corp. Eligible Former Bargained Employee Medical Program Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly situated active Employees except as noted in the sections below. |
| Eligible Retired Employees (Full-Time) Monthly Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current program |
| Eligible Retired Employees (Part-Time) Monthly Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current program |
| Medicare Part-B Premium Reimbursement | 2017 New Hires, 2013 New Hires and 2009 New Hires Not Eligible. Current Employees No change from current plan. |
| Health Reimbursement Account (HRA) | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees None. Note: No additional Company crediting. Current employees and 2009 New Hires who have remaining account balances will continue to have access to those account balances subject to provisions of the Program. |
| Supplemental Medical Be | nefits |
| Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees AT&T Eligible Former Employee CarePlus – A Supplemental Benefit Program |
| Monthly Contributions | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company. |
| General Benefits | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program, except those required to comply with healthcare reform legislation (PPACA). |

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| Provision | Eligible Retired Employees | | | | |
|--|--|--|--|--|--|
| Dental | | | | | |
| Program | AT&T Eligible Former Employee Dental Program (Bargained) Eligible Retired Employees shall be eligible to participate in the same choice of options and provisions as similarly s active Employees except as noted in the sections below. | | | | |
| Eligible Retired Employee (Full-Time) Monthly Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current program | | | | |
| Eligible Retired Employees (Part-Time) Monthly Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current plan | | | | |
| Life Insurance | | | | | |
| Eligible Retired Employees Basic Life (Company Paid) | 2017 New Hires, 2013 New Hires and 2009 New Hires \$15,000 Retiree Basic Life Current Employees 1X Annual Pay Note: For the purposes of Retiree Basic Life only, Annual Pay: Is the Employee's Rate of Pay as of 12/31/2009. Includes base wages, targeted commissions, team award, individual discretionary award, and miscellaneous pay, where applicable | | | | |
| Supplemental Life (Retiree Paid) | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current plan." *Contributions shall be the same as for a similarly situated active employee. | | | | |
| Definition of Pay | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees No change from current program. | | | | |
| Vision | | | | | |
| Eligible Retired Employees Vision Program | 2017 New Hires, 2013 New Hires, 2009 New Hires and Current Employees Eligible Retired Employees shall be eligible to participate in the AT&T Eligible Former Employee Vision Program (formerly named the AT&T Retiree Vision Care Program) | | | | |
| Eligible Retired Employees Monthly Retiree Contributions | Current Employee, 2009 New Hires, 2013 New Hires and 2017 New Hires No change from current program | | | | |

| Provision | Current Employees, 2009 New Hires, 2013 New Hires, 2017 New Hires and Eligible Retired Employees |
|-------------------------|---|
| Voluntary and Ancillary | |
| Discretionary Program | AT&T Voluntary Benefits Platform (products offered as they may change from time to time) |
| | AT&T Ancillary Benefits Program (products offered as they may change from time to time). |