

## BENEFITS AGREEMENT

This Agreement is between the COMMUNICATIONS WORKERS OF AMERICA (hereinafter called the "Union" or the CWA), and AT&T MOBILITY SERVICES LLC and AT&T CUSTOMER SERVICES, INC. (collectively referenced as "the Company") (the Company and Union are collectively referenced as "Parties"), with respect to employee benefits provided to Mobility Districts 1, 2-13, 4, 7, and 9 ("Agreement"). Subject to the Company receiving written notice on or before January 12, 2018 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.

The benefit provisions of the successor National Bargained Benefit Plan ("NBBP") and its Attachments effective for the calendar years of 2017-2020 are not a subject of this Agreement and nothing in this Agreement, including but not limited to the definitions of Current Employees, 2017 New Hires and 2018 New Hires shall apply to the National Bargained Benefit Plan for any purpose.

The means for fulfilling the terms of this Agreement may be the Company's adoption of its own plan and associated plan document or participation in an equivalent plan having a plan document that includes, for bargained-for employees, the benefits agreed to be provided pursuant to this Agreement 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.

It is understood that certain benefits provided under the Agreement 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 this Agreement will remain in effect through expiration.

The Company retains the right to make administrative changes, corrections, and adjustments to the Agreement 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, unless noted otherwise:

- Mobility Districts 1, 2-13, 4, 7, and 9 bargained employees hired, rehired or transferred (including transfers pursuant to the National Transfer Plan (NTP)) into Mobility Orange bargained titles before January 1, 2017 shall be referred to as "Current Employees". "Current Employees" shall also include transfers pursuant to the NTP from Mobility Districts 3 and 6 hired or rehired before January 1, 2017;
- Mobility Districts 1, 2-13, 4, 7, and 9 bargained employees hired, rehired or transferred (including transfers pursuant to the NTP) into Mobility Orange bargained titles on or after January 1, 2017 and before January 1, 2018 shall be referred to as "2017 New Hires" except for Mobility Districts 3 and 6 employees hired or rehired before January 1, 2017 who transferred pursuant to the NTP on or after January 1, 2017 and before January 1, 2018;
- Mobility Districts 1, 2-13, 4, 7, and 9 bargained employees hired, rehired or transferred (including transfers pursuant to the NTP) into Mobility Orange bargained titles on or after January 1, 2018 shall be referred to as "2018 New Hires" except for Mobility Districts 3 and 6 employees hired or rehired before January 1, 2018 who transferred pursuant to the NTP on or after January 1, 2018;
- Current Employees, 2017 New Hires and 2018 New Hires shall be referred to collectively as "Employees".

Effective January 1, 2021 unless noted otherwise, Current Employees, 2017 New Hires and 2018 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 February 11, 2017 as described in the applicable SPDs and SMMs, except as noted herein.

Plan/Program/Policy	Current Employees	2017 New Hires	2018 New Hires
AT&T Mobility Medical Program (program name expected to change for 2021)	X	X	X
AT&T Dental Program (Bargained Employees)	X	X	X
AT&T Vision Program (Bargained Employees)	X	X	X
AT&T CarePlus - A Supplemental Benefit Program	X	X	X
AT&T Employee Assistance Program	X	X	X
AT&T Group Life Insurance Program for Active Employees <sup>1</sup>	X	X	X
AT&T Consolidated Long-Term Care Insurance Plan (closed to new entrants 5/1/2012) <sup>2</sup>	X	X	X
AT&T Adoption Assistance Policy	X	X	X
AT&T Tuition Reimbursement Policy	X	X	X
AT&T Flexible Spending Account Plan	X	X	X
AT&T Mobility Disability Benefits Program for Southwest Bargained Employees (SWBW)	X	X	
AT&T Mobility Disability Benefits Program (Edge)	X	X	
AT&T Disability Income Program <sup>3</sup>			X
Mobility Program of the AT&T Pension Benefit Plan <sup>4</sup>	X		
Bargained Cash Balance Program #2 of the AT&T Pension Benefit Plan <sup>5</sup>		X	X
AT&T Retirement Savings Plan	X	X	X

1. This program includes Supplemental Life Insurance and Dependent Life Insurance provisions.
2. The Company may unilaterally modify the AT&T Consolidated Long-Term Care Insurance Plan from time-to-time or discontinue without further discussions with the Union.
3. Effective on January 1, 2018, 2018 New Hires will be eligible for the AT&T Disability Income Program.
4. Employees hired or rehired on or before December 31, 2009
5. Employees hired, rehired or transferred after December 31, 2009

**BENEFITS OUTLINE SUMMARY**

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>																					
<b>Effective Date(s)</b>	1/1/2021, unless noted otherwise																				
<b>MEDICAL PROGRAM BENEFITS</b>																					
<b>Program</b>	<p>AT&amp;T Mobility Medical Program*</p> <p>(program name expected to change for 2021)</p> <p>Fully-insured coverage options such as HMOs continue to be available at the discretion of the Company.</p> <p>*This document highlights key elements of program design. For complete program details, refer to the applicable Summary Plan Description (SPD) dated September 2017 &amp; associated Summary of Material Modifications (SMMs).</p>																				
<b>Eligibility for Coverage</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p>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*.</p> <p>*Temporary Employees who enroll will not be eligible for subsidized coverage.</p>																				
<b>Eligibility for Company Subsidy</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p>No change from current program.</p> <p>*Temporary Employees who enroll will pay 100% of the full cost of coverage.</p>																				
<b>EE Class</b>	Full Time & Part Time Regular Employees, and Full-time Temporary Employees																				
<b>Health Reimbursement Account (HRAs)</b>	<p><u>2018 New Hires and 2017 New Hires</u> None.</p> <p><u>Current Employees</u> None.</p>																				
<b>Full Time EE Contribution Per Month</b>	<p>No active participating Employee will pay more than 100% of the cost of coverage.</p> <p><u>2018 New Hires and 2017 New Hires</u></p> <p>Option 1:</p> <table border="0"> <tr> <td></td> <td align="right"><u>2021</u></td> </tr> <tr> <td>Ind</td> <td align="right">\$134</td> </tr> <tr> <td>Ind+Sp</td> <td align="right">\$368</td> </tr> <tr> <td>Ind+Child(ren)</td> <td align="right">\$230</td> </tr> <tr> <td>Fam</td> <td align="right">\$391</td> </tr> </table> <p>Option 2:</p> <table border="0"> <tr> <td></td> <td align="right"><u>2021</u></td> </tr> <tr> <td>Ind</td> <td align="right">\$96</td> </tr> <tr> <td>Ind+Sp</td> <td align="right">\$263</td> </tr> <tr> <td>Ind+Child(ren)</td> <td align="right">\$164</td> </tr> <tr> <td>Fam</td> <td align="right">\$279</td> </tr> </table>		<u>2021</u>	Ind	\$134	Ind+Sp	\$368	Ind+Child(ren)	\$230	Fam	\$391		<u>2021</u>	Ind	\$96	Ind+Sp	\$263	Ind+Child(ren)	\$164	Fam	\$279
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<b>Part Time EE Contributions</b>	<p>No active participating Employee will pay more than 100% of the cost of coverage.</p> <p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p>No change from current program.</p> <p><u>Based on Scheduled hrs./week:</u></p> <ul style="list-style-type: none"> <li>• Greater than or equal to 20 hrs. = 50% of full cost of coverage*.</li> <li>• Less than 20 hrs. = 100% of full cost of coverage* with no Company subsidy.</li> </ul> <p>* Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>																				
<b>Working Spouse Contribution</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p><u>Spouse/LRP Access to Medical Coverage Additional Medical Contribution:</u>  Participants whose spouse/LRP enrolls in AT&amp;T-sponsored medical coverage (within either self-insured or fully insured programs) but otherwise has access to medical coverage through their employer, excluding AT&amp;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.</p> <p style="text-align: center;">Additional Monthly Medical Contribution:</p> <p style="margin-left: 40px;"><u>2021:</u> \$100</p>																				
<b>Tobacco Use Contribution</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p><u>Tobacco Use Additional Medical Contribution:</u>  Employees and/or spouses who use tobacco, are enrolled in AT&amp;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 employee and/or spouse 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</p>																				

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>																
	<p>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.</p> <p style="text-align: center;">Additional Monthly Medical Contribution for each employee or spouse:</p> <p><u>2021:</u> \$60</p>															
<b>Coinsurance Copey/Coinsurance</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.</p> <p>Option 1 and Option 2:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">2021</th> </tr> <tr> <th style="text-align: center;">Network/ONA</th> <th style="text-align: center;">Non-Network</th> </tr> </thead> <tbody> <tr> <td>Preventive</td> <td style="text-align: center;">\$0 / 0% Ded waived</td> <td style="text-align: center;">No Benefit</td> </tr> <tr> <td>Sickness/ Illness</td> <td style="text-align: center;">\$0 / 10% After Ded</td> <td style="text-align: center;">\$0 / 50% After Ded</td> </tr> <tr> <td>Emergency Room Facility/Professional Services (Emergencies)</td> <td style="text-align: center;">\$0 / 10% After Ded</td> <td style="text-align: center;">\$0 / 10% After Ded</td> </tr> </tbody> </table> <p><u>Examples of Coinsurance provisions include:</u></p> <ul style="list-style-type: none"> <li>• Applies after applicable Network/ONA or Non-Network Deductible amount is satisfied.</li> <li>• Applies to all covered health services, including mental health/substance abuse benefits under the program with the exceptions below: <ul style="list-style-type: none"> <li>- Does not apply toward Prescription Drugs.</li> <li>- Does not apply toward Network/ONA preventive services.</li> </ul> </li> <li>• Actual amount that is applied to the Coinsurance is calculated on the basis of eligible/allowable expenses.</li> <li>• All Coinsurance applies to applicable Network/ONA or Non-Network Out-of-Pocket Maximums</li> </ul>		2021		Network/ONA	Non-Network	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	
	2021															
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<b>Annual Deductible</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.</p> <p>Option 1:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2021</u> Network / ONA</th> <th style="text-align: center;"><u>2021</u> Non- Network</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: center;">\$750</td> <td style="text-align: center;">\$2,625</td> </tr> <tr> <td>Ind+Ch</td> <td style="text-align: center;">\$1,500</td> <td style="text-align: center;">\$5,250</td> </tr> <tr> <td>Ind+Sp</td> <td style="text-align: center;">\$1,500</td> <td style="text-align: center;">\$5,250</td> </tr> <tr> <td>Fam</td> <td style="text-align: center;">\$1,500</td> <td style="text-align: center;">\$5,250</td> </tr> </tbody> </table> <p><u>Annual Deductible provisions:</u></p> <ul style="list-style-type: none"> <li>• Applies to all covered health services, including mental health/substance abuse benefits under the program.</li> </ul>		<u>2021</u> Network / ONA	<u>2021</u> Non- Network	Ind	\$750	\$2,625	Ind+Ch	\$1,500	\$5,250	Ind+Sp	\$1,500	\$5,250	Fam	\$1,500	\$5,250
	<u>2021</u> Network / ONA	<u>2021</u> Non- Network														
Ind	\$750	\$2,625														
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**Current Employees, 2017 New Hires and 2018 New Hires**

- 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.

Option 2:

	<u>2021</u>	<u>2021</u>
	Network/ ONA	Non- Network
Ind	\$1,300	\$3,900
Ind+Ch	\$2,600	\$7,800
Ind+Sp	\$2,600	\$7,800
Fam	\$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),

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>																			
	<p>Individual+Spouse or Family Annual Deductible can be met by one or a combination of covered family members.</p> <ul style="list-style-type: none"> <li>• The following costs paid by the participant apply toward the applicable Network/ONA or Non-Network Deductible amounts: <ul style="list-style-type: none"> <li>- Network allowable charges for eligible expenses (for Network/ONA),</li> <li>- Non-Network allowable charges for eligible expenses (for Non-Network),</li> <li>- Outpatient prescription drug allowable charges for eligible expenses.</li> </ul> </li> <li>• The Non-Network Annual Deductibles will be three times the associated Network Annual Deductibles.</li> <li>• The Annual Deductibles are included in the Out Of Pocket Maximums.</li> </ul>																		
<b>Annual Out of Pocket Maximum</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1:</p> <p><u>Out-of-Pocket Maximum Amounts</u> (including the Annual Deductibles)</p> <table style="margin-left: 40px;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2021</u></th> <th style="text-align: center;"><u>2021</u></th> </tr> <tr> <th></th> <th style="text-align: center;">Network/ONA</th> <th style="text-align: center;">Non-Network</th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: right;">\$3,750</td> <td style="text-align: right;">\$11,250</td> </tr> <tr> <td>Ind+Ch</td> <td style="text-align: right;">\$7,500</td> <td style="text-align: right;">\$22,500</td> </tr> <tr> <td>Ind+Sp</td> <td style="text-align: right;">\$7,500</td> <td style="text-align: right;">\$22,500</td> </tr> <tr> <td>Fam</td> <td style="text-align: right;">\$7,500</td> <td style="text-align: right;">\$22,500</td> </tr> </tbody> </table> <p>(Integrated Med/Surg, MH/SA)</p> <p><u>Out-of-Pocket Maximum provisions:</u></p> <ul style="list-style-type: none"> <li>• Applies to all covered health services, including mental health/substance abuse benefits under the program.</li> <li>• The following costs paid by the participant apply towards the applicable Network/ONA or Non-Network Out-of- Pocket Maximum amounts: <ul style="list-style-type: none"> <li>- Annual Deductibles</li> <li>- Coinsurance</li> </ul> </li> <li>• 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: <ul style="list-style-type: none"> <li>- Prescription Drug copays</li> <li>- Any applicable monthly contributions</li> <li>- Any charges for non-covered health services</li> <li>- Any penalties for failure to comply with terms of program (i.e., preauthorization /predetermination)</li> <li>- Charges that exceed eligible expenses</li> <li>- Any charges for services that are exclusions under the program</li> </ul> </li> <li>• The amount that is applied to the Out-of-Pocket Maximum is calculated on the basis of coinsurance.</li> <li>• 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.</li> <li>• 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</li> </ul>		<u>2021</u>	<u>2021</u>		Network/ONA	Non-Network	Ind	\$3,750	\$11,250	Ind+Ch	\$7,500	\$22,500	Ind+Sp	\$7,500	\$22,500	Fam	\$7,500	\$22,500
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**Current Employees, 2017 New Hires and 2018 New Hires**

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)

	<u>2021</u>	<u>2021</u>
	Network/ <u>ONA</u>	Non- <u>Network</u>
Ind	\$6,450	\$19,350
Ind+Ch	\$12,900	\$38,700
Ind+Sp	\$12,900	\$38,700
Fam	\$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.

<b>Office Visit</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided above.
<b>Emergency Room</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided above.
<b>Urgent Care Center</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided above.

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>											
<b>Hospital</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided above.										
<b>Diagnostic Testing</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided above.										
<b>Lifetime Maximum</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> Note: No longer applies due to healthcare reform legislation (PPACA).										
<b>COB</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.										
<b>Survivor</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.										
<b>Eligible Retired Employees</b>	See Exhibit 1.										
<b>PRESCRIPTION DRUG BENEFITS</b>											
<b>Prescription Drugs</b>	See Chart Below.										
<b>Bargained Program Rx Program</b>											
<b>Restrictions</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.										
<b>Deductible</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u>  Option 1: None.  Option 2: Integrated with Med/Surg, MH/SA and CarePlus.										
<b>OOP Max</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u>  Option 1:  <table style="margin-left: 20px;"> <tr><td></td><td style="text-align: center;"><u>2021</u></td></tr> <tr><td>Ind</td><td style="text-align: right;">\$1,200</td></tr> <tr><td>Ind+Ch</td><td style="text-align: right;">\$2,400</td></tr> <tr><td>Ind+Sp</td><td style="text-align: right;">\$2,400</td></tr> <tr><td>Fam</td><td style="text-align: right;">\$2,400</td></tr> </table> Out-of-Pocket Maximum provisions: <ul style="list-style-type: none"> <li>• Applies to all Network prescription drug copays.</li> <li>• 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: <ul style="list-style-type: none"> <li>- Any medical or mental health/substance abuse expenses</li> <li>- Any applicable monthly contributions</li> <li>- Any charges for non-covered prescription drugs</li> <li>- Any penalties for failure to comply with terms of program (i.e., mandatory generic penalty)</li> <li>- Any charges for prescription drugs that are exclusions under the program</li> </ul> </li> <li>• The amount that is applied to the Out-of-Pocket Maximum is the Network prescription drug copays.</li> </ul>		<u>2021</u>	Ind	\$1,200	Ind+Ch	\$2,400	Ind+Sp	\$2,400	Fam	\$2,400
	<u>2021</u>										
Ind	\$1,200										
Ind+Ch	\$2,400										
Ind+Sp	\$2,400										
Fam	\$2,400										

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>									
	<ul style="list-style-type: none"> <li>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.</li> </ul> <p>Option 2: Integrated with Med/Surg, MH/SA and CarePlus.</p>								
<b>Retail</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program, except as provided below.</p> <p>Network Copays: Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions.</p>								
<b>Retail Generic</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1:</p> <table> <tr> <td>Generic</td> <td><u>2021</u> \$10</td> </tr> </table> <p>Provisions: No change to current program.</p> <p>Option 2:</p> <table> <tr> <td>Generic</td> <td><u>2021</u> \$9</td> </tr> </table>	Generic	<u>2021</u> \$10	Generic	<u>2021</u> \$9				
Generic	<u>2021</u> \$10								
Generic	<u>2021</u> \$9								
<b>Retail Brand</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1:</p> <table> <tr> <td>Preferred</td> <td><u>2021</u> \$35</td> </tr> <tr> <td>Non-Preferred</td> <td>\$70</td> </tr> </table> <p>Option 2:</p> <table> <tr> <td>Preferred</td> <td><u>2021</u> \$35</td> </tr> <tr> <td>Non-Preferred</td> <td>\$70</td> </tr> </table>	Preferred	<u>2021</u> \$35	Non-Preferred	\$70	Preferred	<u>2021</u> \$35	Non-Preferred	\$70
Preferred	<u>2021</u> \$35								
Non-Preferred	\$70								
Preferred	<u>2021</u> \$35								
Non-Preferred	\$70								
<b>Personal Choice</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.</p>								
<b>Mail Order</b>	<p><u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.</p> <p>Mandatory mail order for maintenance RX continues to apply after second fill at retail.</p> <p>Up to 90-day supply subject to Advanced Control Specialty Formulary provisions.</p>								

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>	
<b>Mail Order Generic</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> <b>Option 1:</b> Generic <u>2021</u> \$20  <b>Option 2:</b> Generic <u>2021</u> \$18  <u>Provisions:</u> Mandatory Generic provisions continue to apply.
<b>Mail Order Brand</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> <b>Option 1:</b> <u>2021</u> Preferred                 \$70 Non-Preferred         \$140  <b>Option 2:</b> <u>2021</u> Preferred                 \$70 Non-Preferred         \$140
<b>Personal Choice</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.
<b>MENTAL HEALTH BENEFITS</b>	
<b>Deductible</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> Option 1: No change from current program.  Option 2: Integrated with Med/Surg, Rx and CarePlus.
<b>OOP Max</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> Option 1: No change from current program.  Option 2: Integrated with Med/Surg, Rx and CarePlus
<b>Copayments and Coinsurance</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.
<b>Limitations</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.
<b>SUBSTANCE ABUSE BENEFITS</b>	
<b>Deductible</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.
<b>OOP Max</b>	<u>2018 New Hires, 2017 New Hires and Current Employees</u> No change from current program.

Current Employees, 2017 New Hires and 2018 New Hires																			
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>																			
<b>Program</b>	AT&T Employee Assistance Program																		
<b>Eligibility</b>	Date of hire.																		
<b>EE Class</b>	All employees.																		
<b>Cost</b>	100% company-paid																		
<b>Design</b>	Up to 5 EAP sessions per issue per year																		
<b>Survivors</b>	None.																		
<b>Eligible Retired Employees</b>	None.																		
<b>DISABILITY BENEFITS</b>																			
<b>Effective Date(s)</b>	1/1/2018																		
<b>Program</b>	<p><u>2017 New Hires and Current Employees</u>  AT&amp;T Mobility Disability Benefits Program for Southwest Bargained Employees (SWBW)  Or  AT&amp;T Mobility Disability Benefits Program (Edge)  No change from current program</p> <p><u>2018 New Hires</u>  AT&amp;T Disability Income Program as described in the Summary Plan Description dated September 2017 as these provisions change from time to time except as provided below.</p>																		
<b>Short-Term Disability (STD)</b>	<p><u>2017 New Hires and Current Employees</u>  No change from current program</p> <p><u>2018 New Hires</u>  The AT&amp;T Disability Income Program as described in the Summary Plan Description except that Temporary and Term employees are not eligible for LTD benefits. Short-term disability benefits and the other sources of income received are designed to replace 60 percent or 100 percent of Pay, based on your service as shown below:</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"><u>Term of Employment</u></th> <th colspan="2" style="text-align: center;"><u>% of Pay</u></th> </tr> <tr> <td></td> <th style="text-align: center;"><u>100%</u></th> <th style="text-align: center;"><u>60%</u></th> </tr> </thead> <tbody> <tr> <td>6 months &lt; 2 years</td> <td style="text-align: center;">0 weeks</td> <td style="text-align: center;">26 weeks</td> </tr> <tr> <td>2 years &lt; 5 years</td> <td style="text-align: center;">4 weeks</td> <td style="text-align: center;">22 weeks</td> </tr> <tr> <td>5 years &lt; 15 years</td> <td style="text-align: center;">13 weeks</td> <td style="text-align: center;">13 weeks</td> </tr> <tr> <td>15 years or more</td> <td style="text-align: center;">26 weeks</td> <td style="text-align: center;">0 weeks</td> </tr> </tbody> </table>	<u>Term of Employment</u>	<u>% of Pay</u>			<u>100%</u>	<u>60%</u>	6 months < 2 years	0 weeks	26 weeks	2 years < 5 years	4 weeks	22 weeks	5 years < 15 years	13 weeks	13 weeks	15 years or more	26 weeks	0 weeks
<u>Term of Employment</u>	<u>% of Pay</u>																		
	<u>100%</u>	<u>60%</u>																	
6 months < 2 years	0 weeks	26 weeks																	
2 years < 5 years	4 weeks	22 weeks																	
5 years < 15 years	13 weeks	13 weeks																	
15 years or more	26 weeks	0 weeks																	
<b>Long-Term Disability (LTD)</b>	<p><u>2017 New Hires and Current Employees</u>  No change from current program</p> <p><u>2018 New Hires</u>  The AT&amp;T Disability Income Program as described in the Summary Plan Description as these provisions change from time to time except that Temporary and Term employees are not eligible for LTD benefits.</p>																		
<b>DENTAL BENEFITS</b>																			
<b>Program</b>	AT&T Dental Program* (Bargained Employees) <ul style="list-style-type: none"> <li>• Dental PPO</li> <li>• DHMO (available at the discretion of the Company)</li> </ul>																		

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>	
	*This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated September 2017 & associated Summary of Material Modifications (SMMs).
<b>Eligibility for Coverage</b>	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)).
<b>Eligibility for Company Subsidy</b>	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)).
<b>EE Class</b>	Regular Full Time & Part Time
<b>Full Time EE Contribution</b>	Contributions for Dental PPO or DHMO (if available) for 2021:  <div style="margin-left: 40px;"> <u>2021</u>            Ind \$8            Ind +1 \$17            Family \$27         </div>
<b>Part Time EE Contributions</b>	<u>Based on Scheduled hrs./week:</u> <ul style="list-style-type: none"> <li>• Greater than or equal to 20 hrs. = 50% of full cost of coverage*.</li> <li>• Less than 20 hrs. = 100% of full cost of coverage* with no Company subsidy.</li> </ul> <p>* Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>
<b>Annual Deductible</b>	Network and ONA: \$25 per individual Non-Network: \$50 per individual
<b>Annual Maximum Benefit</b>	Network and ONA: \$1,750 per individual* Non-Network: \$1,300 per individual*  *Not to exceed \$1,750 combined Network/Non-Network
<b>Diagnostic &amp; Preventive</b>	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
<b>Coverage Levels (replaces minor and major restorative)</b>	<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

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>	
	<p>Non-Network**: 50%, after deductible</p> <p>*For ONA, paid at Network contracted rate. **For Non-Network paid based on reasonable and customary amounts.</p>
<b>Orthodontic – Lifetime Maximum</b>	<p>Network and ONA: \$2,000 per individual* Non-Network: \$1,400 per individual*</p> <p>*Not to exceed \$2,000 combined Network/Non-Network</p>
<b>COB</b>	No change from current program.
<b>Survivor</b>	12 months Company extended coverage (CEC) concurrent with COBRA, then 100% cost of coverage for life or until remarriage.
<b>Eligible Retired Employees</b>	See Exhibit 1.
<b>Outside Network Area (ONA)</b>	<ul style="list-style-type: none"> <li>• ONA benefit provided to employees who reside in a zip code which does not meet the network standards.</li> <li>• ONA benefits are equivalent to PPO Network benefits</li> <li>• Enrollees who are in Network will be offered the PPO option only.</li> <li>• Enrollees who are located outside the Network zip code criteria will be offered the ONA option only.</li> </ul>
<b>VISION BENEFITS</b>	
<b>Program</b>	<p>AT&amp;T Vision Program* (Bargained Employees)</p> <p>*This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) dated September 2017 &amp; associated Summary of Material Modifications (SMMs).</p>
<b>Eligibility for Coverage</b>	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)).
<b>Eligibility for Company Subsidy</b>	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)).
<b>EE Class</b>	Regular Full Time & Part Time
<b>Full Time EE Contribution</b>	<p style="text-align: center;"><u>2021</u></p> <p>Ind \$2.50 Ind +1 \$5.50 Family \$9.00</p>
<b>Part Time EE Contributions</b>	<p>Based on Scheduled hrs./week:</p> <ul style="list-style-type: none"> <li>• Greater than or equal to 20 hrs. = 50% of full cost of coverage*.</li> <li>• Less than 20 hrs. = 100% of full cost of coverage* with no Company subsidy.</li> </ul> <p>*Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>					
<b>Coverage Levels</b>	<p><b>Exam:</b> 1 exam per 12 months</p> <ul style="list-style-type: none"> <li>• Network: \$0/0%</li> <li>• Non-Network: \$28 towards exam cost</li> </ul> <p><b>Frame Allowance:</b> 1 pair per 12 months</p> <ul style="list-style-type: none"> <li>• Network: \$130 allowance towards frame cost</li> <li>• Non-Network: \$30 towards frame cost</li> </ul> <p><b>Lenses Allowance:</b> 1 set per 12 months</p> <p>Network: \$0/0% Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100%.</p> <p>Non-Network: \$30-\$80 towards lenses</p> <p><b>Contact Lenses Allowance:</b> Allowance per 12 months</p> <ul style="list-style-type: none"> <li>Network: \$150 allowance</li> <li>Non-Network: \$150 allowance</li> </ul> <p><b>2nd Pair Benefit:</b> Network Only: Allows for a 2nd pair of glasses or contact lenses allowance after the first pair benefit/allowance is utilized, per 24 months.</p>				
<b>COB</b>	No change from current program.				
<b>Survivor</b>	No change from current program.				
<b>Eligible Retired Employees</b>	See Exhibit 1.				
<b>SUPPLEMENTAL MEDICAL BENEFITS</b>					
<b>Program</b>	<p>AT&amp;T CarePlus-A Supplemental Benefit Program*</p> <p>*This document highlights key elements of program design. For complete program details, refer to the Summary Program Description (SPD) dated September 2017 &amp; associated Summary of Material Modifications (SMMs).</p>				
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Effective date of coverage is the first of the month following your hire date.</li> </ul>				
<b>EE Class</b>	Regular Full Time & Part Time				
<b>Employee Contributions (FT and PT)</b>	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Employee only</td> <td>\$1</td> </tr> <tr> <td>Employee &amp; family</td> <td>\$2</td> </tr> </table> <p>Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company.</p>	Employee only	\$1	Employee & family	\$2
Employee only	\$1				
Employee & family	\$2				
<b>Benefits</b>	<p>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.</p> <p>Company continues to retain the unilateral right to change, modify, amend and discontinue benefits offered under CarePlus.</p>				



<b>Current Employees, 2017 New Hires and 2018 New Hires</b>	
	Frequency of enrollment continues to be annually.
<b>COB</b>	No change from current program.
<b>Survivor</b>	No change from current program.
<b>Eligible Retired Employees</b>	See Exhibit 1.
<b>FLEXIBLE SPENDING ACCOUNTS</b>	
<b>Plan</b>	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 September 2017 & associated Summary of Material Modifications (SMMs).
<b>Dependent Care Spending Accounts</b>	
<b>Plan</b>	No change from current plan
<b>Eligibility</b>	No change from current plan.
<b>EE Class</b>	Regular Full Time & Part Time
<b>Maximum</b>	No change from current plan.
<b>Minimum</b>	No change from current plan.
<b>Health Care Spending Accounts</b>	
<b>Plan</b>	No change from current plan, except those that are mandated by healthcare reform legislation (PPACA).
<b>Eligibility</b>	No change from current plan.
<b>EE Class</b>	Regular Full Time & Part Time
<b>Maximum</b>	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.
<b>Minimum</b>	No change from current plan except those that are mandated by healthcare reform legislation (PPACA).
<b>Survivor</b>	No change from current plan.
<b>Eligible Retired Employees</b>	No change from current plan.
<b>LIFE INSURANCE</b>	
<b>Program</b>	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 2016 & associated Summary of Material Modifications (SMMs).  Note: Contributions amounts are subject to annual adjustment.
<b>Eligibility</b>	All coverages: Eligible date of hire.
<b>EE Class</b>	Regular Full Time & Part Time
<b>Basic Life Insurance Benefit</b>	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.
<b>Supplemental Life Insurance Benefit</b>	1X-10X annual basic pay, max \$7M basic + supp; Employee paid; smoker/nonsmoker rates.
<b>Accelerated Death Benefit</b>	Available when life expectancy is 24 months or less. Minimum Distribution: 25% of total life insurance benefit.

<b>Current Employees, 2017 New Hires and 2018 New Hires</b>	
	Maximum Distribution: lesser of 75% of total life insurance benefit or \$1M
<b>AD&amp;D</b>	Basic: 1X annual basic pay; Company paid Supp: 1X-10X annual basic pay Spouse and child: applies
<b>Seatbelt Incentive</b>	Company paid \$10K. Supplemental, spouse, & child AD&D also have \$10K.
<b>Dependent Benefit Amount</b>	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
<b>LTD Coverage</b>	Basic & Supplemental life (not AD&D) continues for 3 years. Dependent coverages end with end of STD
<b>Portability upon termination</b>	Yes for supplemental employee life only
<b>Conversion upon termination</b>	Basic & Supplemental life, not AD&D. Spouse and child life, not AD&D.
<b>Survivor</b>	No change from current program.
<b>Eligible Retired Employees</b>	No change from current program.
<b>Guaranteed Issue</b>	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.
<b>LONG-TERM CARE</b>	
<b>Plan</b>	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).
<b>Eligibility</b>	No change from current plan.
<b>EE Class</b>	No change from current plan.
<b>Coverage</b>	<u>2018 New Hires and 2017 New Hires</u> Not available; closed to new entrants as of 5/1/2012.  <u>Current Employees</u> 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.
<b>ADOPTION ASSISTANCE POLICY</b>	
<b>Policy</b>	No change from current policy.
<b>Eligibility</b>	No change from current policy.
<b>EE Class</b>	No change from current policy.
<b>Maximum</b>	No change from current policy.
<b>TUITION REIMBURSEMENT POLICY</b>	
<b>Eligibility</b>	6 months of service.
<b>EE Class</b>	No change from current policy.
<b>Maximum (same for FT &amp; PT)</b>	Annual Tuition Cap-No change from current plan. Tuition Lifetime Cap-Undergraduate-\$20,000 Graduate-\$25,000.

Current Employees, 2017 New Hires and 2018 New Hires	
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

PENSION PLAN	
Effective Date(s)	1/1/2018
Program(s)	<u>Employees hired or rehired on or before December 31, 2009</u> Mobility Program (Mobility Program) of the AT&T Pension Benefit Plan  <u>Employees hired, rehired or transferred after December 31, 2009</u> Bargained Cash Balance Program #2 (BCB#2 Program) of the AT&T Pension Benefit Plan
Benefits	<u>Employees hired or rehired on or before December 31, 2009</u> No change from current program  <u>Employees hired, rehired or transferred after December 31, 2009</u> No change from current program
SAVINGS PLAN	
Effective Date(s)	1/1/2018
Program	AT&T Retirement Savings Plan (ARSP)
Benefits	No change from current program.

**Retiree Health Care for Bargained Employees of the Company  
Benefit Outline Summary**

**Retiree Health Care for Bargained Employees for the period January 1, 2021 through December 31, 2021 who terminate employment during the period 1/1/2021 through 12/31/2021.**

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 12/31/2020 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	NBBP or its Successor Plan(s) For Employees of the Company
Eligibility Rule	Modified rule of 75 <ul style="list-style-type: none"> <li>▪ 30 (NCS) and any age</li> <li>▪ 25 (NCS) &amp; 50 (age)</li> <li>▪ 20 (NCS) &amp; 55 (age)</li> <li>▪ 10 (NCS) &amp; 65 (age)</li> </ul>	Transition Groups 1-4	Modified rule of 75 <ul style="list-style-type: none"> <li>▪ 30 (NCS) and any age</li> <li>▪ 25 (NCS) &amp; 50 (age)</li> <li>▪ 20 (NCS) &amp; 55 (age)</li> <li>▪ 10 (NCS) &amp; 65 (age)</li> </ul>
Retiree contributions	Same as active employees' contributions	<ul style="list-style-type: none"> <li>▪ Parent company provides benefit for Transition Group 1</li> <li>▪ Subsidy varies for Transition Groups 2-3;</li> <li>▪ Access only for Transition Group 4</li> </ul> [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.