

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary**

This Agreement is between the COMMUNICATIONS WORKERS OF AMERICA, on behalf of itself and its individual Districts (hereinafter called the "Union" or the CWA), and AT&T MOBILITY SERVICES LLC (the "Company") (the Company and Union are collectively referenced as "Parties"), on behalf of all bargaining units represented by the Union ("Agreement"). Subject to the Company receiving written notice by July 15, 2016 from an authorized representative of the Union that this Agreement has been duly ratified by the employees represented by the Union and approved by the CWA International President, the Parties mutually agree as follows:

1. The provisions set forth on the Benefit Outline Summary and Exhibit 1 will be the National Bargained Benefit Plan ("NBBP") that will be effective for the calendar years of 2017-2020.
2. The Parties retain their respective rights regarding regional strikes or lockouts upon the expiration of the individual regional AT&T Mobility Collective Bargaining Agreements relative to such bargaining over those individual regional agreements. However, there can be no national strike or national lockout nor can there be any individual CWA District strike/lockout pertaining to the NBBP or to the Parties' inability to reach agreement on a new (successor) NBBP, if any. The Parties recognize and agree that should either Party elect to pursue a legal proceeding as provided in Paragraph 3 below, such proceeding may determine their respective rights and obligations prospectively.
3. Mutually contingent on ratification of the complete terms provided herein, the Parties have negotiated a "Conditional Unwind Memorandum of Agreement to the National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC" ("Unwind Agreement") that will be separately executed by the Parties. The terms of the Unwind Agreement will remain in place until such time as the Parties engage in the collective bargaining process for Health Care as that term is defined therein for calendar year 2021 and beyond.
4. The Parties retain any and all legal and/or contractual rights reserved to them or which they may assert are not governed by this Agreement. This Agreement shall not be interpreted, construed or used by either Party to prejudice or waive their existing contractual or legal rights they otherwise would have had absent this Agreement.

The Communications Workers of America and AT&T Mobility Services LLC have caused this Agreement to be executed by their respective representatives with authority to bind each entity.

COMMUNICATIONS WORKERS OF AMERICA

Patricia M. Telesco 6/7/16
Patricia M. Telesco - Union Chairperson Date

Kelvin Banks
Kelvin Banks

Luis Benitez
Luis Benitez

John Richie
John Richie

Holly Sorey
Holly Sorey

AT&T MOBILITY SERVICES LLC

Brian Cattaneo 6/7/16
Brian Cattaneo - Company Chairperson Date

Kimberly Stinemetz
Kimberly Stinemetz

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary

General Provisions

The benefit provisions of the successor National Bargained Benefit Plan that will be effective for the calendar years of 2017-2020 are set forth in this Benefit Outline Summary and Exhibit 1. The actual terms of the successor National Bargained Benefit Plan will be set forth and governed by the plan document, including amendments thereto, and Summary Plan Descriptions (SPDs), including Summaries of Material Modifications (SMMs). Any references in the SPDs or Plan Documents to AT&T Mobility Services LLC's ("Mobility") unilateral right to terminate, amend, change or modify the plan or plans, except as noted below, shall not apply to the benefit provisions of the plans or programs of bargaining unit employees as covered in this Agreement.

It is understood that certain benefits provided under the successor National Bargained Benefit Plan are subject to change to comply with implementation of the Patient Protection and Affordable Care Act (PPACA) and associated 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 successor National Bargained Benefit Plan and this Agreement will remain in effect through expiration.

The Company retains the right to make administrative changes, corrections and adjustments to the National Bargained Benefit Plan according to its fiduciary responsibilities. No administrative changes, corrections or adjustments shall have the effect of diminishing the plan benefits negotiated by the Parties. Benefit Claims will be governed by the ERISA Plan(s) appeal process terms and will not be subject to grievance or arbitration.

For purposes of this Agreement (including Exhibit 1) only:

- Mobility bargained employees hired, rehired or transferred (including transfers pursuant to the National Transfer Plan) before January 1, 2017 shall be referred to as "Current Employees";
- Mobility bargained employees hired, rehired or transferred (including transfers pursuant to the National Transfer Plan) on or after January 1, 2017 shall be referred to as "New Hires";
- Current Employees and New Hires shall be referred to collectively as "Employees".

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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General Provisions (continued)

Effective January 1, 2017 unless noted otherwise, Current Employees and New Hires shall be eligible to participate in the benefit plans or programs identified in the chart below by an "X", with the plan terms, conditions and provisions which were in effect on December 31, 2016 as described in the applicable SPDs and SMMs, except as noted herein. The programs listed below comprise the National Bargained Benefit Plan ("NBBP"):

Plan/Program	Current Employees	New Hires
AT&T Mobility Medical Program*	X	X
AT&T Medical Program (Management)**	X	X
AT&T Dental Program (Bargained Employees)	X	X
AT&T Vision Program (Bargained Employees)	X	X
AT&T CarePlus – A Supplemental Benefit Program	X	X
AT&T Employee Assistance Program	X	X
AT&T Group Life Insurance Program for Active Employees***	X	X
AT&T Consolidated Long-Term Care Insurance Plan (closed to new entrants 5/1/2012)	X	X
AT&T Adoption Assistance Policy	X	X
AT&T Tuition Reimbursement Policy	X	X
AT&T Flexible Spending Account Plan	X	X

* This program is available for all Mobility Employees except those in Puerto Rico.

** This program is available for Mobility Employees in Puerto Rico.

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

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
Effective Date(s)	Health & Welfare: 1/1/2017
	MEDICAL PROGRAM BENEFITS
Program	<u>AT&T Mobility Medical Program*</u> All employees except Puerto Rico employees have the AT&T Mobility Medical Program provisions and fully insured coverage options, such as HMOs (available at the discretion of the Company). <u>AT&T Medical Program (Management)*</u> Effective 1/1/2017, all Puerto Rico employees have the AT&T Medical Program (Management) provisions as they change from time to time, and fully insured coverage options such as HMOs (available at the discretion of the Company). Plan provisions not specifically outlined in this exhibit will follow the AT&T Medical Program (Management) provisions as they change from time to time. *This document highlights key elements of program design. For complete program details, refer to the applicable Summary Plan Description (SPD) dated September 2015 & associated Summary of Material Modifications (SMMs).
Eligibility for Coverage	<u>New Hires and Current Employees</u> Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period. Employees pay the full cost of coverage until eligible for Company Subsidy*. *Temporary Employees who enroll will not be eligible for subsidized coverage.
Eligibility for Company Subsidy	<u>New Hires and Current Employees</u> No change from current program, except as provided below. Individual Coverage*: Company subsidy for Employees enrolled in Company-sponsored Individual medical coverage (including fully insured coverage options, if available) will begin on the first day of the month in which 90 days of net credited service (NCS) is attained (also referred to as term of employment (TOE)). Employees with less than 90 days of NCS will be eligible to enroll in Company-sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage. Individual+Child(ren), Individual+Spouse and Family Coverage*: Company subsidy for Employees enrolled in Company sponsored medical coverage other than Individual coverage will continue to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)). Employees with less than 91 days of NCS may enroll in Company-sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage. Employees with more than 90 days of NCS and less than 6 months of NCS may enroll in Company-sponsored medical coverage (including fully insured coverage options, if available) but are required to pay 100% of the cost of coverage reduced by the company subsidy for the Individual coverage tier. *Temporary Employees who enroll will pay 100% of the full cost of coverage.
EE Class	Regular Full Time & Part Time Employees, and Full-time Temporary Employees
Health Reimbursement Account (HRAs)	<u>New Hires</u> None.

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Effective Date(s) and General Provisions of the National Bargained Benefit Plan					
Full Time EE Contribution Per Month	<u>Current Employees</u>				
	None.				
	No active participating Employee will pay more than 100% of the cost of coverage.				
	<u>All employees (except those in Puerto Rico):</u>				
	<u>New Hires</u>				
	Option 1:				
		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	Ind	\$128	\$121	\$126	\$132
	Ind+Child(ren)	\$219	\$207	\$215	\$226
	Ind+Sp	\$351	\$333	\$346	\$362
	Fam	\$372	\$352	\$368	\$384
	Option 2:				
		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	Ind	\$70	\$77	\$85	\$93
	Ind+Child(ren)	\$120	\$132	\$145	\$159
	Ind+Sp	\$192	\$211	\$233	\$255
	Fam	\$204	\$224	\$247	\$271
	<u>Current Employees</u>				
	Option 1:				
		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	Ind	\$89	\$88	\$98	\$110
	Ind+Child(ren)	\$153	\$150	\$168	\$188
	Ind+Sp	\$245	\$241	\$269	\$302
	Fam	\$260	\$256	\$286	\$321
	Option 2:				
		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	Ind	\$32	\$44	\$57	\$70
Ind+Child(ren)	\$55	\$75	\$97	\$120	
Ind+Sp	\$88	\$121	\$156	\$193	
Fam	\$93	\$128	\$166	\$205	
<u>Puerto Rico employees:</u>					
Effective 1/1/2017, contribution amounts and provisions as they change from time to time in accordance with the AT&T Medical Program (Management) and are after-tax only.					
Bronze Option:					
	<u>2016*</u>				
Ind	\$12.50				
Ind+Child(ren)	\$12.50				
Ind+Sp	\$12.50				
Fam	\$12.50				
Silver Option:					
	<u>2016*</u>				
Ind	\$23.00				
Ind+Child(ren)	\$56.00				
Ind+Sp	\$111.00				
Fam	\$132.00				

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Effective Date(s) and General Provisions of the National Bargained Benefit Plan																																							
	Gold Option: <table><tr><td></td><td><u>2016*</u></td></tr><tr><td>Ind</td><td>\$79.00</td></tr><tr><td>Ind+Child(ren)</td><td>\$129.00</td></tr><tr><td>Ind+Sp</td><td>\$270.00</td></tr><tr><td>Fam</td><td>\$277.00</td></tr></table> Fully-insured coverage options such as HMOs will continue to be available at the discretion of the Company. Contributions for HMOs will be the lesser of the contributions that would be required if the coverage were provided under the AT&T Medical Program (Management) Bronze Option and the contributions listed in the following table. <table><tr><td></td><td><u>2017**</u></td><td><u>2018</u></td><td><u>2019</u></td><td><u>2020</u></td></tr><tr><td>Ind</td><td>\$30</td><td>\$35</td><td>\$41</td><td>\$47</td></tr><tr><td>Ind+Child(ren)</td><td>\$51</td><td>\$60</td><td>\$70</td><td>\$80</td></tr><tr><td>Ind+Sp</td><td>\$82</td><td>\$96</td><td>\$112</td><td>\$129</td></tr><tr><td>Fam</td><td>\$87</td><td>\$102</td><td>\$119</td><td>\$137</td></tr></table> If the cost of the HMO exceeds the cost of the AT&T Medical Program (Management) Bronze Option, the contribution determined above will be increased by the difference between the cost of the Bronze Option and the cost of the HMO. * The 2016 contributions shown above are for illustrative purposes only and are subject to change from time to time at the discretion of the Company. ** The 2017 contributions for Triple S HMO will be \$25 for individual and individual + child(ren) coverage; \$50 for individual + spouse and family coverage.					<u>2016*</u>	Ind	\$79.00	Ind+Child(ren)	\$129.00	Ind+Sp	\$270.00	Fam	\$277.00		<u>2017**</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	Ind	\$30	\$35	\$41	\$47	Ind+Child(ren)	\$51	\$60	\$70	\$80	Ind+Sp	\$82	\$96	\$112	\$129	Fam	\$87	\$102	\$119	\$137
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Part Time EE Contributions	No active participating Employee will pay more than 100% of the cost of coverage. <u>New Hires and Current Employees</u> No change from current program. <u>Based on Scheduled hrs./week:</u> • Greater than or equal to 20 hrs. = 50% of full cost of coverage*. • Less than 20 hrs. = 100% of full cost of coverage* with no Company subsidy. <u>Puerto Rico employees:</u> Contributions are after-tax only. * Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.																																						
Working Spouse Contribution	<u>All employees (including those in Puerto Rico):</u> <u>New Hires and Current Employees</u> <u>Spouse/LRP Access to Medical Coverage Additional Medical Contribution:</u> Participants whose spouse/LRP enrolls in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) but otherwise has access to medical coverage through their employer, excluding AT&T, will pay an additional monthly contribution toward their cost of coverage. The monthly additional contribution is shown below. The participant must attest that his or her spouse/LRP does not have access to medical coverage otherwise the additional contribution will be applied.																																						

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Effective Date(s) and General Provisions of the National Bargained Benefit Plan																																
	<u>2017-2020:</u> Additional Monthly Medical Contribution: \$100.00																															
Tobacco Use Contribution	<u>All employees (including those in Puerto Rico):</u> <u>New Hires and Current Employees</u> <u>Tobacco Use Additional Medical Contribution:</u> Participants who use tobacco, are enrolled in AT&T-sponsored medical coverage (within either self-insured or fully insured programs) and who choose not to participate in a designated Tobacco Cessation program will pay an additional monthly contribution toward their cost of coverage. The participant must attest to no tobacco usage or engage in a Company-sponsored Tobacco Cessation program in the time defined during Annual Enrollment otherwise the additional monthly contribution will be applied. Engagement is currently defined as enrollment only. A tobacco user is currently defined as someone who has used tobacco products more frequently than every two weeks. Tobacco products include cigarettes, cigars, pipes and smokeless tobacco. The definitions of engagement, the Company-sponsored Tobacco Cessation program, tobacco user and tobacco products may change from time to time, at the sole discretion of the Company. The monthly contribution is shown below. <u>2017-2020:</u> Additional Monthly Medical Contribution: \$50.00																															
Coinsurance Copay/Coinsurance	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program in 2017 except as provided below. Option 1: <table><tr><td></td><td colspan="2"><u>2017</u></td></tr><tr><td></td><td><u>Network/ONA</u></td><td><u>Non-Network</u></td></tr><tr><td>Preventive</td><td>\$0 / 0% Ded waived</td><td>No Benefit</td></tr><tr><td>Sickness/ Illness</td><td>\$0 / 10% After Ded</td><td>\$0 / 20% After Ded</td></tr><tr><td>Emergency Room Facility/ Professional Services (Emergencies)</td><td>\$0 / 10% After Ded</td><td>\$0 / 10% After Ded</td></tr></table> Option 2: <table><tr><td></td><td colspan="2"><u>2017</u></td></tr><tr><td></td><td><u>Network/ONA</u></td><td><u>Non-Network</u></td></tr><tr><td>Preventive</td><td>\$0 / 0% Ded waived</td><td>No Benefit</td></tr><tr><td>Sickness/ Illness</td><td>\$0 / 10% After Ded</td><td>\$0 / 50% After Ded</td></tr><tr><td>Emergency Room Facility/ Professional Services (Emergencies)</td><td>\$0 / 10% After Ded</td><td>\$0 / 10% After Ded</td></tr></table>			<u>2017</u>			<u>Network/ONA</u>	<u>Non-Network</u>	Preventive	\$0 / 0% Ded waived	No Benefit	Sickness/ Illness	\$0 / 10% After Ded	\$0 / 20% After Ded	Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 10% After Ded	\$0 / 10% After Ded		<u>2017</u>			<u>Network/ONA</u>	<u>Non-Network</u>	Preventive	\$0 / 0% Ded waived	No Benefit	Sickness/ Illness	\$0 / 10% After Ded	\$0 / 50% After Ded	Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 10% After Ded	\$0 / 10% After Ded
	<u>2017</u>																															
	<u>Network/ONA</u>	<u>Non-Network</u>																														
Preventive	\$0 / 0% Ded waived	No Benefit																														
Sickness/ Illness	\$0 / 10% After Ded	\$0 / 20% After Ded																														
Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 10% After Ded	\$0 / 10% After Ded																														
	<u>2017</u>																															
	<u>Network/ONA</u>	<u>Non-Network</u>																														
Preventive	\$0 / 0% Ded waived	No Benefit																														
Sickness/ Illness	\$0 / 10% After Ded	\$0 / 50% After Ded																														
Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 10% After Ded	\$0 / 10% After Ded																														

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Effective Date(s) and General Provisions of the National Bargained Benefit Plan

No change from current program in 2018 through 2020 except as follows.

Option 1 and Option 2:

	2018		2019		2020	
	<u>Network/ONA</u>	<u>Non-Network</u>	<u>Network/ONA</u>	<u>Non-Network</u>	<u>Network/ONA</u>	<u>Non-Network</u>
Preventive	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit	\$0 / 0% Ded waived	No Benefit
Sickness/ Illness	\$0 / 10% After Ded	\$0 / 50% After Ded	\$0 / 10% After Ded	\$0 / 50% After Ded	\$0 / 10% After Ded	\$0 / 50% After Ded
Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded	\$0 / 10% After Ded

Examples of Coinsurance provisions include:

- Applies after applicable Network/ONA or Non-Network Deductible amount is satisfied.
- Applies to all covered health services, including mental health/substance abuse benefits under the program with the exceptions below:
 - Does not apply toward Prescription Drugs.
 - Does not apply toward Network/ONA preventive services.
- Actual amount that is applied to the Coinsurance is calculated on the basis of eligible/allowable expenses.
- All Coinsurance applies to applicable Network/ONA or Non-Network Out-of-Pocket Maximums

Puerto Rico employees:

Effective 1/1/2017, coinsurance percentages and provisions as they change from time to time in accordance with the AT&T Medical Program (Management).

Bronze Option	2016*	
	<u>Network/ONA</u>	<u>Non-Network</u>
Preventive	\$0 / 0% Ded waived	No Benefit
Sickness/ Illness	\$0 / 30% After Ded	\$0 / 70% After Ded
Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 30% After Ded	\$0 / 30% After Ded

Silver Option	2016*	
	<u>Network/ONA</u>	<u>Non-Network</u>
Preventive	\$0 / 0% Ded waived	No Benefit
Sickness/ Illness	\$0 / 20% After Ded	\$0 / 60% After Ded
Emergency Room Facility/ Professional Services (Emergencies)	\$0 / 20% After Ded	\$0 / 20% After Ded

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Effective Date(s) and General Provisions of the National Bargained Benefit Plan								
	Gold Option		2016*					
			Network/ONA		Non-Network			
	Preventive		\$0 / 0%		No Benefit			
			Ded waived					
	Sickness/ Illness		\$0 / 10%		\$0 / 50%			
			After Ded		After Ded			
	Emergency Room Facility/ Professional Services (Emergencies)		\$0 / 10%		\$0 / 10%			
			After Ded		After Ded			
* The 2016 coinsurance percentages shown above are for illustrative purposes only and are subject to change at the discretion of the Company.								
Annual Deductible	<u>All employees (except those in Puerto Rico):</u>							
	<u>New Hires and Current Employees</u>							
	No change from current program except as provided below.							
	Option 1:							
	<u>2017</u>	<u>2017</u>	<u>2018</u>	<u>2018</u>	<u>2019</u>	<u>2019</u>	<u>2020</u>	<u>2020</u>
	Network /	Non- Network /	Network /	Non- Network /	Network /	Non- Network /	Network /	Non- Network /
	<u>ONA</u>	<u>Network</u>	<u>ONA</u>	<u>Network</u>	<u>ONA</u>	<u>Network</u>	<u>ONA</u>	<u>Network</u>
Ind	\$500	\$1,300	\$650	\$2,275	\$700	\$2,450	\$750	\$2,625
Ind+Ch	\$1,000	\$2,600	\$1,300	\$4,550	\$1,400	\$4,900	\$1,500	\$5,250
Ind+Sp	\$1,000	\$2,600	\$1,300	\$4,550	\$1,400	\$4,900	\$1,500	\$5,250
Fam	\$1,000	\$2,600	\$1,300	\$4,550	\$1,400	\$4,900	\$1,500	\$5,250
	<u>Annual Deductible provisions:</u>							
	• Applies to all covered health services, including mental health/substance abuse benefits under the program. • The following costs will never apply towards Deductible: - Network/ONA preventive care - Any applicable monthly contributions - Prescription drugs - Any charges for non-covered health services - Any penalties for failure to comply with terms of program (i.e., preauthorization/predetermination) - Charges that exceed eligible expenses - Any charges for services that are exclusions under the program • Actual amount that is applied to the Annual Deductible is calculated on the basis of eligible/allowable expenses. • Separate Deductible amounts apply to Network/ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option. • With Individual+Child(ren), Individual+Spouse and Family coverage, a covered person is eligible to receive benefits once their eligible/allowable expenses satisfy the Individual Deductible amount. The Individual+Child(ren), Individual+Spouse or Family Deductible, as applicable, is met once any combination of covered persons' eligible/allowable expenses meet the Individual+Child(ren), Individual+Spouse or Family Deductible amount, respectively. It is not necessary that any one individual reach the Individual Deductible but no one individual may contribute more than the Individual Deductible amount. • The Annual Deductibles are included in the Out Of Pocket Maximums.							

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Effective Date(s) and General Provisions of the National Bargained Benefit Plan

Option 2:

	<u>2017</u>	<u>2017</u>	<u>2018</u>	<u>2018</u>	<u>2019</u>	<u>2019</u>	<u>2020</u>	<u>2020</u>
	Network/ <u>ONA</u>	Non- <u>Network</u>	Network/ <u>ONA</u>	Non- <u>Network</u>	Network/ <u>ONA</u>	Non- <u>Network</u>	Network/ <u>ONA</u>	Non- <u>Network</u>
Ind	\$1,300	\$3,900	\$1,300	\$3,900	\$1,300	\$3,900	\$1,300	\$3,900
Ind+Ch	\$2,600	\$7,800	\$2,600	\$7,800	\$2,600	\$7,800	\$2,600	\$7,800
Ind+Sp	\$2,600	\$7,800	\$2,600	\$7,800	\$2,600	\$7,800	\$2,600	\$7,800
Fam	\$2,600	\$7,800	\$2,600	\$7,800	\$2,600	\$7,800	\$2,600	\$7,800

Integrated with Med/Surg, Rx, MH/SA, CarePlus

Annual Deductible Provisions:

- Applies to all covered health services, including mental health/substance abuse (MH/SA) and prescription drug (Rx) benefits under the program.
- The following costs will never apply towards Deductible:
 - Network/ONA preventive care
 - Any applicable monthly contributions
 - Any charges for non-covered health services
 - Any penalties for failure to comply with terms of program (i.e., preauthorization/predetermination)
 - Charges that exceed eligible expenses
 - Any charges for services that are exclusions under the program
- Actual amount that is applied to the Annual Deductible is calculated on the basis of eligible/allowable expenses.
- Separate Deductible amounts apply to Network/ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option.
- If the coverage tier is Individual+Child(ren), Individual+Spouse or Family, no individual can receive benefits until the Individual+Child(ren), Individual+Spouse or Family Annual Deductible, respectively, is met. The Individual+Child(ren), Individual+Spouse or Family Annual Deductible can be met by one or a combination of covered family members.
- The following costs paid by the participant apply toward the applicable Network/ONA or Non-Network Deductible amounts:
 - Network allowable charges for eligible expenses (for Network/ONA),
 - Non-Network allowable charges for eligible expenses (for Non-Network),
 - Outpatient prescription drug allowable charges for eligible expenses.
- The Non-Network Annual Deductibles will be three times the associated Network Annual Deductibles.
- The Annual Deductibles are included in the Out Of Pocket Maximums.

Puerto Rico employees:

Effective 1/1/2017, Annual Deductible amounts and provisions as they change from time to time in accordance with the AT&T Medical Program (Management).

Bronze Option	<u>2016*</u>	
	<u>Network/ONA</u>	<u>Non-Network</u>
Ind	\$2,500	\$10,000
Ind+Child(ren)	\$5,000	\$20,000
Ind+Sp	\$5,000	\$20,000
Fam	\$5,000	\$20,000

Silver Option	<u>2016*</u>	
	<u>Network/ONA</u>	<u>Non-Network</u>
Ind	\$1,500	\$6,000
Ind+Child(ren)	\$3,000	\$12,000
Ind+Sp	\$3,000	\$12,000
Fam	\$3,000	\$12,000

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Effective Date(s) and General Provisions of the National Bargained Benefit Plan									
	Gold Option	2016*							
		Network/ONA		Non-Network					
	Ind	\$1,300		\$5,200					
	Ind+Child(ren)	\$2,600		\$10,400					
	Ind+Sp	\$2,600		\$10,400					
	Fam	\$2,600		\$10,400					
	Integrated with Med/Surg, Rx, MH/SA, CarePlus								
* The 2016 Annual Deductible amounts shown above are for illustrative purposes only and are subject to change at the discretion of the Company.									
Annual Out of Pocket Maximum	<u>All employees (except those in Puerto Rico):</u>								
	<u>New Hires and Current Employees</u>								
	Option 1:								
	<u>Out-of-Pocket Maximum Amounts</u> (including the Annual Deductibles)								
		2017	2017	2018	2018	2019	2019	2020	2020
		Network/	Non-	Network/	Non-	Network/	Non-	Network/	Non-
		ONA	Network	ONA	Network	ONA	Network	ONA	Network
	Ind	\$2,500	\$7,300	\$3,250	\$9,750	\$3,500	\$10,500	\$3,750	\$11,250
	Ind+Ch	\$5,000	\$14,600	\$6,500	\$19,500	\$7,000	\$21,000	\$7,500	\$22,500
	Ind+Sp	\$5,000	\$14,600	\$6,500	\$19,500	\$7,000	\$21,000	\$7,500	\$22,500
	Fam	\$5,000	\$14,600	\$6,500	\$19,500	\$7,000	\$21,000	\$7,500	\$22,500
(Integrated Med/Surg, MH/SA)									
<u>Out-of-Pocket Maximum provisions:</u>									
• Applies to all covered health services, including mental health/substance abuse benefits under the program. • The following costs paid by the participant apply towards the applicable Network/ONA or Non-Network Out-of- Pocket Maximum amounts: - Annual Deductibles - Coinsurance • The following costs will never apply towards Out-of-Pocket Maximum nor be paid for by the program after the Out-of-Pocket Maximum is satisfied: - Prescription Drug copays - Any applicable monthly contributions - Any charges for non-covered health services - Any penalties for failure to comply with terms of program (i.e., preauthorization /predetermination) - Charges that exceed eligible expenses - Any charges for services that are exclusions under the program • The amount that is applied to the Out-of-Pocket Maximum is calculated on the basis of coinsurance. • Separate Out-of-Pocket Maximum amounts apply to Network/ONA and Non-Network. Amounts incurred under each option do not cross apply between any other option.									

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary**

Effective Date(s) and General Provisions of the National Bargained Benefit Plan

- With Individual+Child(ren), Individual+Spouse and Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their coinsurance satisfy the Individual Out-of-Pocket Maximum amount. The Individual+Child(ren), Individual+Spouse or Family Deductible, as applicable, is met once any combination of covered persons' coinsurance meet the Individual+Child(ren), Individual+Spouse or Family Out-of-Pocket Maximum amount, respectively. It is not necessary that any one individual reach the Individual Out-of-Pocket Maximum amount but no one individual may contribute more than the Individual Out-of-Pocket Maximum amount.

Option 2:

Out-of-Pocket Maximum Amounts
(including the Annual Deductibles)

	2017 Network/ ONA	2017 Non- Network	2018 Network/ ONA	2018 Non- Network	2019 Network/ ONA	2019 Non- Network	2020 Network/ ONA	2020 Non- Network
Ind	\$6,450	\$19,350	\$6,450	\$19,350	\$6,450	\$19,350	\$6,450	\$19,350
Ind+Ch	\$12,900	\$38,700	\$12,900	\$38,700	\$12,900	\$38,700	\$12,900	\$38,700
Ind+Sp	\$12,900	\$38,700	\$12,900	\$38,700	\$12,900	\$38,700	\$12,900	\$38,700
Fam	\$12,900	\$38,700	\$12,900	\$38,700	\$12,900	\$38,700	\$12,900	\$38,700

(Integrated with Med/Surg, Rx, MH/SA, CarePlus)

Out-of-Pocket Maximum provisions:

- Applies to all covered health services, including mental health/substance abuse and prescription drug benefits under the program.
- The following costs paid by the participant apply towards the applicable Network/ONA or Non-Network Out-of-Pocket Maximum amounts:
 - Annual Deductibles
 - Coinsurance
 - Outpatient prescription drug allowable charges for eligible expenses.
- The following costs will never apply towards Out-of-Pocket Maximum nor be paid for by the program after the Out-of-Pocket Maximum is satisfied:
 - Any applicable monthly contributions
 - Any charges for non-covered health services
 - Any penalties for failure to comply with terms of program (i.e., preauthorization /predetermination)
 - Charges that exceed eligible expenses
 - Any charges for services that are exclusions under the program
- If the coverage tier is Individual+Child(ren), Individual+Spouse and Family, the applicable Individual+Child(ren), Individual+Spouse or Family Out-Of-Pocket Maximum must be met before the Program pays 100% of the Allowable Charges for Eligible Expenses, except that the Program will pay 100% of the Allowable Charges for Eligible Expenses for Network/ONA Services for an individual family member once the individual meets the Network/ONA Individual Out-Of-Pocket Maximum, even if the Individual+Child(ren), Individual+Spouse or Family Out-Of-Pocket Maximum has not been met.

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary

Effective Date(s) and General Provisions of the National Bargained Benefit Plan			
	Puerto Rico employees: Effective 1/1/2017, Out-Of-Pocket Maximums and provisions as they change from time to time in accordance with the AT&T Medical Program (Management).		
	Bronze Option	2016*	
		Network/ONA	Non-Network
	Ind	\$5,000	\$20,000
	Ind+Child(ren)	\$10,000	\$40,000
	Ind+Sp	\$10,000	\$40,000
	Fam	\$10,000	\$40,000
	Silver Option	2016*	
		Network/ONA	Non-Network
	Ind	\$4,000	\$16,000
	Ind+Child(ren)	\$8,000	\$32,000
	Ind+Sp	\$8,000	\$32,000
	Fam	\$8,000	\$32,000
	Gold Option	2016*	
		Network/ONA	Non-Network
	Ind	\$3,000	\$12,000
	Ind+Child(ren)	\$6,000	\$24,000
	Ind+Sp	\$6,000	\$24,000
Fam	\$6,000	\$24,000	
Integrated with Med/Surg, Rx, MH/SA, CarePlus			
* The 2016 Out-of-Pocket Maximum amounts shown above are for illustrative purposes only and are subject to change at the discretion of the Company.			
Office Visit	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program except as provided above. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).		
Emergency Room	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program except as provided above. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).		
Urgent Care Center	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program except as provided above. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).		

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary**

Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
Hospital	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program except as provided above. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).
Diagnostic Testing	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program except as provided above. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).
Lifetime Maximum	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> Note: No longer applies due to healthcare reform legislation (PPACA). <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).
COB	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).
Survivor	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).
Eligible Retired Employees	See Exhibit 1.
PRESCRIPTION DRUG BENEFITS	
Prescription Drugs	See Chart Below.
Bargained Program Rx Program	

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Effective Date(s) and General Provisions of the National Bargained Benefit Plan																										
Restrictions	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program except as provided below. The following provisions will continue to apply: • Specialty pharmacy program • Compound medication limitation The following provisions will also apply: • Advanced Control Specialty Formulary • New Standard Prescription Drug Formulary • Generic Step Therapy <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management).																									
Deductible	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> Option 1: None. Option 2: Integrated with Med/Surg, MH/SA and CarePlus. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management). Integrated with Med/Surg, MH/SA and CarePlus.																									
OOP Max	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> Option 1: <table><tr><td></td><td><u>2017</u></td><td><u>2018</u></td><td><u>2019</u></td><td><u>2020</u></td></tr><tr><td>Ind</td><td>\$900</td><td>\$1,200</td><td>\$1,200</td><td>\$1,200</td></tr><tr><td>Ind+Ch</td><td>\$1,800</td><td>\$2,400</td><td>\$2,400</td><td>\$2,400</td></tr><tr><td>Ind+Sp</td><td>\$1,800</td><td>\$2,400</td><td>\$2,400</td><td>\$2,400</td></tr><tr><td>Fam</td><td>\$1,800</td><td>\$2,400</td><td>\$2,400</td><td>\$2,400</td></tr></table> Out-of-Pocket Maximum provisions: • Applies to all Network prescription drug copays. • The following costs will never apply towards Out-of-Pocket Maximum or are paid for by the program after the Out-of- Pocket Maximum is satisfied: - Any medical or mental health/substance abuse expenses - Any applicable monthly contributions - Any charges for non-covered prescription drugs - Any penalties for failure to comply with terms of program (i.e., mandatory generic penalty) - Any charges for prescription drugs that are exclusions under the program		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	Ind	\$900	\$1,200	\$1,200	\$1,200	Ind+Ch	\$1,800	\$2,400	\$2,400	\$2,400	Ind+Sp	\$1,800	\$2,400	\$2,400	\$2,400	Fam	\$1,800	\$2,400	\$2,400	\$2,400
	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>																						
Ind	\$900	\$1,200	\$1,200	\$1,200																						
Ind+Ch	\$1,800	\$2,400	\$2,400	\$2,400																						
Ind+Sp	\$1,800	\$2,400	\$2,400	\$2,400																						
Fam	\$1,800	\$2,400	\$2,400	\$2,400																						

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary

Effective Date(s) and General Provisions of the National Bargained Benefit Plan																																								
	• The amount that is applied to the Out-of-Pocket Maximum is the Network prescription drug copays. • With Individual+Child(ren), Individual+Spouse or Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their copays satisfy the Individual Out-of-Pocket Maximum amount. The Individual+Child(ren), Individual+Spouse or Family Deductible, as applicable, is met once any combination of covered persons' prescription drug copays meet the Individual+Child(ren), Individual+Spouse or Family Out-of-Pocket Maximum amount, respectively. It is not necessary that any one individual reach the Individual Out-of-Pocket Maximum amount but no one individual may contribute more than the Individual Out-of-Pocket Maximum amount. Option 2: Integrated with Med/Surg, MH/SA and CarePlus. <u>Puerto Rico employees:</u> Effective 1/1/2017, provisions as they change from time to time in accordance with the AT&T Medical Program (Management). Integrated with Med/Surg, MH/SA and CarePlus.																																							
Retail	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program, except as provided below. Network Copays: Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions. <u>Puerto Rico employees:</u> Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management).																																							
Retail Generic	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> Option 1: <table><tr><td></td><td><u>2017</u></td><td><u>2018</u></td><td><u>2019</u></td><td><u>2020</u></td></tr><tr><td>Generic</td><td>\$10</td><td>\$10</td><td>\$10</td><td>\$10</td></tr></table> Provisions: No change to current program. Option 2: <table><tr><td></td><td><u>2017</u></td><td><u>2018</u></td><td><u>2019</u></td><td><u>2020</u></td></tr><tr><td>Generic</td><td>\$9</td><td>\$9</td><td>\$9</td><td>\$9</td></tr></table> <u>Puerto Rico employees:</u> Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management). <table><tr><td></td><td colspan="3"><u>2016*</u></td></tr><tr><td><u>Generic</u></td><td><u>Bronze</u></td><td><u>Silver</u></td><td><u>Gold</u></td></tr><tr><td>Coinsurance</td><td>30%</td><td>20%</td><td>10%</td></tr><tr><td>Maximum</td><td>\$10</td><td>\$10</td><td>\$10</td></tr></table> * The 2016 Prescription Drug copay amount and coinsurance percentage shown above are for illustrative purposes only and are subject to change at the discretion of the Company.					<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	Generic	\$10	\$10	\$10	\$10		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	Generic	\$9	\$9	\$9	\$9		<u>2016*</u>			<u>Generic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>	Coinsurance	30%	20%	10%	Maximum	\$10	\$10	\$10
	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>																																				
Generic	\$10	\$10	\$10	\$10																																				
	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>																																				
Generic	\$9	\$9	\$9	\$9																																				
	<u>2016*</u>																																							
<u>Generic</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>																																					
Coinsurance	30%	20%	10%																																					
Maximum	\$10	\$10	\$10																																					

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary

Effective Date(s) and General Provisions of the National Bargained Benefit Plan					
Retail Brand	<u>All employees (except those in Puerto Rico):</u>				
	<u>New Hires and Current Employees</u>				
	Option 1:				
		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	Preferred	\$30	\$35	\$35	\$35
	Non-Preferred	\$60	\$60	\$70	\$70
	Option 2:				
		<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
	Preferred	\$35	\$35	\$35	\$35
	Non-Preferred	\$70	\$70	\$70	\$70
<u>Puerto Rico employees:</u>					
Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management).					
<u>Preferred</u>					
		<u>Bronze</u>	<u>2016*</u> <u>Silver</u>	<u>Gold</u>	
Coinurance		30%	20%	10%	
Maximum		\$100	\$100	\$100	
<u>Non-Preferred</u>					
		<u>Bronze</u>	<u>2016*</u> <u>Silver</u>	<u>Gold</u>	
Coinurance		70%	60%	50%	
Maximum		\$400	\$400	\$400	
* The 2016 Prescription Drug copay amounts and coinsurance percentages shown above are for illustrative purposes only and are subject to change at the discretion of the Company.					
Personal Choice	<u>All employees (except those in Puerto Rico):</u>				
	<u>New Hires and Current Employees</u>				
	No change from current program.				
	<u>Puerto Rico employees:</u>				
Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management).					
Mail Order	<u>All employees (except those in Puerto Rico):</u>				
	<u>New Hires and Current Employees</u>				
	No change from current program except as provided below.				
	Mandatory mail order for maintenance RX continues to apply after second fill at retail.				
	Up to 90-day supply subject to Advanced Control Specialty Formulary provisions.				
	<u>Puerto Rico employees:</u>				
	Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management).				

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary**

Effective Date(s) and General Provisions of the National Bargained Benefit Plan				
Mail Order Generic	<u>All employees (except those in Puerto Rico):</u>			
	<u>New Hires and Current Employees</u>			
	Option 1:			
		<u>2017</u>	<u>2018</u>	<u>2019</u> <u>2020</u>
	Generic	\$20	\$20	\$20 \$20
	Option 2:			
		<u>2017</u>	<u>2018</u>	<u>2019</u> <u>2020</u>
	Generic	\$18	\$18	\$18 \$18
	<u>Provisions:</u>			
	Mandatory Generic provisions continue to apply.			
	<u>Puerto Rico employees:</u>			
	Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management).			
			<u>2016*</u>	
	<u>Preferred</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>
	Coinsurance	30%	20%	10%
	Maximum	\$20	\$20	\$20
	* The 2016 Prescription Drug copay amount and coinsurance percentage shown above are for illustrative purposes only and are subject to change at the discretion of the Company.			
Mail Order Brand	<u>All employees (except those in Puerto Rico):</u>			
	<u>New Hires and Current Employees</u>			
	Option 1:			
		<u>2017</u>	<u>2018</u>	<u>2019</u> <u>2020</u>
	Preferred	\$60	\$70	\$70 \$70
	Non-Preferred	\$120	\$120	\$140 \$140
	Option 2:			
		<u>2017</u>	<u>2018</u>	<u>2019</u> <u>2020</u>
	Preferred	\$70	\$70	\$70 \$70
	Non-Preferred	\$140	\$140	\$140 \$140
	<u>Puerto Rico employees:</u>			
	Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management).			
			<u>2016*</u>	
	<u>Preferred</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>
	Coinsurance	30%	20%	10%
	Maximum	\$200	\$200	\$200
			<u>2016*</u>	
	<u>Non-Preferred</u>	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>
	Coinsurance	70%	60%	50%
	Maximum	\$800	\$800	\$800
	* The 2016 Prescription Drug copay amount and coinsurance percentage shown above are for illustrative purposes only and are subject to change at the discretion of the Company.			

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary**

Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
Personal Choice	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program. <u>Puerto Rico employees:</u> Effective 1/1/2017, prescription drug provisions as they change from time to time in accordance with the AT&T Medical Program (Management).
MENTAL HEALTH BENEFITS	
Deductible	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> Option 1: No change from current program. Option 2: Integrated with Med/Surg, Rx and CarePlus. <u>Puerto Rico employees:</u> Effective 1/1/2017, Mental Health provisions as they change from time to time in accordance with the AT&T Medical Program (Management). Integrated with Med/Surg, Rx and CarePlus.
OOP Max	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> Option 1: No change from current program. Option 2: Integrated with Med/Surg, Rx and CarePlus. <u>Puerto Rico employees:</u> Effective 1/1/2017, Mental Health provisions as they change from time to time in accordance with the AT&T Medical Program (Management). Integrated with Med/Surg, Rx and CarePlus.
Copayments and Coinsurance	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program. <u>Puerto Rico employees:</u> Effective 1/1/2017, Mental Health provisions as they change from time to time in accordance with the AT&T Medical Program (Management).
Limitations	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program. <u>Puerto Rico employees:</u> Effective 1/1/2017, Mental Health provisions as they change from time to time in accordance with the AT&T Medical Program (Management).

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Effective Date(s) and General Provisions of the National Bargained Benefit Plan							
SUBSTANCE ABUSE BENEFITS							
Deductible	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program. <u>Puerto Rico employees:</u> Effective 1/1/2017, Mental Health provisions as they change from time to time in accordance with the AT&T Medical Program (Management).						
OOP Max	<u>All employees (except those in Puerto Rico):</u> <u>New Hires and Current Employees</u> No change from current program. <u>Puerto Rico employees:</u> Effective 1/1/2017, Mental Health provisions as they change from time to time in accordance with the AT&T Medical Program (Management).						
EMPLOYEE ASSISTANCE PROGRAM (EAP)							
Program	AT&T Employee Assistance Program						
Eligibility	Date of hire.						
EE Class	All employees.						
Cost	100% company-paid						
Design	Up to 5 EAP sessions per issue per year						
Survivors	None.						
Eligible Retired Employees	None.						
DENTAL BENEFITS							
Program	AT&T Dental Program* (Bargained Employees) • Dental PPO • DHMO (available at the discretion of the Company) *This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated September 2015 & associated Summary of Material Modifications (SMMs).						
Eligibility for Coverage	Eligibility for coverage continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).						
Eligibility for Company Subsidy	Eligibility for Company subsidy continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).						
EE Class	Regular Full Time & Part Time						
Full Time EE Contribution	<u>Contributions for Dental PPO or DHMO (if available) for 2017-2020:</u> <u>Contribution Amounts¹</u> <table> <tr> <td>Ind</td> <td>\$7</td> </tr> <tr> <td>Ind +1</td> <td>\$14</td> </tr> <tr> <td>Family</td> <td>\$23</td> </tr> </table> ¹ In Puerto Rico, contributions are after-tax only.	Ind	\$7	Ind +1	\$14	Family	\$23
Ind	\$7						
Ind +1	\$14						
Family	\$23						

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary

Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
Part Time EE Contributions	<u>Based on Scheduled hrs./week:</u> • Greater than or equal to 20 hrs. = 50% of full cost of coverage^{1*}. • Less than 20 hrs. = 100% of full cost of coverage^{1*} with no Company subsidy. ¹In Puerto Rico, contributions are after-tax only. [*] Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.
Annual Deductible	Network and ONA: \$25 per individual Non-Network: \$50 per individual
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
Diagnostic & Preventive	Class I (Diagnostic/Preventive) Network/ONA*: 100%, Ded. Waived Non-Network**: 100%, Ded. Waived *For ONA, paid at Network contracted rates. **For Non-Network paid based on reasonable and customary amounts
Coverage Levels (replaces minor and major restorative)	<u>Dental PPO Coinsurance</u> 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 Class IV (Orthodontia) Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible *For ONA, paid at Network contracted rate. **For Non-Network paid based on reasonable and customary amounts.
Orthodontic – Lifetime Maximum	Network and ONA: \$2,000 per individual* Non-Network: \$1,400 per individual* *Not to exceed \$2,000 combined Network/Non-Network
COB	No change from current program.
Survivor	12 months Company extended coverage (CEC) concurrent with COBRA, then 100% cost of coverage for life or until remarriage.
Eligible Retired Employees	See Exhibit 1.
Outside Network Area (ONA)	• 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.

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary

Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
VISION BENEFITS	
Program	<u>AT&T Vision Program* (Bargained Employees)</u> *This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated September 2015 & associated Summary of Material Modifications (SMMs).
Eligibility for Coverage	Eligibility for coverage continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).
Eligibility for Company Subsidy	Eligibility for Company subsidy continues to begin on the first day of the month in which 6 months of net credited service (NCS) is attained (also referred to as term of employment (TOE)).
EE Class	Regular Full Time & Part Time
Full Time EE Contribution	Contributions for 2017-2020: <u>Contribution Amounts¹</u> Ind. \$2 Ind + 1\$5 Family \$8 ¹ In Puerto Rico, contributions are after-tax only.
Part Time EE Contributions	Based on Scheduled hrs./week: - Greater than or equal to 20 hrs. = 50% of full cost of coverage.^{1*} - Less than 20 hrs. = 100% of full cost of coverage^{1*} with no Company subsidy. ¹ In Puerto Rico, contributions are after-tax only. *Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.
Coverage Levels	Exam: 1 exam per 12 months - Network: \$0/0% - Non-Network: \$28 towards exam cost Frame Allowance: 1 pair per 12 months - Network: \$130 allowance towards frame cost - Non-Network: \$30 towards frame cost Lenses Allowance: 1 set per 12 months Network: \$0/0% Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100%. Non-Network: \$30-\$80 towards lenses Contact Lenses Allowance: Allowance per 12 months Network: \$150 allowance Non-Network: \$150 allowance 2nd Pair Benefit: Network Only: Allows for a 2nd pair of glasses or contact lenses allowance after the first pair benefit/allowance is utilized, per 24 months.

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
Benefit Outline Summary

Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
COB	No change from current program.
Survivor	No change from current program.
Eligible Retired Employees	See Exhibit 1.
SUPPLEMENTAL MEDICAL BENEFITS	
Program	AT&T CarePlus-A Supplemental Benefit Program* *This document highlights key elements of program design. For complete program details, refer to the Summary Program Description (SPD) dated September 2015 & associated Summary of Material Modifications (SMMs).
Eligibility	• Within 31 days of the later of your date of hire, the date a change in status event occurs, or the date on your enrollment materials. • Effective date of coverage is the first of the month following your hire date.
EE Class	Regular Full Time & Part Time
Employee Contributions (FT and PT)	Employee only \$1 Employee & family \$2 Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company. In Puerto Rico, contributions are after-tax only.
Benefits	No change from current program, except those required to comply with healthcare reform legislation (PPACA). Expand benefits which may be offered under CarePlus to include any benefits determined by the Company to be beneficial to Program participants. Company retains the unilateral right to change, modify, amend and discontinue benefits offered under CarePlus.
	Frequency of enrollment continues to be annually.
COB	No change from current program.
Survivor	No change from current program.
Eligible Retired Employees	See Exhibit 1.
FLEXIBLE SPENDING ACCOUNTS	
Plan	AT&T Flexible Spending Account Plan* *This document highlights key elements of plan design. For complete plan details, refer to the Summary Program Description (SPD) dated August 2015 & associated Summary of Material Modifications (SMMs).
Dependent Care Spending Accounts	
Plan	No change from current plan. Note: Not currently available in Puerto Rico.
Eligibility	No change from current plan.
EE Class	Regular Full Time & Part Time
Maximum	No change from current plan.
Minimum	No change from current plan.
Health Care Spending Accounts	
Plan	No change from current plan, except those that are mandated by healthcare reform legislation (PPACA). Note: Not currently available in Puerto Rico.

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Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
Eligibility	No change from current plan.
EE Class	Regular Full Time & Part Time
Maximum	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.
Minimum	No change from current plan except those that are mandated by healthcare reform legislation (PPACA).
Survivor	No change from current plan.
Eligible Retired Employees	No change from current plan.
LIFE INSURANCE	
Program	AT&T Group Life Insurance Program for Active Employees *This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated December 2013 & associated Summary of Material Modifications (SMMs). Note: Contributions amounts are subject to annual adjustment.
Eligibility	All coverages: Eligible date of hire.
EE Class	Regular Full Time & Part Time
Basic Life Insurance Benefit	Basic: 1X Salary for the twelve months ending on Sept. 1 of previous plan year, rounded to the next \$1,000 Company paid. Max. \$7M basic plus supplemental.
Supplemental Life Insurance Benefit	1X-10X annual basic pay, max \$7M basic + supp; Employee paid; smoker/nonsmoker rates.
Accelerated Death Benefit	Available when life expectancy is 24 months or less. Minimum Distribution: 25% of total life insurance benefit. Maximum Distribution: lesser of 75% of total life insurance benefit or \$1M
AD&D	Basic: 1X annual basic pay; Company paid Supp: 1X-10X annual basic pay Spouse and child: applies
Seatbelt Incentive	Company paid \$10K. Supplemental, spouse, & child AD&D also have \$10K.
Dependent Benefit Amount	Employee paid Spouse/RDP life and AD&D: \$10K, \$25-\$300K in \$25K increments; smoker/nonsmoker rates. Child life and AD&D: \$5K-\$30K in \$5K increments
LTD Coverage	Basic & Supplemental life (not AD&D) continues for 3 years. Dependent coverages end with end of STD
Portability upon termination	Yes for supplemental employee life only
Conversion upon termination	Basic & Supplemental life, not AD&D. Spouse and child life, not AD&D.
Survivor	No change from current program.
Eligible Retired Employees	No change from current program.

National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Effective Date(s) and General Provisions of the National Bargained Benefit Plan	
Guaranteed Issue	No Evidence of Insurability (EOI) for Supplemental life coverage of up to 3X Annual Pay on initial enrollment or of an additional 1X Annual Pay for a Qualified Life Event, but may not exceed 10X Annual Pay, otherwise EOI required for any increase. No EOI for Spouse coverage of \$10K during initial enrollment period. Otherwise, EOI required for any enrollment or increase. No EOI for Child coverage at any time for initial enrollment or increase in amount.
LONG-TERM CARE	
Plan	AT&T Consolidated Long-Term Care Insurance Plan*. *This document highlights key elements of plan design. For complete plan details, refer to the Summary Plan Description (SPD) dated October 2008 & associated Summary of Material Modifications (SMMs).
Eligibility	No change from current plan. Note: Not currently available in Puerto Rico.
EE Class	No change from current plan.
Coverage	New Hires Not available; closed to new entrants as of 5/1/2012. Current Employees Participants currently enrolled may remain in the plan; closed to new entrants as of 5/1/2012.
ADOPTION ASSISTANCE POLICY	
Policy	No change from current policy.
Eligibility	No change from current policy.
EE Class	No change from current policy.
Maximum	No change from current policy.
TUITION REIMBURSEMENT POLICY	
Eligibility	6 months of service.
EE Class	No change from current policy.
Maximum (same for FT & PT)	Annual Tuition Cap-No change from current plan. Tuition Lifetime Cap-Undergraduate-\$20,000 Graduate-\$25,000.
Reimbursement for classes	Full Time: 100% ≥ 20 hours: 75% < 20 hours: 50% Fees required by the school to take the course will be reimbursed, e. g., lab fees, transportation fees, recreation fees

**National Bargained Benefit Plan for Employees of AT&T Mobility Services LLC
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Retiree Health Care for Bargained Employees for the period January 1, 2017 through December 31, 2020 who terminate employment during the period 1/1/2017 through 12/31/2020.

Employees who are eligible for post-employment benefits when employment ends ("**Eligible Retired Employees**") shall be eligible to participate in the same plan as an active current employee except as specifically noted, with the same provisions that apply to active employees, except that provisions regarding eligibility for post-employment benefits and monthly contributions shall remain the same as the rules that applied to similarly situated former employees as of 12/31/2016 and shown in the chart below:

Hire Date	Hired before 1/1/2005		Hired on or after 1/1/2005
Plan	Former SWBW Plan Participants	Former EDGE Plan Participants	National Bargained Benefit Plan For Employees of AT&T Mobility Services LLC
Eligibility Rule	Modified rule of 75 ▪ 30 (NCS) and any age ▪ 25 (NCS) & 50 (age) ▪ 20 (NCS) & 55 (age) ▪ 10 (NCS) & 65 (age)	Transition Groups 1-4	Modified rule of 75 ▪ 30 (NCS) and any age ▪ 25 (NCS) & 50 (age) ▪ 20 (NCS) & 55 (age) ▪ 10 (NCS) & 65 (age)
Retiree contributions	Same as active employees' contributions	▪ Parent company provides benefit for Transition Group 1 ▪ Subsidy varies for Transition Groups 2-3; ▪ Access only for Transition Group 4 [Edge Plan retiree contributions are subject to change. See Summary Plan Description.]	Retiree pays 100% for coverage (Access Only)

Nothing in this Agreement or in Exhibit 1 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.