**HEALTHCARE TABLES:**

|  |
| --- |
| **Option 1 Health Plan** Monthly Contributions and Plan Design 2021 - 2024 |
|  | 2021 | 2022 | 2023 | 2024 |
| **Monthly Contributions for Current Employees** (Hired/Re-hired/Transferred before January 1, 2021) |
| Employee Only | $122 | $127 | $133 | $139 |
| & Spouse | $344 | $359 | $374 | $392 |
| & Child(ren) | $215 | $224 | $234 | $245 |
| & Family | $370 | $385 | $402 | $422 |
| **Annual In-Network Medical Deductible** |
| Employee Only | $750 | $800 | $850 | $900 |
| All Other Tiers | $1,500 | $1,600 | $1,700 | $1,800 |
| **In-Network Medical Coinsurance** |
| All Tiers | 10% |
| **Annual In-Network Medical Out-of-Pocket Maximum** (Includes Payments Toward Annual Deductible) |
| Employee Only | $3,750 | $4,000 | $4,250 | $4,500 |
| All Tiers | $7,500 | $8,000 | $8,500 | $9,000 |
| **Annual In-Network Prescription Drug Deductible** |
| All Tiers | None |
| **Prescription Drug Coinsurance with Capped Dollar Amounts** |
| Generic | 10% of the total cost up to $50 (Retail), $100 (Mail Order) |
| Preferred Brand | 10% up to $100 (Retail), $200 (Mail Order) |
| Non-Preferred  | 20% |
| **Prescription Drug Out-of-Pocket Maximum** |
| Employee Only | $1,300 | $1,500 | $1,700 | $1,700 |
| All Other Tiers | $2,600 | $3,000 | $3,400 | $3,400 |

|  |
| --- |
| **Option 2 Health Plan** Monthly Contributions and Plan Design 2021 - 2024 |
|  | 2021 | 2022 | 2023 | 2024 |
| **Monthly Contributions for Current Employees** (Hired/Re-hired/Transferred before January 1, 2021) |
| Employee Only | $82 | $87 | $93 | $99 |
| & Spouse | $231 | $246 | $262 | $280 |
| & Child(ren) | $144 | $153 | $164 | $174 |
| & Family | $248 | $264 | $282 | $300 |
| **Annual In-Network Medical Deductible** |
| Employee Only | $1,300 | $1,350 | $1,400 | $1,450 |
| All Other Tiers | $2,600 | $2,700 | $2,800 | $2,900 |
| **In-Network Medical Coinsurance** |
| All Tiers | 10% |
| **Annual In-Network Medical Out-of-Pocket Maximum** (Includes Payments Toward Annual Deductible) |
| Employee Only | $6,450 | $6,650 | $6,750 | $6,900 |
| All Tiers | $12,900 | $13,300 | $13,500 | $13,800 |
| **Annual In-Network Prescription Drug Deductible** |
| All Tiers | Shared with Medical Deductible |
| **Prescription Drug Coinsurance with Capped Dollar Amounts** |
| Generic | 10% of the total cost up to $50 (Retail), $100 (Mail Order) |
| Preferred Brand | 10% up to $100 (Retail), $200 (Mail Order) |
| Non-Preferred  | 20% |
| **Prescription Drug Out-of-Pocket Maximum** |
| All Tiers | Shared with Medical Out-of-Pocket Maximum |

|  |
| --- |
| **Option 3 Health Plan**: Monthly Contributions and Plan Design 2021 - 2024 |
|  | 2021 | 2022 | 2023 | 2024 |
| **Monthly Contributions for Current Employees** (Hired/Re-hired/Transferred before January 1, 2021) |
| Employee Only | $18 | $24 | $30 | $36 |
| & Spouse | $50 | $68 | $86 | $103 |
| & Child(ren) | $31 | $43 | $53 | $64 |
| & Family | $54 | $74 | $92 | $110 |
| **Annual In-Network Medical Deductible** |
| Employee Only | $3,000 |
| All Other Tiers | $6,000 |
| **In-Network Medical Coinsurance** |
| All Tiers | 20% |
| **Annual In-Network Medical Out-of-Pocket Maximum** (Includes Payments Toward Annual Deductible) |
| Employee Only | $6,650 | $6,650 | $6,750 | $6,900 |
| All Tiers | $13,300 | $13,300 | $13,500 | $13,800 |
| **Annual In-Network Prescription Drug Deductible** |
| All Tiers | Shared with Medical Deductible |
| **Prescription Drug Coinsurance with Capped Dollar Amounts** |
| Generic | 20% of the total cost up to $50 (Retail), $100 (Mail Order) |
| Preferred Brand | 20% up to $100 (Retail), $200 (Mail Order) |
| Non-Preferred  | 20% |
| **Prescription Drug Out-of-Pocket Maximum** |
| All Tiers | Shared with Medical Out-of-Pocket Maximum |

Monthly Surcharges

The following monthly surcharges previously established under the Nationally Bargained Benefit Plan in 2016 will be increased as shown.

1. Tobacco​ ​Surcharge:​​ ​Smokers​ ​will​ ​self-identify​ ​in​ ​open​ ​enrollment.​ ​The​ ​surcharge will​ ​be​ ​waived​ ​if​ ​the​ ​employee​ ​enrolls​ ​in​ ​a​ ​free​ ​smoking​ ​cessation​ ​program.
2. Working​ ​Spouse / ​Partner​ ​Surcharge:​​ ​The​ ​surcharge​ ​will​ ​be​ ​waived​ ​if employee​ ​attests​ ​that​ ​their​ ​partner​ ​does​ ​not​ ​have​ ​access​ ​to​ ​other employer-based​ ​coverage

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Working Spouse / Partner Surcharge | $100 | $100 | $115 | $125 |
| Tobacco Use Surcharge | $60 | $65 | $70 | $75 |

Dental and Vision Benefits

The out-of-pocket plan provisions of the AT&T Dental and Vision programs will remain unchanged. Monthly contributions to coverage will increase to the amounts below for the duration of the agreement (plan years 2021 to 2024).

|  |  |  |
| --- | --- | --- |
|  | Dental PPO / DHMO | Vision Program |
| Employee Only | $10 | $4 |
| & 1 Dependent | $20 | $8 |
| & Family | $32 | $13 |

Medical and Prescription Drug Coverage

Under this agreement, all employees hired between January 1, 2017 and January 1, 2021 will be eligible for reduced contributions towards the health care plans. This will result in an estimated savings to these members  of approximately $474 per employee per year on average.

For current members, plan costs have been bargained to increase each year to reflect the overall cost of health care and maintain our current share of plan costs. The charts on the following pages show the plan design details for each year of the agreement.

The prescription drug plan has a new formula to determine member costs. Members will now pay a percentage of the total cost for prescription drugs instead of a flat dollar amount. These percentage-based charges will also have a dollar maximum cap to prevent excessive cost to members. Data received in bargaining indicates that under this new design, the average price paid by members for a 30-day generic prescription will be reduced from $10 to $3.40 in the Option 1 and Option 2 plans (after deductible is met in the Option 2 plan). The average price paid by members for a 30-day preferred brand prescription will be reduced from $35 to $27.90 (after the deductible is met in the Option 2 plan).