

AT&T Mobility Purple Benefit Outline Summary

This Agreement is between the COMMUNICATIONS WORKERS OF AMERICA, DISTRICT 6 (hereinafter called the "Union" or the CWA), and AT&T MOBILITY SERVICES LLC herein after called "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 on or before March 22, 2024, 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 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, and except that Pension and Savings Benefit Plans will be treated as described in Section 2 below:

- Mobility District 6 bargained employees hired, rehired or transferred (including transfers pursuant to the National Transfer Plan (NTP)) into Mobility Purple bargained titles before January 1, 2017 shall be referred to as "Current Employees". "Current Employees" shall also include transfers from Mobility Districts 1,2-13,4,7,9 and 3 hired or rehired before January 1, 2017;
- Mobility District 6 bargained employees hired, rehired or transferred (including transfers pursuant to the NTP) into Mobility Purple bargained titles on or after January 1, 2017 and before January 1, 2025 shall be referred to as "2017 New Hires". "2017 New Hires" shall also include transfers from Mobility Districts 1,2-13,4,7,9 and 3 hired or rehired on or after January 1, 2017 and before January 1, 2025;
- Mobility District 6 bargained employees hired, rehired or transferred (including transfers pursuant to the NTP) into Mobility Purple bargained titles on or after January 1, 2025 shall be referred to as "2025 New Hires". "2025 New Hires" shall also include transfers from Mobility Districts 1,2-13,4,7,9 and 3 hired or rehired on or after January 1, 2025;
- Current Employees, 2017 New Hires and 2025 New Hires shall be referred to collectively as "Employees".

Effective January 1, 2025 unless noted otherwise, Current Employees, 2017 New Hires and 2025 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 23, 2024 as described in the applicable SPDs and SMMs, except as noted herein.

**AT&T Mobility Purple
Benefit Outline Summary**

Plan/Program/Policy	Current Employees	2017 New Hires and 2025 New Hires	
AT&T Mobility Purple Medical Program	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 ¹	X	X	
AT&T Consolidated Long-Term Care Insurance Plan (closed to new entrants 5/1/2012) ²	X		
AT&T Adoption Reimbursement Policy AT&T Surrogacy Reimbursement Policy AT&T Cryopreservation Reimbursement Policy	X	X	
AT&T Tuition Reimbursement Policy	X	X	
AT&T Commuter Benefits Policy	X	X	
AT&T Flexible Spending Account Plan	X	X	
AT&T Mobility Disability Benefits Program for Southwest Bargained Employees	X		
AT&T Disability Income Program ³		X	

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

² The Company may unilaterally discontinue or modify the AT&T Consolidated Long-Term Care Insurance Plan from time-to-time without further discussions with the Union.

³ This program is subject to the terms and conditions of the AT&T Mobility Purple Benefit Outline Summary.

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Section 1: HEALTH AND WELFARE BENEFIT PLANS

Current Employees, 2017 New Hires and 2025 New Hires	
Effective Date(s)	1/1/2025, unless noted otherwise
MEDICAL PROGRAM BENEFITS	
Program	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> AT&T Mobility Purple Medical Program*</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) & associated Summary of Material Modifications (SMMs).</p>
Eligibility for Coverage	<p><u>2025 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>
Eligibility for Company Subsidy	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Eligibility for Company Subsidy begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.</p>
EE Class	Full Time & Part Time Regular Employees, and Full-time Temporary Employees
Health Reimbursement Account (HRAs)	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>None.</p>
Health Savings Account (HSAs)	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Employees who meet the legal requirements can continue to elect to make pre-tax payroll contributions to an HSA via the Section 125 Cafeteria Plan up to the HSA annual maximum set by the IRS.</p> <p>In 2025, the Company will provide a Company Contribution to Active Employees' HSA who meet the following criteria:</p> <ul style="list-style-type: none"> • Enroll in an AT&T sponsored medical option that meets IRS qualifications for pre-tax HSA contributions • Have or establish an HSA account with the Company HSA administrator • Provided the below options meet annual IRS criteria as HSA-qualified High Deductible Health Plans, the Company will match up to the below amounts for employees who elect to make payroll deduction contributions in an amount equal to or greater than the minimum amounts, outlined below: <ul style="list-style-type: none"> ○ Option 2 and Option 3: <ul style="list-style-type: none"> ▪ Individual: \$250 ▪ Individual + Child(ren), Individual + Spouse/Partner or Family: \$250

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires

**Full Time EE
Contribution
Per Month**

No active participating Employee will pay more than 100% of the cost of coverage.

2017 New Hires and Current Employees

Option 1:

	2025	2026	2027	2028
Individual	\$149	\$157	\$165	\$173
Individual + Spouse	\$421	\$442	\$464	\$488
Individual + Child(ren)	\$263	\$276	\$290	\$305
Family	\$453	\$475	\$499	\$524

Option 2:

	2025	2026	2027	2028
Individual	\$77	\$81	\$87	\$93
Individual + Spouse	\$216	\$230	\$245	\$262
Individual + Child(ren)	\$135	\$143	\$153	\$163
Family	\$232	\$247	\$263	\$281

Option 3:

	2025	2026	2027	2028
Individual	\$28	\$33	\$39	\$46
Individual + Spouse	\$79	\$94	\$111	\$129
Individual + Child(ren)	\$49	\$59	\$69	\$81
Family	\$85	\$101	\$119	\$139

2025 New Hires

Option 1:

	2025	2026	2027	2028
Individual	\$177	\$186	\$195	\$205
Individual + Spouse	\$499	\$524	\$550	\$578
Individual + Child(ren)	\$311	\$327	\$343	\$361
Family	\$536	\$563	\$591	\$621

Option 2:

	2025	2026	2027	2028
Individual	\$104	\$110	\$117	\$125
Individual + Spouse	\$293	\$311	\$331	\$352
Individual + Child(ren)	\$183	\$194	\$206	\$220
Family	\$315	\$334	\$355	\$378

Option 3:

	2025	2026	2027	2028
Individual	\$56	\$62	\$70	\$78
Individual + Spouse	\$157	\$176	\$197	\$219
Individual + Child(ren)	\$98	\$110	\$123	\$137
Family	\$168	\$189	\$211	\$236

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires									
Part Time EE Contributions	<p>No active participating Employee will pay more than 100% of the cost of coverage.</p> <p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program.</p> <p><u>Based on Scheduled hrs./week:</u></p> <ul style="list-style-type: none"> • 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. <p>* Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>								
Working Spouse/ Partner Contribution	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p><u>Spouse/Partner Access to Medical Coverage Additional Medical Contribution:</u> Participants whose spouse/partner 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/partner does not have access to medical coverage otherwise the additional contribution will be applied.</p> <p>Additional Monthly Medical Contribution:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>2025</u></td> <td style="text-align: center;"><u>2026</u></td> <td style="text-align: center;"><u>2027</u></td> <td style="text-align: center;"><u>2028</u></td> </tr> <tr> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$135</td> <td style="text-align: center;">\$140</td> <td style="text-align: center;">\$145</td> </tr> </table>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	\$130	\$135	\$140	\$145
<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>						
\$130	\$135	\$140	\$145						
Tobacco Use Contribution	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p><u>Tobacco Use Additional Medical Contribution:</u> Employees and/or spouses/partners 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 employee and/or spouse/partner 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, participation and completion. A tobacco user is currently defined as someone who has used tobacco products more frequently than once every month. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vaporizers 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>Additional Monthly Medical Contribution for each employee or spouse/partner:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>2025</u></td> <td style="text-align: center;"><u>2026</u></td> <td style="text-align: center;"><u>2027</u></td> <td style="text-align: center;"><u>2028</u></td> </tr> <tr> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$75</td> </tr> </table>	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	\$75	\$75	\$75	\$75
<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>						
\$75	\$75	\$75	\$75						

**AT&T Mobility Purple
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Current Employees, 2017 New Hires and 2025 New Hires			
Coinsurance Copay/ Coinsurance	2025 New Hires, 2017 New Hires and Current Employees No change from current program except as provided below.		
	Option 1:		
		<u>2025-2028</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
	Option 2:		
		<u>2025-2028</u>	
		<u>Network/ONA</u> <u>Non-Network</u>	
	Preventive	\$0 / 0% Ded waived	No Benefit
	Sickness/ Illness	\$0 / 20% After Ded	\$0 / 50% After Ded
	Emergency Room Facility/Professional Services (Emergencies)	\$0 / 20% After Ded	\$0 / 20% After Ded
	Option 3:		
		<u>2025-2028</u>	
	<u>Network/ONA</u> <u>Non-Network</u>		
Preventive	\$0 / 0% Ded waived	No Benefit	
Sickness/ Illness	\$0 / 30% After Ded	\$0 / 50% After Ded	
Emergency Room Facility/Professional Services (Emergencies)	\$0 / 30% After Ded	\$0 / 30% After Ded	
<u>Examples of Coinsurance provisions include:</u>			
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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 			

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Current Employees, 2017 New Hires and 2025 New Hires																																																														
	Note: For non-network provisions, the methodology for calculating the Allowable Charge for all categories of Non-Network expenses may be changed from time to time at the Company's discretion.																																																													
Annual Deductible	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.</p> <p>Option 1:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th></th> <th colspan="2" style="text-align: center;">2025</th> <th colspan="2" style="text-align: center;">2026</th> <th colspan="2" style="text-align: center;">2027</th> <th colspan="2" style="text-align: center;">2028</th> </tr> <tr> <th></th> <th style="text-align: center;"><u>Network & ONA</u></th> <th style="text-align: center;"><u>Non-Network</u></th> <th style="text-align: center;"><u>Network & ONA</u></th> <th style="text-align: center;"><u>Non-Network</u></th> <th style="text-align: center;"><u>Network & ONA</u></th> <th style="text-align: center;"><u>Non-Network</u></th> <th style="text-align: center;"><u>Network & ONA</u></th> <th style="text-align: center;"><u>Non-Network</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: right;">\$950</td> <td style="text-align: right;">\$3,325</td> <td style="text-align: right;">\$1,000</td> <td style="text-align: right;">\$3,500</td> <td style="text-align: right;">\$1,050</td> <td style="text-align: right;">\$3,675</td> <td style="text-align: right;">\$1,100</td> <td style="text-align: right;">\$3,850</td> </tr> <tr> <td>Ind+Sp</td> <td style="text-align: right;">\$1,900</td> <td style="text-align: right;">\$6,650</td> <td style="text-align: right;">\$2,000</td> <td style="text-align: right;">\$7,000</td> <td style="text-align: right;">\$2,100</td> <td style="text-align: right;">\$7,350</td> <td style="text-align: right;">\$2,200</td> <td style="text-align: right;">\$7,700</td> </tr> <tr> <td>Ind+Ch</td> <td style="text-align: right;">\$1,900</td> <td style="text-align: right;">\$6,650</td> <td style="text-align: right;">\$2,000</td> <td style="text-align: right;">\$7,000</td> <td style="text-align: right;">\$2,100</td> <td style="text-align: right;">\$7,350</td> <td style="text-align: right;">\$2,200</td> <td style="text-align: right;">\$7,700</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$1,900</td> <td style="text-align: right;">\$6,650</td> <td style="text-align: right;">\$2,000</td> <td style="text-align: right;">\$7,000</td> <td style="text-align: right;">\$2,100</td> <td style="text-align: right;">\$7,350</td> <td style="text-align: right;">\$2,200</td> <td style="text-align: right;">\$7,700</td> </tr> </tbody> </table> <p>The following Annual Deductible Provisions will apply to Option 1:</p> <ul style="list-style-type: none"> Applies to all covered health services, including mental health/substance abuse (MH/SA) benefits under the program. The following costs will never apply towards Deductible: <ul style="list-style-type: none"> - 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 following costs paid by the participant apply toward the applicable Network/ONA or Non-Network Deductible amounts: <ul style="list-style-type: none"> - Network allowable charges for eligible expenses (for Network/ONA), - Non-Network allowable charges for eligible expenses (for Non-Network), The Annual Deductibles are included in the Out Of Pocket Maximums. 									2025		2026		2027		2028			<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	Ind	\$950	\$3,325	\$1,000	\$3,500	\$1,050	\$3,675	\$1,100	\$3,850	Ind+Sp	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350	\$2,200	\$7,700	Ind+Ch	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350	\$2,200	\$7,700	Family	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350	\$2,200	\$7,700
	2025		2026		2027		2028																																																							
	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>																																																						
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Ind+Ch	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350	\$2,200	\$7,700																																																						
Family	\$1,900	\$6,650	\$2,000	\$7,000	\$2,100	\$7,350	\$2,200	\$7,700																																																						

**AT&T Mobility Purple
Benefit Outline Summary**

Current Employees, 2017 New Hires and 2025 New Hires

Option 2:

	2025		2026		2027		2028	
	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>
Ind	\$1,700	\$5,100	\$1,800	\$5,400	\$1,900	\$5,700	\$2,000	\$6,000
Ind+Sp	\$3,400	\$10,200	\$3,600	\$10,800	\$3,800	\$11,400	\$4,000	\$12,000
Ind+Child	\$3,400	\$10,200	\$3,600	\$10,800	\$3,800	\$11,400	\$4,000	\$12,000
Family	\$3,400	\$10,200	\$3,600	\$10,800	\$3,800	\$11,400	\$4,000	\$12,000

Option 3:

	2025		2026		2027		2028	
	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>
Ind	\$3,200	\$9,600	\$3,300	\$9,900	\$3,400	\$10,200	\$3,500	\$10,500
Ind+Sp	\$6,400	\$19,200	\$6,600	\$19,800	\$6,800	\$20,400	\$7,000	\$21,000
Ind+Child	\$6,400	\$19,200	\$6,600	\$19,800	\$6,800	\$20,400	\$7,000	\$21,000
Family	\$6,400	\$19,200	\$6,600	\$19,800	\$6,800	\$20,400	\$7,000	\$21,000

The following Annual Deductible Provisions will apply to Option 2 and Option 3:

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

- 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
 - Any applicable coinsurance paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code.
- 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),
 - All prescription drug allowable charges for eligible expenses.
- The Annual Deductibles are included in the Out Of Pocket Maximums.

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Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires									
Annual Out of Pocket Maximum	<u>2025 New Hires, 2017 New Hires and Current Employees</u>								
	Option 1:								
	<u>Out-of-Pocket Maximum Amounts</u> (including the Annual Deductibles)								
	Option 1:								
		<u>2025</u>		<u>2026</u>		<u>2027</u>		<u>2028</u>	
		<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>
	Ind	\$4,750	\$14,250	\$5,000	\$15,000	\$5,250	\$15,750	\$5,500	\$16,500
	Ind+Sp	\$9,500	\$28,500	\$10,000	\$30,000	\$10,500	\$31,500	\$11,000	\$33,000
	Ind+Ch	\$9,500	\$28,500	\$10,000	\$30,000	\$10,500	\$31,500	\$11,000	\$33,000
	Family	\$9,500	\$28,500	\$10,000	\$30,000	\$10,500	\$31,500	\$11,000	\$33,000
(Integrated Med/Surg, MH/SA)									
<u>Out-of-Pocket Maximum provisions:</u>									
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Prescription Drug expenses - 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. • With Individual+Child(ren), Individual+Spouse and Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their coinsurance satisfies 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 meets 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. 									

**AT&T Mobility Purple
Benefit Outline Summary**

Current Employees, 2017 New Hires and 2025 New Hires

Option 2 and Option 3:

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

Option 2 and Option 3:

	2025		2026		2027		2028	
	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>	<u>Network & ONA</u>	<u>Non-Network</u>
Ind	\$7,000	\$21,000	\$7,100	\$21,300	\$7,200	\$21,600	\$7,300	\$21,900
Ind+Sp	\$14,000	\$42,000	\$14,200	\$42,600	\$14,400	\$43,200	\$14,600	\$43,800
Ind+Ch	\$14,000	\$42,000	\$14,200	\$42,600	\$14,400	\$43,200	\$14,600	\$43,800
Family	\$14,000	\$42,000	\$14,200	\$42,600	\$14,400	\$43,200	\$14,600	\$43,800

(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
 - All 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.

Office Visit

2025 New Hires, 2017 New Hires and Current Employees
No change from current program except as provided below.

Option 2:

	<u>2025-2028</u>	
	<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>
Preventive	\$0 / 0% Ded waived	No Benefit

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires			
	Sickness/ Illness	\$0 / 20% After Ded	\$0 / 50% After Ded
	Option 3:		
	<u>2025-2028</u>		
		<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>
	Preventive	\$0 / 0% Ded waived	No Benefit
	Sickness/ Illness	\$0 / 30% After Ded	\$0 / 50% After Ded
Emergency Room	<u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.		
	Option 2:		
	<u>2025-2028</u>		
	<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	
	\$0 / 20% After Ded	\$0 / 20% After Ded	
	Option 3:		
	<u>2025-2028</u>		
	<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	
	\$0 / 30% After Ded	\$0 / 30% After Ded	
Urgent Care Center	<u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.		
	Option 2:		
	<u>2025-2028</u>		
	<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	
	\$0 / 20% After Ded	\$0 / 50% After Ded	

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires													
	<p>Option 3:</p> <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>2025-2028</u></th> </tr> <tr> <th style="text-align: center;"><u>Network & PPO</u></th> <th style="text-align: center;"><u>Non-Network & Non-PPO</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$0 / 30% After Ded</td> <td style="text-align: center;">\$0 / 50% After Ded</td> </tr> </tbody> </table>	<u>2025-2028</u>		<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	\$0 / 30% After Ded	\$0 / 50% After Ded						
<u>2025-2028</u>													
<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>												
\$0 / 30% After Ded	\$0 / 50% After Ded												
Hospital	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.</p> <p>Option 2:</p> <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>2025-2028</u></th> </tr> <tr> <th style="text-align: center;"><u>Network & PPO</u></th> <th style="text-align: center;"><u>Non-Network & Non-PPO</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$0 / 20% After Ded</td> <td style="text-align: center;">\$0 / 50% After Ded</td> </tr> </tbody> </table> <p>Option 3:</p> <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>2025-2028</u></th> </tr> <tr> <th style="text-align: center;"><u>Network & PPO</u></th> <th style="text-align: center;"><u>Non-Network & Non-PPO</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$0 / 30% After Ded</td> <td style="text-align: center;">\$0 / 50% After Ded</td> </tr> </tbody> </table>	<u>2025-2028</u>		<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	\$0 / 20% After Ded	\$0 / 50% After Ded	<u>2025-2028</u>		<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	\$0 / 30% After Ded	\$0 / 50% After Ded
<u>2025-2028</u>													
<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>												
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<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>												
\$0 / 30% After Ded	\$0 / 50% After Ded												
Diagnostic Testing	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program except as provided below.</p> <p>Option 2:</p> <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>2025-2028</u></th> </tr> <tr> <th style="text-align: center;"><u>Network & PPO</u></th> <th style="text-align: center;"><u>Non-Network & Non-PPO</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$0 / 20% After Ded</td> <td style="text-align: center;">\$0 / 50% After Ded</td> </tr> </tbody> </table> <p>Option 3:</p> <table border="1"> <thead> <tr> <th colspan="2" style="text-align: center;"><u>2025-2028</u></th> </tr> <tr> <th style="text-align: center;"><u>Network & PPO</u></th> <th style="text-align: center;"><u>Non-Network & Non-PPO</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$0 / 30% After Ded</td> <td style="text-align: center;">\$0 / 50% After Ded</td> </tr> </tbody> </table>	<u>2025-2028</u>		<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	\$0 / 20% After Ded	\$0 / 50% After Ded	<u>2025-2028</u>		<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>	\$0 / 30% After Ded	\$0 / 50% After Ded
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<u>Network & PPO</u>	<u>Non-Network & Non-PPO</u>												
\$0 / 30% After Ded	\$0 / 50% After Ded												

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires																										
Fertility Services	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>The Company will provide medical and prescription drug fertility services on the same terms and conditions available under management's medical program as they may change from time to time, subject to applicable cost-sharing provisions under this Agreement.</p>																									
COB	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>No change from current program.</p>																									
Survivor	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>No change from current program.</p>																									
Eligible Retired Employees	See Exhibit 1.																									
PRESCRIPTION DRUG BENEFITS																										
Prescription Drugs	See Chart Below.																									
Bargained Program Rx Program																										
Restrictions	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>No change from current program.</p>																									
Deductible	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1: None.</p> <p>Option 2 and Option 3: Integrated with Med/Surg, MH/SA and CarePlus. Any applicable coinsurance paid for preventive care drugs as permitted under section 223(c)(2)(C) of the Internal Revenue Code are not subject to the deductible.</p>																									
OOP Max	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">2025</th> <th style="text-align: center;">2026</th> <th style="text-align: center;">2027</th> <th style="text-align: center;">2028</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td style="text-align: center;">\$1,800</td> <td style="text-align: center;">\$1,900</td> <td style="text-align: center;">\$2,000</td> <td style="text-align: center;">\$2,100</td> </tr> <tr> <td>Individual + Spouse</td> <td style="text-align: center;">\$3,600</td> <td style="text-align: center;">\$3,800</td> <td style="text-align: center;">\$4,000</td> <td style="text-align: center;">\$4,200</td> </tr> <tr> <td>Individual + Child(ren)</td> <td style="text-align: center;">\$3,600</td> <td style="text-align: center;">\$3,800</td> <td style="text-align: center;">\$4,000</td> <td style="text-align: center;">\$4,200</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$3,600</td> <td style="text-align: center;">\$3,800</td> <td style="text-align: center;">\$4,000</td> <td style="text-align: center;">\$4,200</td> </tr> </tbody> </table> <p>Out-of-Pocket Maximum provisions:</p> <ul style="list-style-type: none"> • Applies to all Network prescription drug expenses. • 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"> - 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) 		2025	2026	2027	2028	Individual	\$1,800	\$1,900	\$2,000	\$2,100	Individual + Spouse	\$3,600	\$3,800	\$4,000	\$4,200	Individual + Child(ren)	\$3,600	\$3,800	\$4,000	\$4,200	Family	\$3,600	\$3,800	\$4,000	\$4,200
	2025	2026	2027	2028																						
Individual	\$1,800	\$1,900	\$2,000	\$2,100																						
Individual + Spouse	\$3,600	\$3,800	\$4,000	\$4,200																						
Individual + Child(ren)	\$3,600	\$3,800	\$4,000	\$4,200																						
Family	\$3,600	\$3,800	\$4,000	\$4,200																						

AT&T Mobility Purple Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires																	
	<ul style="list-style-type: none"> - Any charges for prescription drugs that are exclusions under the program • The amount that is applied to the Out-of-Pocket Maximum is the Network prescription drug coinsurance. • With Individual+Child(ren), Individual+Spouse or Family coverage, a covered person has satisfied the Out-of-Pocket Maximum once their coinsurance payments 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 coinsurance payments 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. <p>Option 2 and Option 3: Integrated with Med/Surg, MH/SA and CarePlus.</p>																
Retail	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program, except as provided below.</p> <p>Network Coinsurance: Up to 30-day supply, limited to 2 fills for maintenance subject to Advanced Control Specialty Formulary provisions.</p>																
Retail Generic	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1: Coinsurance</p> <p>Retail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>2025-2028</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">10%</td> </tr> </table> <p>Option 2: Coinsurance</p> <p>Retail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>2025-2028</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">20%</td> </tr> </table> <p>Option 3:</p> <p>Retail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>2025-2028</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">30%</td> </tr> </table> <p>Coinsurance maximums applicable to Option 1, Option 2 and Option 3:</p> <p>Retail – Network Coinsurance Maximums: (Up to 30-day supply, limited to 2 fills for maintenance)</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>2025 - 2028</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">\$50</td> </tr> </table>		<u>2025-2028</u>	Generic	10%		<u>2025-2028</u>	Generic	20%		<u>2025-2028</u>	Generic	30%		<u>2025 - 2028</u>	Generic	\$50
	<u>2025-2028</u>																
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Generic	\$50																

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires																									
	<p>Retail – Non-Network Coinsurance: Participant pays the greater of the applicable Network coinsurance or balance remaining after the program pays 75% of network retail cost.</p>																								
Retail Brand	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1: Coinsurance Retail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1"> <thead> <tr> <th></th> <th><u>2025-2028</u></th> </tr> </thead> <tbody> <tr> <td>Preferred</td> <td>10%</td> </tr> <tr> <td>Non-Preferred</td> <td>50%</td> </tr> </tbody> </table> <p>Option 2: Coinsurance Retail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1"> <thead> <tr> <th></th> <th><u>2025-2028</u></th> </tr> </thead> <tbody> <tr> <td>Preferred</td> <td>20%</td> </tr> <tr> <td>Non-Preferred</td> <td>50%</td> </tr> </tbody> </table> <p>Option 3: Coinsurance Retail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1"> <thead> <tr> <th></th> <th><u>2025-2028</u></th> </tr> </thead> <tbody> <tr> <td>Preferred</td> <td>30%</td> </tr> <tr> <td>Non-Preferred</td> <td>50%</td> </tr> </tbody> </table> <p>Coinsurance maximums applicable to Option 1, Option 2 and Option 3:</p> <p>Retail – Network Coinsurance Maximums: (Up to 30-day supply, limited to 2 fills for maintenance)</p> <table border="1"> <thead> <tr> <th></th> <th><u>-2025-2028</u></th> </tr> </thead> <tbody> <tr> <td>Preferred</td> <td>\$100</td> </tr> <tr> <td>Non-Preferred</td> <td>No Maximum</td> </tr> </tbody> </table> <p>Retail – Non-Network Coinsurance: Participant pays the greater of the applicable Network coinsurance or balance remaining after the program pays 75% of network retail cost.</p>		<u>2025-2028</u>	Preferred	10%	Non-Preferred	50%		<u>2025-2028</u>	Preferred	20%	Non-Preferred	50%		<u>2025-2028</u>	Preferred	30%	Non-Preferred	50%		<u>-2025-2028</u>	Preferred	\$100	Non-Preferred	No Maximum
	<u>2025-2028</u>																								
Preferred	10%																								
Non-Preferred	50%																								
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Preferred	30%																								
Non-Preferred	50%																								
	<u>-2025-2028</u>																								
Preferred	\$100																								
Non-Preferred	No Maximum																								
Personal Choice	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program.</p>																								

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires																	
Mail Order	<p><u>2025 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>																
Mail Order Generic	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1: Coinsurance</p> <p>Mail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1"> <tr> <td></td> <td align="center"><u>2025-2028</u></td> </tr> <tr> <td>Generic</td> <td align="center">10%</td> </tr> </table> <p>Option 2: Coinsurance</p> <p>Mail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1"> <tr> <td></td> <td align="center"><u>2025-2028</u></td> </tr> <tr> <td>Generic</td> <td align="center">20%</td> </tr> </table> <p>Option 3: Coinsurance</p> <p>Mail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1"> <tr> <td></td> <td align="center"><u>2025-2028</u></td> </tr> <tr> <td>Generic</td> <td align="center">30%</td> </tr> </table> <p>Coinsurance maximums applicable to Option 1, Option 2 and Option 3:</p> <p>Mail Order Coinsurance Maximums: (Up to 90-day supply)</p> <table border="1"> <tr> <td></td> <td align="center"><u>2025-2028</u></td> </tr> <tr> <td>Generic</td> <td align="center">\$100</td> </tr> </table> <p><u>Provisions:</u> Mandatory Generic provisions continue to apply.</p>		<u>2025-2028</u>	Generic	10%		<u>2025-2028</u>	Generic	20%		<u>2025-2028</u>	Generic	30%		<u>2025-2028</u>	Generic	\$100
	<u>2025-2028</u>																
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Generic	30%																
	<u>2025-2028</u>																
Generic	\$100																
Mail Order Brand	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u></p> <p>Option 1: Coinsurance</p> <p>Mail/Specialty Network Coinsurance not to exceed Coinsurance Maximums below:</p> <table border="1"> <tr> <td></td> <td align="center"><u>2025-2028</u></td> </tr> <tr> <td>Preferred</td> <td align="center">10%</td> </tr> <tr> <td>Non-Preferred</td> <td align="center">50%</td> </tr> </table>		<u>2025-2028</u>	Preferred	10%	Non-Preferred	50%										
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AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires																			
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	<u>2025-2028</u>																		
Preferred	20%																		
Non-Preferred	50%																		
	<u>2025-2028</u>																		
Preferred	30%																		
Non-Preferred	50%																		
	<u>-2025-2028</u>																		
Preferred	\$200																		
Non-Preferred	No Maximum																		
Personal Choice	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program.</p>																		
MENTAL HEALTH BENEFITS																			
Deductible	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> Option 1: No change from current program.</p> <p>Option 2 and Option 3: Integrated with Med/Surg, Rx and CarePlus.</p>																		
OOP Max	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> Option 1: No change from current program.</p> <p>Option 2 and Option 3: Integrated with Med/Surg, Rx and CarePlus</p>																		
Copayments and Coinsurance	<p><u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program.</p>																		

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires	
Limitations	<u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program.
SUBSTANCE ABUSE BENEFITS	
Deductible	<u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program.
OOP Max	<u>2025 New Hires, 2017 New Hires and Current Employees</u> No change from current program.
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.
DISABILITY BENEFITS	
Effective Date(s)	1/1/2025
Program	<p><u>Current Employees</u> AT&T Mobility Disability Benefits Program for Southwest Bargained Employees No change from current program.</p> <p><u>2025 New Hires and 2017 New Hires</u> AT&T Disability Income Program as described in the Summary Plan Description as these provisions change from time to time except as provided below. No change from current program.</p>
Short-Term Disability (STD)	<p><u>Current Employees</u> No change from current program.</p> <p><u>2025 New Hires and 2017 New Hires</u> The AT&T Disability Income Program as described in the Summary Plan Description except that Temporary and Term employees are not eligible for LTD benefits. No change from current program.</p>
Long-Term Disability (LTD)	<p><u>Current Employees</u> AT&T Mobility Disability Benefits Program for Southwest Bargained Employees No change from current program.</p> <p><u>2025 New Hires and 2017 New Hires</u> The AT&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. No change from current program</p>

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires																					
DENTAL BENEFITS																					
Program	AT&T Dental Program* (Bargained Employees) <ul style="list-style-type: none"> • Dental PPO • DHMO (available at the discretion of the Company) <p>*This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) & associated Summary of Material Modifications (SMMs).</p>																				
Eligibility for Coverage	Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period. <u>Dependent children will be eligible to participate in the AT&T Dental Program (Bargained Employees) until the end of the month in which the child reaches the age of 26 regardless of marital status.</u>																				
Eligibility for Company Subsidy	Eligibility for Company subsidy begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.																				
EE Class	Regular and Temporary Full Time & Part Time Employees																				
Full Time EE Contribution	<p><u>Contributions for Dental PPO or DHMO (if available):</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>2025</u></th> <th style="text-align: center;"><u>2026</u></th> <th style="text-align: center;"><u>2027</u></th> <th style="text-align: center;"><u>2028</u></th> </tr> </thead> <tbody> <tr> <td>Ind</td> <td style="text-align: center;">\$12.00</td> <td style="text-align: center;">\$12.00</td> <td style="text-align: center;">\$12.00</td> <td style="text-align: center;">\$14.00</td> </tr> <tr> <td>Ind +1</td> <td style="text-align: center;">\$23.00</td> <td style="text-align: center;">\$23.00</td> <td style="text-align: center;">\$23.00</td> <td style="text-align: center;">\$26.00</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$36.00</td> <td style="text-align: center;">\$36.00</td> <td style="text-align: center;">\$36.00</td> <td style="text-align: center;">\$40.00</td> </tr> </tbody> </table>		<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>	Ind	\$12.00	\$12.00	\$12.00	\$14.00	Ind +1	\$23.00	\$23.00	\$23.00	\$26.00	Family	\$36.00	\$36.00	\$36.00	\$40.00
	<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>																	
Ind	\$12.00	\$12.00	\$12.00	\$14.00																	
Ind +1	\$23.00	\$23.00	\$23.00	\$26.00																	
Family	\$36.00	\$36.00	\$36.00	\$40.00																	
Part Time EE Contributions	<p><u>Based on Scheduled hrs./week:</u></p> <ul style="list-style-type: none"> • 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. <p>* Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>																				
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																				

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires	
Coverage Levels (replaces minor and major restorative)	<p><u>Dental PPO Coinsurance</u></p> <p>Class II (Basic restorative-fillings, extractions, periodontal treatment/maintenance) Network and ONA*: 90%, after deductible Non-Network**: 70%, after deductible</p> <p>Class III (Major restorative – crowns, dentures, bridgework) Network and ONA*: 80%, after deductible Non-Network**: 50%, after deductible</p> <p>Class IV (Orthodontia) Network and ONA*: 80%, after deductible 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>
Orthodontic – Lifetime Maximum	<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>
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)	<ul style="list-style-type: none"> • ONA benefit provided to employees who reside in a zip code which does not meet the network standards. • ONA benefits are equivalent to PPO Network benefits • Enrollees who are in Network will be offered the PPO option only. • Enrollees who are located outside the Network zip code criteria will be offered the ONA option only.
VISION BENEFITS	
Program	<p><u>AT&T Vision Program* (Bargained Employees)</u></p> <p>*This document highlights key elements of program design. For complete program details, refer to the Summary Plan Description (SPD) & associated Summary of Material Modifications (SMMs).</p>
Eligibility for Coverage	Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period. <u>Dependent children will be eligible to participate in the AT&T Vision Program (Bargained Employees) until the end of the month in which the child reaches the age of 26 regardless of marital status.</u>
Eligibility for Company Subsidy	Eligibility for Company subsidy begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.
EE Class	Regular and Temporary Full Time & Part Time Employees

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires					
Full Time EE Contribution	<u>Contributions for Vision:</u>				
		<u>2025</u>	<u>2026</u>	<u>2027</u>	<u>2028</u>
	Ind	\$4.00	\$5.00	\$5.00	\$6.00
	Ind +1	\$8.00	\$10.00	\$10.00	\$12.00
	Family	\$13.00	\$15.00	\$15.00	\$18.00
Part Time EE Contributions	Based on Scheduled hrs./week:				
	<ul style="list-style-type: none"> • 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. <p>*Note: Calculation of the full cost of coverage is subject to change from time to time at the Company's discretion.</p>				
Coverage Levels	<p>Exam: 1 exam per 12 months</p> <ul style="list-style-type: none"> • Network: \$0/0% • Non-Network: \$28 towards exam cost <p>Frame Allowance: 1 pair per 12 months</p> <ul style="list-style-type: none"> • Network: \$130 allowance towards frame cost • Non-Network: \$30 towards frame cost <p>Lenses Allowance: 1 set per 12 months</p> <p>Network: \$0/0%</p> <p>Covers std. plastic lenses: Single, Bi-focal, Tri-focal, Lenticular, Progressive + Polycarbonate at 100%.</p> <p>Non-Network: \$30-\$80 towards lenses</p> <p>Contact Lenses Allowance: Allowance per 12 months</p> <p>Network: \$150 allowance</p> <p>Non-Network: \$150 allowance</p> <p>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.</p>				
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) & associated Summary of Material Modifications (SMMs).				
Eligibility	Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.				

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires	
EE Class	Regular and Temporary Full Time & Part Time Employees
Employee Contributions (FT and PT)	<p>Employee only \$1 Employee & family \$3</p> <p>Note: Contribution amounts are subject to change from time to time at the sole discretion of the Company.</p>
Benefits	<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>
	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	<p>AT&T Flexible Spending Account Plan*</p> <p>*This document highlights key elements of plan design. For complete plan details, refer to the Summary Program Description (SPD) & associated Summary of Material Modifications (SMMs).</p>
Dependent Care Spending Accounts	
Plan	No change from current plan
Eligibility	Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.
EE Class	Regular and Temporary Full Time & Part Time Employees
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).
Eligibility	Eligibility for coverage begins on the employee's date of hire, provided the employee enrolls within the 31-day enrollment period.
EE Class	Regular and Temporary Full Time & Part Time Employees
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).

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires	
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) & associated Summary of Material Modifications (SMMs). Note: Contributions amounts are subject to annual adjustment.
Eligibility	.All coverages: Eligible date of hire.
EE Class	Regular and Temporary Full Time & Part Time Employees
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.
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.

AT&T Mobility Purple
Benefit Outline Summary

Current Employees, 2017 New Hires and 2025 New Hires	
	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) & associated Summary of Material Modifications (SMMs).
Eligibility	No change from current plan.
EE Class	No change from current plan.
Coverage	<u>2025 New Hires and 2017 New Hires</u> Not available; closed to new entrants as of 5/1/2012. <u>Current Employees</u> Closed to new entrants as of 5/1/2012. No change from current plan, except that the Company has the unilateral right to change, modify, amend and discontinue the AT&T Consolidated Long-Term Care Insurance Plan.
ADOPTION/SURROGACY/CRYOPRESERVATION REIMBURSEMENT POLICY	
Policy	AT&T Adoption Reimbursement Policy AT&T Surrogacy Reimbursement Policy AT&T Cryopreservation Reimbursement Policy
Eligibility	Date of Hire.
EE Class	Full Time Regular Employees, and Full-time Temporary Employees.
Maximum	Employees may receive reimbursement of qualifying adoption, surrogacy and tissue cryopreservation expenses up to the same amounts available to AT&T managers. The reimbursement for adoption expenses may not be less than up to \$5,000 per child.
TUITION REIMBURSEMENT POLICY	
Eligibility	6 months of service.
EE Class	No change from current policy.
Maximum (same for FT & PT)	Annual Tuition Cap- Not applicable. No annual cap. Tuition Lifetime Cap-Undergraduate-\$25,000 Graduate-\$30,000.
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
COMMUTER BENEFITS POLICY	
Plan	AT&T Commuter Benefits Policy
Eligibility	Date of Hire.
EE Class	Full Time & Part Time Regular Employees, and Full-time Temporary Employees
Benefits	Effective as soon as administratively feasible after Ratification, Employees may elect pre-tax deductions for eligible parking and/or mass transit expenses. Eligible expenses and monthly limits are updated annually as allowed by IRS Code Section 132 Regulations.

AT&T Mobility Purple
Benefit Outline Summary

Section 2: PENSION AND SAVINGS BENEFIT PLANS

Mobility District 6 bargaining employees	
PENSION PLAN	
Effective Date(s)	Effective January 1, 2025 unless noted otherwise, Employees shall be eligible to participate in the benefit plans or programs identified below, with the plan terms, conditions and provisions which were in effect on February 23, 2024 as described in the applicable SPDs and SMMs, except as noted herein.
Program(s)	<p><u>Employees hired or rehired on or before December 31, 2008</u> Mobility Bargained Program (Mobility Bargained Program) of the AT&T Pension Benefit Plan</p> <p><u>Employees hired, rehired or transferred after December 31, 2008</u> Bargained Cash Balance Program #2 (BCB#2 Program) of the AT&T Pension Benefit Plan</p>
Benefits	<p><u>Employees hired or rehired on or before December 31, 2008</u> No change from current program</p> <p><u>Employees hired, rehired or transferred after December 31, 2008</u> No change from current program</p>
SAVINGS PLAN	
Effective Date(s)	Effective January 1, 2025 unless noted otherwise, Employees shall be eligible to participate in the benefit plans or programs identified below, with the plan terms, conditions and provisions which were in effect on February 23, 2024 as described in the applicable SPDs and SMMs, except as noted herein.
Program	AT&T Retirement Savings Plan (ARSP)
Benefits	No change from current program.

AT&T Mobility Purple Benefit Outline Summary

Retiree Health Care for Bargained Employees for the period January 1, 2025 through December 31, 2028 who terminate employment during the period 1/1/2025 through 12/31/2028.

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 12/31/2024 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"> ▪ 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 <ul style="list-style-type: none"> ▪ 30 (NCS) and any age ▪ 25 (NCS) & 50 (age) ▪ 20 (NCS) & 55 (age) ▪ 10 (NCS) & 65 (age)
Retiree contributions	Same as active employees' contributions	<ul style="list-style-type: none"> ▪ 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.