

**AT&T Benefit Design
Resource Document – Mobility
Plan Year 2012**

Benefit/Provisions	Mobility (2012)																																																
Active Medical																																																	
Plan	Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees (aka "Mobility National Bargained Plan") <ul style="list-style-type: none"> • POS • ONA 																																																
Eligibility for Company Subsidy	New Hires are eligible for Company subsidy as of the 1 st of the month following 6 months of net credited service (NCS) Note: Employees hired during 2009 (through 12/31/09) will be permitted to have the current 1 month wait for subsidy; New Hires for 6 month wait will be those hired on/after 1/1/2010.																																																
HRA	None																																																
Contributions	For 2012*: Incumbent Employees and New Hires on/after 1/1/2009**: <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><u>2012</u></td> </tr> <tr> <td>Employees</td> <td style="text-align: center;">\$68</td> </tr> <tr> <td>Employee + 1</td> <td style="text-align: center;">\$123</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$177</td> </tr> </table> Notes: *Contribution amounts subject to annual adjustments based on new premium equivalent rates. ** In 2012, Incumbent Employees and New Hires have the same contribution amounts (13% of total-cost share)		<u>2012</u>	Employees	\$68	Employee + 1	\$123	Family	\$177																																								
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Deductible	For 2010 – 2012: <u>Network/ONA</u> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">% of Base <u>Wages*</u></td> <td style="text-align: center;"><u>Max*</u></td> </tr> <tr> <td>Employee</td> <td style="text-align: center;">0.5%</td> <td style="text-align: center;">\$500</td> </tr> <tr> <td>Employee +1</td> <td style="text-align: center;">1.0%</td> <td style="text-align: center;">\$1,000</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">1.5%</td> <td style="text-align: center;">\$1,500</td> </tr> </table> (integrated Med/Surg, Rx, MH/SA) <u>Non-Network</u> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">% of Base <u>Wages*</u></th> <th style="text-align: center;"><u>Max*</u></th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td style="text-align: center;">1.5%</td> <td style="text-align: center;">\$1,500</td> </tr> <tr> <td>Employee +1</td> <td style="text-align: center;">3.0%</td> <td style="text-align: center;">\$3,000</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">4.5%</td> <td style="text-align: center;">\$4,500</td> </tr> </tbody> </table> (integrated Med/Surg, Rx, MH/SA) *Actual Deductibles will be determined by utilizing actual plan costs, annual premiums and annual OOP maximums.		% of Base <u>Wages*</u>	<u>Max*</u>	Employee	0.5%	\$500	Employee +1	1.0%	\$1,000	Family	1.5%	\$1,500		% of Base <u>Wages*</u>	<u>Max*</u>	Employee	1.5%	\$1,500	Employee +1	3.0%	\$3,000	Family	4.5%	\$4,500																								
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Coinsurance	<u>Network/ONA</u> : Preventive \$0/0%, Ded. waived Sickness/ Illness \$0/10%, after Ded. <u>Non-Network</u> : \$0/20%, after Ded.																																																

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Office Visit Copay / Coinsurance	<p><u>Network/ONA:</u> Preventive \$0/0%, Ded. waived Sickness/ Illness \$0/10%, after Ded.</p> <p><u>Non-Network:</u> \$0/20%, after Ded.</p>												
Emergency Room Facility/ Professional Services Copay / Coinsurance	<p><u>Emergency</u> <u>Network/ONA:</u> \$0/10%, after Ded. <u>Non-Network:</u> \$0/10%, after Ded.</p> <p><u>Non-Emergency</u></p> <table style="margin-left: 40px;"> <tr> <td><u>Network/ONA</u></td> <td><u>Non-Network</u></td> </tr> <tr> <td>\$0/10%, after Ded</td> <td>\$100/20%, after Ded</td> </tr> </table>	<u>Network/ONA</u>	<u>Non-Network</u>	\$0/10%, after Ded	\$100/20%, after Ded								
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\$0/10%, after Ded	\$100/20%, after Ded												
Hospital Inpatient/ Outpatient Facility/Professional Services Copay / Coinsurance	<p><u>In Network/ONA:</u> \$0/10% after Ded. <u>Non-Network:</u> \$35/20%, after Ded.</p>												
Diagnostic Tests (all tests including x-ray, radiology, lab test, etc) Copay / Coinsurance	<p><u>Network/ONA:</u> \$0/10%, after Ded. <u>Non-Network:</u> \$0/20%, after Ded.</p>												
Prescription Drugs Copays	<p><u>Annual Deductible</u> Integrated with med/surgical</p> <p><u>Annual Out-of-Pocket Maximum</u> Integrated with med/surgical</p> <p><u>For 2010 – 2012:</u> <u>Retail (up to 30 days) – Network Copays*</u></p> <table style="margin-left: 40px;"> <tr> <td>Generic</td> <td>\$8</td> </tr> <tr> <td>Formulary</td> <td>\$17</td> </tr> <tr> <td>Non-formulary</td> <td>\$35</td> </tr> </table> <p><u>Mail Order (up to 90 days) – Copays*</u></p> <table style="margin-left: 40px;"> <tr> <td>Generic</td> <td>\$17</td> </tr> <tr> <td>Formulary</td> <td>\$35</td> </tr> <tr> <td>Non-formulary</td> <td>\$70</td> </tr> </table> <p>*Note: Copays escalators <u>do not apply</u></p> <p>Rx Program Includes:</p> <ul style="list-style-type: none"> • Personal Choice – Applies • Mandatory Generic – Applies 	Generic	\$8	Formulary	\$17	Non-formulary	\$35	Generic	\$17	Formulary	\$35	Non-formulary	\$70
Generic	\$8												
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